

# Home Treatment Record Sheet

NAME:	
ADDRESS:	
CITY:	
POSTCODE:	

DIAGNOSIS:	
PRODUCT:	

FOR HAEMOPHILIA CENTRE USE			
ISSUED BY:		DATE ISSUED:	
BATCH:		CHECKED BY:	
POTENCY:		VIALS:	

DATE & TIME OF BLEED ONSET	DATE & TIME OF INFUSION	REASON FOR BLEED	SITE OF BLEED	LEFT OR RIGHT	NUMBER OF VIALS USED	BATCH NUMBER	COMMENTS	
								1
								2
								3
								4
								5
								6
								7
								8
								9
								10

## Home Treatment Record Sheet

DATE & TIME OF BLEED ONSET	DATE & TIME OF INFUSION	REASON FOR BLEED	SITE OF BLEED	LEFT OR RIGHT	NUMBER OF VIALS USED	BATCH NUMBER	COMMENTS	
								11
								12
								13
								14
								15
								16
								17
								18
								19
								20

Please note:

1. This form should be completed and returned when a new supply of home treatment is requested; otherwise a full supply cannot be issued.
2. Please make sure you collect your home treatment supplies when your Haemophilia Centre is open.
  - a. Phone Requests: Please give you centre at least 24 hours' notice when ordering more supplies so that they can ensure they are ready for collection at the agreed time.
  - b. E-Mail requests: Please give at least 48 hours' notice when ordering more supplies. We will acknowledge every e-mail request to confirm that we have received your order.

Report immediately to the Haematology Registrar on-call and ask for the on-call Haematologist or Haemophilia Sister if you experience any reactions during or following the infusion, if difficulty is experienced with the injection or you have any doubts about the course of action to take, i.e. how much treatment to give. All factor concentrate should be infused within 30 minutes of preparation.