Infusion Log
For hemophilia and other bleeding disorders
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)               Severity: □ Mild
                □ Hemophilia B (Factor IX)                        □ Moderate
                □ Von Willebrand Disease:                            □ Severe
                                                  1   2   3   (circle one)

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.

Left side

Mouth □
Shoulder □
Elbow □
Wrist □
Thigh □
Knee □
Calf □
Ankle □

Right side

Mouth □
Shoulder □
Elbow □
Wrist □
Thigh □
Knee □
Calf □
Ankle □

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).**

**CVSspecialty.com**

Additional copies can be ordered from your CareTeam.