CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
EX0058-001NS   Rev. 12/2022

CHST Onabotulinumtoxina (BOTOX) Injection Therapy Plan

Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: _____   Height: _____ cm   Weight: _____ kg   Body Surface Area: _____ (m^2)

☐ 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

☑ **Vital signs**
☑ **Weigh patient**

PRE-PROCEDURE

Please select all appropriate therapy

TOPICAL LIDOCAINE CREAMS

☐ **lidocaine - prilocaine (EMLA) cream**
   TOPICAL, PRN

   ☐ when more than 60 minutes are available before procedure   ☐ when procedure will take more than 1 hour

   ☐ patient / family preference for procedure

   Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

☐ **lidocaine with transparent dressing 4% kit**
   TOPICAL, PRN

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

   ☐ patient / family preference for procedure

☐ **midazolam syrup**
   ORAL, ONCE, for 1 dose
   Dose: _____

INTRA-PROCEDURE

☐ **onabotulinumtoxina**

   ○ **botulinum toxin type a 50 unit / mL injection**   **INTERVAL: Every visit**   **DURATION: Until discontinued**
     INTRAMUSCULAR, ONCE, for 1 dose
     Dose: _____

   ○ **botulinum toxin type a 100 unit / mL injection**   **INTERVAL: Every visit**   **DURATION: Until discontinued**
     INTRAMUSCULAR, ONCE, for 1 dose
     Dose: _____

Key: cm = centimeter; kg = kilogram; m² = square meters; mL = milliliter; NKDA = no known drug allergies; PRN = as needed

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ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA-PROCEDURE, CONTINUED

☐ **Sodium chloride flush**
   Sodium chloride - preservative free 0.9% injection
   1 - 30 mL, REGIONAL, ONCE, for 1 dose
   For dilution of onabotulinumtoxina vial

_____   (circle one):
                                                MD   DO
                                             _____   _____   _____
Signature of Provider   Credentials   Date   Time

_____
Printed Name of Provider

Key: cm = centimeter; kg = kilogram; m² = square meters; mL = milliliter; NKDA = no known drug allergies; PRN = as needed