

# How to use your Infusion Calendar

Keeping accurate records is one of the best ways for you to take control of your care. Follow the instructions below to get the most out of your Infusion Calendar. Please bring your infusion calendar with you to clinic or tear off the white sheets and mail them to the center - Attention: IHTC Pharmacy. The logs will be added to your record.

Remove the sticker from your factor bottle and place on the date of infusion on the calendar.

Write the total units infused on the line provided.

Check P for prophylaxis or list the site of your bleeding episode on the line provided.

**January 2011**

Sunday	Monday	Tuesday
total units: _____ 2	total units: _____ 3	total units: _____ 4
P <input type="checkbox"/> Bleed: _____	P <input type="checkbox"/> Bleed: _____	P <input type="checkbox"/> Bleed: _____
total units: _____ 9	total units: _____ 10	total units: _____ 11
P <input type="checkbox"/> Bleed: _____	P <input type="checkbox"/> Bleed: _____	P <input type="checkbox"/> Bleed: _____
total units: _____ 16	total units: _____ 17	total units: _____ 18
P <input type="checkbox"/> Bleed: _____	P <input type="checkbox"/> Bleed: _____	P <input type="checkbox"/> Bleed: _____
total units: _____ 23	total units: _____ 24	total units: _____ 25
P <input type="checkbox"/> Bleed: _____	P <input type="checkbox"/> Bleed: _____	P <input type="checkbox"/> Bleed: _____
total units: _____ 30	total units: _____ 31	
P <input type="checkbox"/> Bleed: _____	P <input type="checkbox"/> Bleed: _____	

Monthly Reminders:  
 Your name & date of birth: \_\_\_\_\_  
 P = Prophylaxis

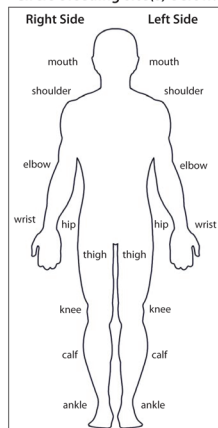
**Be sure to write your name and date of birth on each page!**

To give more specific details about a bleeding event, fill out a bleeding event sheet, including the body chart.

## Infusion Chart for Bleeding Episodes

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Date of Infusion: \_\_\_\_\_ Time of Infusion: \_\_\_\_\_ AM or PM?  
 Infusion Product: \_\_\_\_\_  
 Treated bleed within:  less than 1 hr  1-3 hrs  more than 3 hrs  
 Bleeding Start Date: \_\_\_\_\_ Total # of Units Infused: \_\_\_\_\_  
 Site(s) of Bleed:  Muscle  Joint  Soft Tissue  
 Reason for Infusion:  Spontaneous  Injury  Surgery/Dental  
 First Infusion  Follow-up  Other \_\_\_\_\_  
 Did you use:  Icepacks  Bandage/Wrap  Pain Medication  
 Crutches  R.I.C.E  Wheelchair  Other \_\_\_\_\_  
 Contacted:  Treatment Center  Doctor  Emergency Room  
 Did you miss school or work?  Yes  No How many days? \_\_\_\_\_  
 Circle appropriate level of pain 1-10: (1 = no pain | 10 = most pain)  
 ☺ 1 2 3 4 5 6 7 8 9 10 ☹  
 Notes: \_\_\_\_\_

Circle bleeding site(s) below.



Your infusion calendar and chart has two sets of pages: the white pages are for you to send to the IHTC to be added to your record and the yellow sheets are for you to keep. Be sure to place one of the folding guards underneath the page you are writing on to prevent unintentional transfer to other pages.