



CLINICAL POLICY

Use of Botox Injection for Axillary Hyperhidrosis

A. EFFECTIVE DATE :

April 7, 2021

B. PURPOSE :

To define patients for treatment axillary hyperhidrosis.

C. POLICY :

All parties who are candidates must be evaluated by a Dermatology practitioner prior to treatment, The LIP will provide written orders for treatment and obtain consent. They will periodically assess patient for tolerance and effectiveness of treatment.

D. SCOPE :

Farmington and Canton Dermatology

E. DEFINITIONS :

None

F. MATERIAL(S) NEEDED :

Botox syringe and needle, map.

G. PROCEDURE :

1. Confirm the patients' identity with two patient identifiers.
2. Review patient allergies and medications. Inform patient of contradictions prior to medication administration.
3. Provide patient education/explanation of procedure.
4. Provide ice pads to area if patient desires.
5. Wipe axilla area to be treated with Hibiclens solution. Wipe area-clean with sterile water.
6. Identify the area to see injected by following the hairline.
7. Reconstitute Botox medication for administration per manufacturer directions. (Add 4.2cc of normal saline to each 100 units of Botox).
8. Draw up 4 1cc syringes.
9. Inject 2 syringes into each axilla (50 units Botox per axilla).
10. Provide patient with discharge instructions.

PATIENT TEACHING:

1. Instruct patient to not lie flat for 4 hours after procedure.
2. Instruct patient to avoid any excessive activity which may cause excessive sweating for 24 hours.

H. ATTACHMENTS :

None

I. REFERENCES :

Bologna, Jorizzo, Rapini, Dermatology 2nd edition. 2008

J. SEARCH WORDS :

None

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

None

N. FINAL APPROVAL :

- | | |
|--|---------------------------|
| 1. <u>Andrew Agwunobi, MD (Signed)</u>
Andrew Agwunobi, MD, MBA
UConn Health Chief Executive Officer | <u>04/13/2021</u>
Date |
| 2. <u>Anne Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>04/07/2021</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>04/09/2021</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
VP Quality and Patient Services & Chief Nursing Officer | <u>04/08/2021</u>
Date |

O. REVISION HISTORY :

Date Issued: 03/15

Date Revised: 04/21

Date Reviewed: