



**CVS** specialty™

# Infusion Log

For hemophilia and  
other bleeding disorders



**Name** \_\_\_\_\_

**Emergency phone numbers**

Emergency contact name: \_\_\_\_\_ Number: \_\_\_\_\_

Hemophilia treatment center: \_\_\_\_\_ Number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Number: \_\_\_\_\_

911 or ambulance phone number: \_\_\_\_\_

**Bleeding disorder information**

Bleeding disorder:  Hemophilia A (Factor VIII)

Hemophilia B (Factor IX)

Von Willebrand Disease:

1    2    3    (circle one)

Severity:  Mild

Moderate

Severe

Factor level: \_\_\_\_\_%

Preferred treatment product: \_\_\_\_\_

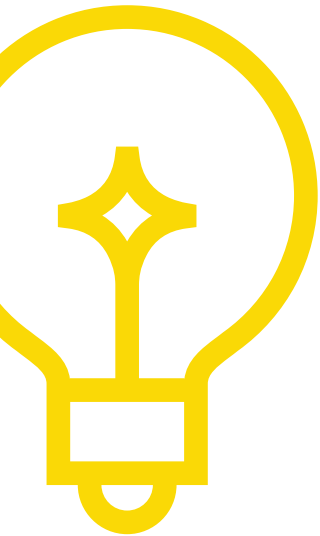
Recommended treatment dose: \_\_\_\_\_

Inhibitor:  No     Yes    as of (    /    /    )

Allergies/Other medical conditions: \_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_



# Infusion Chart Instructions

It is important that you keep accurate and complete records of your infusion therapy. CVS Specialty™ has provided this Infusion Log for documenting all data related to your bleeding and infusion activity.

- A new infusion chart should be filled in each time you treat a bleeding episode.
- Add any additional documentation to the notes section at the bottom of the chart.
- Place this back cover flap underneath the yellow copy of the chart you are about to use before recording information on the chart.
- Return the white copy of the chart to your doctor or treatment center as soon as you have completed all the information, keep the yellow copy in the log as a record.

**Note:** Individuals on prophylaxis and immune tolerance therapies should continue to record each infusion in the log book by documenting all applicable information.

# Infusion Chart

Patient name: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of infusion: \_\_\_\_\_ Time of infusion: \_\_\_\_\_ AM/PM (circle one)

Treated bleed within:  Less than 1 hr.  1-3 hrs.  More than 3 hrs.

Product infused: \_\_\_\_\_

Bleeding start date: \_\_\_\_\_ Total number of units infused: \_\_\_\_\_

Site(s) of bleed:  Muscle  Joint  Soft tissue

Reason for infusion:  Spontaneous  Injury  Surgery  New bleed

Prophylactic  Dental  Immune tolerance  Other \_\_\_\_\_

Did you use:  Icepacks  Ace® bandage  Crutches  Wheelchair

R.I.C.E.  Pain medication  Other \_\_\_\_\_

Contacted:  Treatment center  Doctor  Emergency room

Did you miss any school/work?  No  Yes How many days? \_\_\_\_\_

Circle appropriate level of pain 1-10

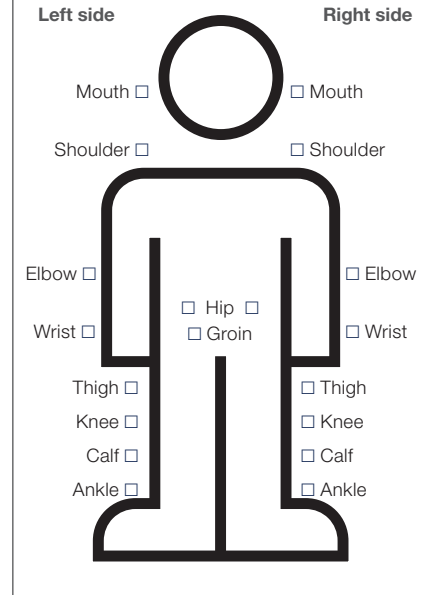
1 2 3 4 5 6 7 8 9 10

(1=no pain,10=most pain)

Notes: \_\_\_\_\_

\_\_\_\_\_

Indicate the appropriate area of bleed on chart.



Lot # \_\_\_\_\_ Lot # \_\_\_\_\_ Lot # \_\_\_\_\_ Lot # \_\_\_\_\_

Record Lot # above

Attach label here

Record Lot # above

Attach label here

Record Lot # above

Attach label here

Record Lot # above

Attach label here

## **Additional Support**

If you have any questions talk to your specialist or contact the CVS Specialty Hemophilia Care Program toll-free at **1-866-RxCare-1 (1-866-792-2731)**.

**[CVSpecialty.com](http://CVSpecialty.com)**

Additional copies can be ordered from your CareTeam.

