



# TREATMENT RECORD



DATE OF TREATMENT: 01/01/2022

TOXIN

OBSERVED


DERMAL FILLER

PERFORMED

## CANDIDATE DETAILS

Name	Dr Jane Doe	D.O.B	13/02/1993
E-Mail	janedoe@gmail.com		

## PATIENT AND TREATMENT DETAILS

Patient initials	A.B.	Annotate Treatment on Image
Patient DOB	22/09/1984	
Treatment	Chin - Dermal Filler	
Treatment indication	Asymmetry	
Skin Preparation	Clinisept	
Skin quality	Good	
Product used	Restylane Lyft	
Product: Batch number	011345	
Product: Expiry Date	12/24	
Product: Volume Used	1ml	
Dilutant used	Nil required	
Site treated	Chin	
Additional products used	Needle + cannula	
Complications / Adverse Effects	Pain, bleeding, bruising, swelling, asymmetry, infection, allergic reaction, cold-sores (if previous Hx), lumpy texture, vascular occlusion leading to tissue necrosis without professional intervention, risk of requiring Hyalase to dissolve, allergy to hyalase if needed	
Post Procedure Instructions	Avoid touching/massaging area, no alcohol or exercise for at least 24 hours. No makeup for at least 12 hours. No exposure to excessive heat/sauna/steam rooms for 3-4 days. No facial treatments for a week. Avoid aspirin/ibuprofen or medications that can increase the risk of bleeding.	



## DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)



Please tick the DOPS that your treatment case relates to and reflect upon these in the spaces given. This will be discussed and addressed with your Level 7 Trainer/ Mentor for the training session

Unit	Learning Objective Summary	DOPS (tick)	Reflection: please evidence why you believe this case fulfils this particular DOPS
1	Anatomy, Pathophysiology	<input checked="" type="checkbox"/>	Understanding surrounding vessel anatomy. Assessing depth of injection.
	Dermatology	<input checked="" type="checkbox"/>	Pre-jowl area and how this may also require treatment as the patient ages
2	Medical Assessment	<input checked="" type="checkbox"/>	What is the patient's motivation for wanting this treatment
	Consultation	<input checked="" type="checkbox"/>	Qualitative and quantitative consultation questions
	Image Recording	<input checked="" type="checkbox"/>	Appropriate pre and post tx photography and recording injection sites
3	Aesthetic Injectable Therapies for Facial Treatments	<input checked="" type="checkbox"/>	Needle vs cannula use and techniques
		<input checked="" type="checkbox"/>	Surrounding areas i.e. pre-jowl treatment in future
		<input checked="" type="checkbox"/>	PPE, clean and dirty areas, sharps disposal
		<input type="checkbox"/>	Diagnosing complications (supervised)
		<input checked="" type="checkbox"/>	Proposing management pathways for adverse events/complications
		<input checked="" type="checkbox"/>	Photography skills and best angles for documenting chin filler treatment



Unit		Learning Objective Summary	DOPS (tick)	Reflection: please evidence why you believe this case fulfils this particular DOPS
4	Aesthetic Injectable	Recognising hyperhydrosis	<input type="checkbox"/>	
	Therapies for Non-facial Treatments	Safe delivery of BoNT therapies	<input type="checkbox"/>	
5	Clinical Health	Managing risks of injectable procedures	<input checked="" type="checkbox"/>	Having hyalase present and accessible during treatment and aware of patch testing
	Safety Welfare	Complying with Health and Safety legislation and standards	<input checked="" type="checkbox"/>	PPE disposal, sharps disposal, disinfecting area
7	Values	Demonstrating core values	<input checked="" type="checkbox"/>	Setting expectations for results pre-tx and knowing when to stop treating
	Ethics Professionalism in Clinical Practice	Demonstrating ethics and professionalism	<input checked="" type="checkbox"/>	Allowing patient autonomy by explaining all alternative options to treatment, including not having treatment
<p>Additional case reflections (please ensure you highlight which unit above each reflection relates to):</p> <p>Anatomy and Physiology (1)</p> <p>Understanding how in clinical practice, aspiration is vital, but complications can still happen regardless and how to manage.</p> <p>How ultrasound device use can aid safe injection, but again, does still not negate risks completely.</p>				

