**Home Infusion Log**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | Patient’s Name:  Date of Birth:  Health Card Number*:*    Ordering Physician: | | |
| **Date of infusion (mmm dd/yy)** | **Length of infusion**  **(h = hours, m =**  **minutes)** | **Site(s)**  **used (see legend)** | **Volume per site (mL)** | **Total**  **volume infused (mL)** | **Lot number(s)** | **Adverse reaction? (Yes/No) If yes, describe** | | **List any**  **medication(s) taken during infusion** | **Recent**  **infection? (Yes/No) Fever (°C)** |
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**SCIG**

Pick-up Transfusion Service:

Transfusion Service Phone: Product Name:

|  |  |
| --- | --- |
| **Site Legend** | |
| **R** | Right |
| **L** | Left |
| **U** | Upper |
| **Lo** | Lower |
| **A** | Abdomen |
| **H** | Hips |
| **Leg** | Leg/thigh |
|  |  |

Remember to report ANY Adverse reactions or product defects immediately to Transfusion Medicine (Phone #)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Product Wasted Report** | | | | | | |
| **Complete:** If any vial is wasted (broken, contaminated) or expired due to patient error. Record and discard vial in sharps container. f  vial has a manufacturer’s defect (broken seal, particles or cloudy solution). Record and return vial to transfusion service. | | | | | | |
| **Date product picked up (mmm dd/yy)** | **Date wasted**  **(mmm dd/yy)** | **Lot number** | **# of vials** | **Check (****) one, not both** | | **If wasted, indicate whether returned to Transfusion Service** |
| **Wasted** | **Expired** |
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