CHILDREN'S HEALTH



PHYO CMC0039-001NS Rev. 10/2022 CHST Leuprolide (LUPRON DEPOT) Injection Therapy Plan

Baseline Patient Demographic		
To be completed by the ordering provider. Diagnosis: Height:	cm Weight: kg	Body Surface Area:(m²
☐ NKDA - No Known Drug Allergies ☐ Allergies:		
Therapy Plan orders extend over time (several visits) including a Please specify the following regarding the entire course of therapy: Duration of treatment: weeks r Treatment should begin: as soon as possible (within a week) **Plans must be reviewed / re-ordered at least annually. **	months unknown	
ORDERS TO BE COMPLETED FOR EACH THERAPY		
ADMIT ORDERS		
☑ Consult to Child Life STAT	INTERVAL: Every visit	DURATION: Until discontinued
Routine, ONE TIME Please select this test if the patient is a female over 10 years of Nursing communication Only one pregnancy test is necessary, based on facility capabil Patient requires a pregnancy test (based on organizational police Pregnancy test, urine - POC STAT, ONE TIME, for females > 10 years old. If positive, do NO	ities. Please utilize the lab that is availab	nancy test)
Gonodotropin chorionic (HCG) urine STAT, ONE TIME, unit collect, for females > 10 years old. If pos	sitive, do NOT infuse and contact orderin	g provider.
INTRA-PROCEDURE ORDERS		
☐ leuprolide (LUPRON DEPOT - PED 1 Month)		
O leuprolide (LUPRON DEPOT - PED 1 Month) injection 7.5 mg, INTRAMUSCULAR, ONCE, for 1 dose.	INTERVAL: Every 28 days	DURATION: Until discontinued
O leuprolide (LUPRON DEPOT - PED 1 Month) injection 11.25 mg, INTRAMUSCULAR, ONCE, for 1 dose.	INTERVAL: Every 28 days	DURATION: Until discontinued
O leuprolide (LUPRON DEPOT - PED 1 Month) injection 15 mg, INTRAMUSCULAR, ONCE, for 1 dose.	INTERVAL: Every 28 days	DURATION: Until discontinued
☐ leuprolide (LUPRON DEPOT - PED 3 Month)		
O leuprolide (LUPRON DEPOT - PED 3 Month) injection 11.25 mg, INTRAMUSCULAR, ONCE, for 1 dose.	INTERVAL: Every 84 days	DURATION: Until discontinued
O leuprolide (LUPRON DEPOT - PED 3 Month) injection 30 mg, INTRAMUSCULAR, ONCE, for 1 dose.	INTERVAL: Every 84 days	DURATION: Until discontinued
	(circle one): MD DO	
Signature of Provider	Credentials Date	Time
Printed Name of Provider		