

CHILDREN'S HEALTH



PHYO  
CMC0040-001NS Rev. 10/2022

CHST Histrelin (SUPPRELIN LA)  
Implant Therapy Plan

Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg Body Surface Area: \_\_\_\_\_ (m<sup>2</sup>)

NKDA - No Known Drug Allergies  Allergies: \_\_\_\_\_

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ unknown

Treatment should begin:  as soon as possible (within a week)  within the month

**\*\*Plans must be reviewed / re-ordered at least annually. \*\***

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

Consult to Child Life **INTERVAL: Every visit** **DURATION: Until discontinued**  
STAT

PREGNANCY TESTS AT DALLAS AND PLANO

Physician communication order

Routine, ONE TIME

Please select this test if the patient is a female over 10 years of age, per organizational policy.

Nursing communication

Only one pregnancy test is necessary, based on facility capabilities. Please utilize the lab that is available per facility.

Patient requires a pregnancy test (based on organizational policy, female patients over 10 require a pregnancy test)

Pregnancy test, urine - POC

STAT, ONE TIME, for females > 10 years old. If positive, do NOT infuse and contact the ordering provider.

Gonadotropin chorionic (HCG) urine

STAT, ONE TIME, unit collect, for females > 10 years old. If positive, do NOT infuse and contact ordering provider.

PRE-MEDICATION ORDERS

Please select all appropriate therapy

lidocaine - tetracaine (SYNERA) patch

TOPICAL, PRN

when 20 - 30 minutes are available before procedure  when procedure will take more than 1 hour

when anticipated pain is less than 5 mm from skin surface  patient / family preference for procedure

Remove patch 2 hours after patch applied. See MAR task for documentation of patch removal.

INTRA-PROCEDURE ORDERS

histrelin (SUPPRELIN LA) (65 mcg / day) kit 50 mg **INTERVAL: Every 52 weeks** **DURATION: Until discontinued**

50 mg, IMPLANT, ONCE, for 1 dose.

Dose: \_\_\_\_\_

(circle one):  
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider