



Bleeding Disorder Infusion Log

Patient Name: _____ Date: _____

Weight: _____ DOB: _____ Time of Infusion: _____

Bleed treated within: ____ < 1 hour ____ 1-3 hours ____ > 3 hours	Product administered: Write in or affix label sticker to each box							
	Brand:		Brand:		Brand:		Brand:	
	Exp Date:		Exp Date:		Exp Date:		Exp Date:	
	Lot #:		Lot #:		Lot #:		Lot #:	
Units:		Units:		Units:		Units:		

Site: ____ Muscle ____ Joint ____ Soft Tissue ____ Mild ____ Moderate ____ Severe Indicate Left (L) or Right (R) as appropriate ____ Head ____ Mouth ____ Nose ____ Shoulder ____ Ribs ____ Elbow ____ Wrist ____ Hand ____ Stomach ____ Groin ____ Buttocks ____ Hips ____ Thigh ____ Knee ____ Calf	Supportive actions: ____ R.I.C.E ____ Pain Medication ____ Ace Bandage ____ Ice Pack ____ Crutches ____ Wheelchair
---	---

Reason for Infusion: ____ Scheduled/Prophylaxis ____ Preventative ____ Spontaneous Bleed ____ Injury ____ Joint Bleed ____ Pre-surgery ____ Product change ____ Immune Tolerance ____ Dental Procedure	School / Work / Activities missed: Days ____ Hours ____
--	--

Pain: ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	Notes:
---	---------------



Bleeding Disorder Infusion Log

Patient Name: _____ Date: _____

Weight: _____ DOB: _____ Time of Infusion: _____

Bleed treated within: ____ < 1 hour ____ 1-3 hours ____ > 3 hours	Product administered: Write in or affix label sticker to each box							
	Brand:		Brand:		Brand:		Brand:	
	Exp Date:		Exp Date:		Exp Date:		Exp Date:	
	Lot #:		Lot #:		Lot #:		Lot #:	
Units:		Units:		Units:		Units:		

Site: ____ Muscle ____ Joint ____ Soft Tissue ____ Mild ____ Moderate ____ Severe Indicate Left (L) or Right (R) as appropriate ____ Head ____ Mouth ____ Nose ____ Shoulder ____ Ribs ____ Elbow ____ Wrist ____ Hand ____ Stomach ____ Groin ____ Buttocks ____ Hips ____ Thigh ____ Knee ____ Calf	Supportive actions: ____ R.I.C.E ____ Pain Medication ____ Ace Bandage ____ Ice Pack ____ Crutches ____ Wheelchair
---	---

Reason for Infusion: ____ Scheduled/Prophylaxis ____ Preventative ____ Spontaneous Bleed ____ Injury ____ Joint Bleed ____ Pre-surgery ____ Product change ____ Immune Tolerance ____ Dental Procedure	School / Work / Activities missed: Days ____ Hours ____
--	--

Pain: ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹	Notes:
---	---------------