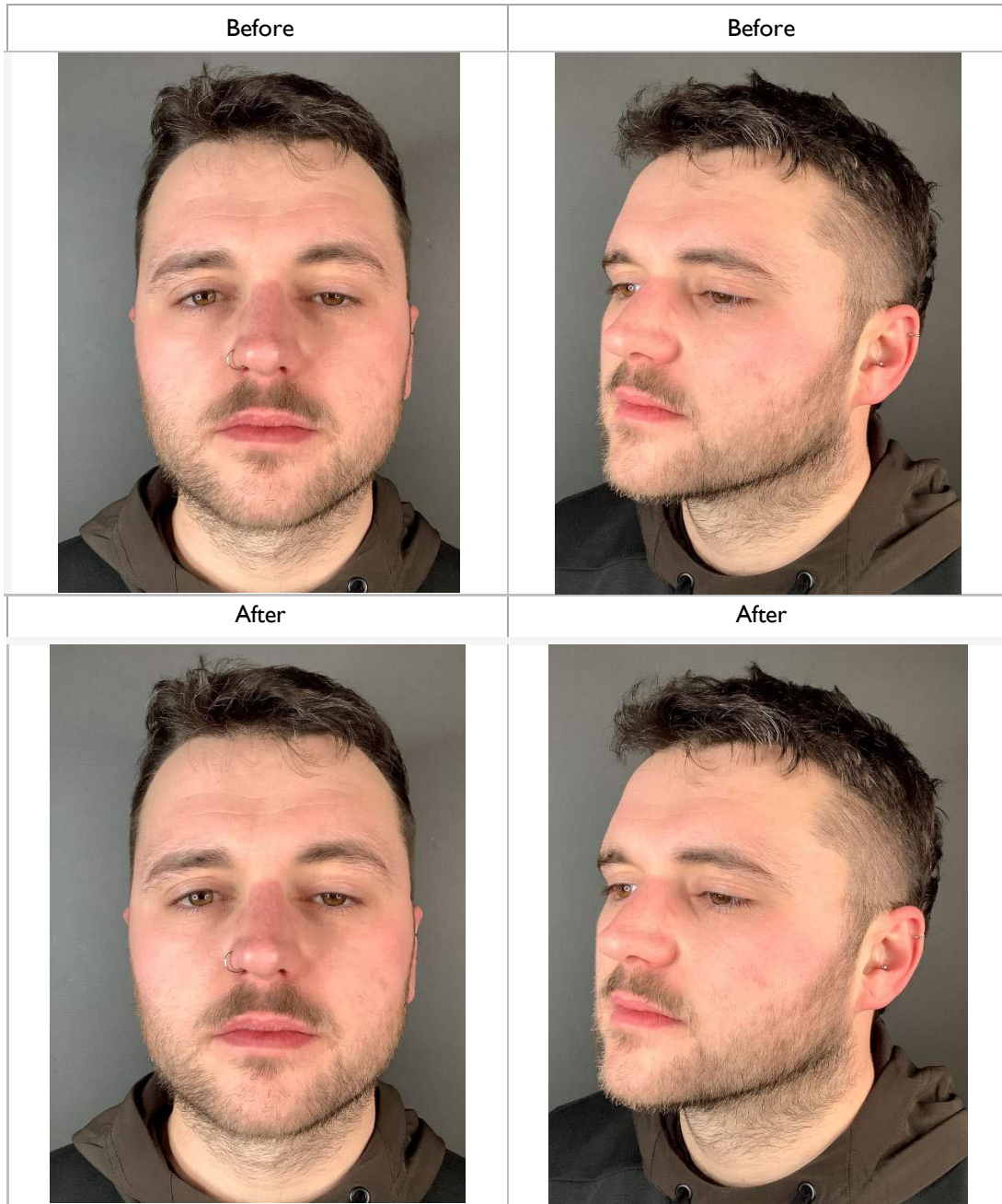


Additional case reflections (please ensure you highlight which unit above each reflection relates to):



Empty box for case reflections.



## PATIENT PHOTOGRAPHS



## ASSESSMENT

Delegate Signature*	
Assessor name**	Dr Priyanka Chadha
Assessor signature**	
Date	01/01/2022
* By signing this form you are confirming that all the information provided is correct and in accordance with the requirements set out by Acquisition Aesthetics and the awarding organisation	
** By signing this form you are confirming that the candidate has performed and met the requirements as set out by Acquisition Aesthetics and the awarding organisation	