

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	Upper Face Toxin			
Treatment indication	Deep frown lines			
Skin Preparation	Clinsept			
Skin quality	Good	A SAN May		
Product used	Azzalure			
Product: Batch number	U12345			
Product: Expiry Date	10/24			
Product: Volume Used	125Units			
Dilutant used	Torbac			
Site treated	Glabella			
Additional products used	Nil			
Complications / Adverse Effects		ng, risk of asymmetry, muscle d eyelid movement, allergy		
Post Procedure Instructions	Gently exercise facial muscles post-procedure, do not touch/massage injection areas, wait 24 hours to exercise, no facial treatments for 7 days, avoid lying down for 4 hours post-procedure, avoid alcohol for 24 hours, do not take aspirin/ibuprofen or other medications that may increase risk of bruising.			



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

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	Unit	Learning Objective Summary	DOPS (tick)	Reflection: please evidence why you believe this case fulfils this particular DOPS			
	Anatomy, Pathophysiology	Location and function of muscles, tissue, nerves, glands, blood supply	V	Identifying which muscles to treat to achieve desired effect, while avoiding blood supply			
•	Dermatology	Process of aging in relation to injectable treatment options	V	Dynamic Vs Static lines and dosage to avoid "frozen" muscle in different age groups			
		Client emotional/ psychological needs	V	Why patient wants treatment and setting expectations			
2	Medical Assessment Consultation Image Recording	Consultation skills: verbal/non-verbal	V	Taking pre-tx photos to aid explanation of treatment and results that can be achieved			
	image Recording	Treatment planning and records	V	Recording injection sites using photography and recording dosage			
		Injectable preparations	V	How to correctly reconstitute Azzalure			
		Injectable therapies according to presenting anatomy and pathophysiology and treatment options	V	How toxin treatment will compare to dermal filler and injectable skin boosters			
3	Aesthetic Injectable Therapies for Facial	Safe clinical practice	V	PPE, sharps disposal, clean and dirty areas defined			
	Treatments	Diagnosing complications (supervised)					
		Proposing management pathways for adverse events/complications					
		Reviewing own practice	v	Assessing how injection sites have been marked			





Unit		Learning Objective Summary	DOPS (tick)	Reflection: please evidence why you believe this case fulfils this particular DOPS
4	Aesthetic Injectable	Recognising hyperhydrosis		
7	Therapies for Non-facial Treatments	Safe delivery of BoNT therapies	V	Re-checking dosage and injection sites in dynamic muscle movement
E	Clinical Health	Managing risks of injectable procedures	V	Correct placement of injection sites and hand rests. Explaining potential adverse reactions to patient
5 Safe	Welfare	Complying with Health and Safety legislation and standards	V	Clinic set up and disposal of hazardous materials
7	Values Ethics	Demonstrating core values	V	Assessing patient's motivations for treatment and obtaining valid consent
′	Professionalism in Clinical Practice	Demonstrating ethics and professionalism	V	Providing alternative treatment options

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

Values and Ethics (7)

The patient did not know of all adverse reactions to BoNT treatments ahead of visiting the clinic and was fully informed during the consultation regarding the possible risks and complications. This enabled the patient to make a better informed decision regarding continuing with treatment and this showed how invaluable spending the time to discuss this with the patient can be and how this impacts correct consenting procedure. Verbal and written information is key.



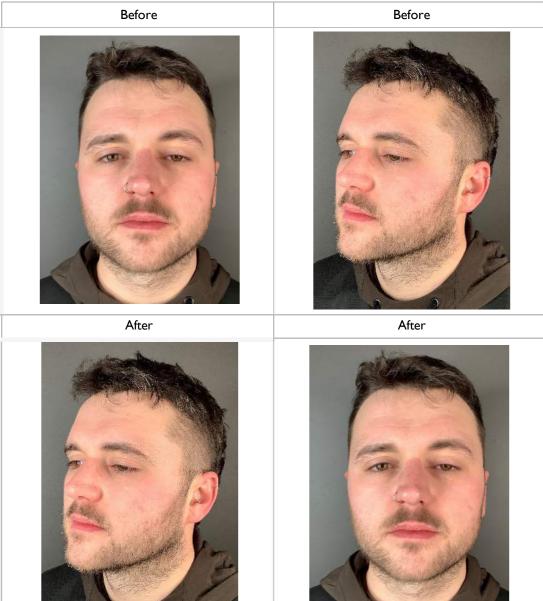


Additional	case	reflections	(please	ensure	you	highlight	which	unit	above	each	reflection	relates	to):









ASSESSMENT

Delegate Signature*	l				
Assessor name**	Dr Priyanka Chadha				
Assessor signature**	1000				
Date	01/01/2022				
* By signing this form you are confirming that all the information provided is correct and in accordance					

 $^{^{*}}$ 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