

CHILDREN'S HEALTH



Patient Name: _____

Date of Birth: _____

PHYO
EX0061-001NS Rev. 12/2022

CHST Testosterone
Injection Therapy Plan

INTRA-PROCEDURE

Testosterone **INTERVAL: Every 4 weeks** **DURATION: Until Discontinued**
26 mg (rounded from 25 mg), INTRAMUSCULAR, ONCE, for 1 dose

POST-PROCEDURE

Nursing Communication **INTERVAL: Once** **DURATION: For 1 Treatment**
ONE TIME, If outpatient labs are ordered in the therapy plan, check with care giver about preferred lab and select the appropriate lab orders and release from the therapy plan. This will ensure orders are available.

POST-PROCEDURE OUTPATIENT LAB DRAW

Children's Health LabCorp Quest Other

Labs (for testing)

Complete Blood Count With Differential **INTERVAL: PRN** **DURATION: For 1 Treatment**

Vitamin D 25 Hydroxy **INTERVAL: PRN** **DURATION: For 1 Treatment**

Testosterone **INTERVAL: PRN** **DURATION: For 1 Treatment**
Patient should be instructed to have testosterone level drawn in a fasting state, at 8 a.m., at midpoint of dosing interval, for example, 14 days after the last shot of on an 'every 28 day dosing schedule'

Lipid Panel **INTERVAL: PRN** **DURATION: For 1 Treatment**

Luteinizing Hormone **INTERVAL: PRN** **DURATION: For 1 Treatment**

Follicle Stimulating Hormone **INTERVAL: PRN** **DURATION: For 1 Treatment**

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider