**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:

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| **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 #)

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| **Product Wasted Report** |
| **Complete:** If any vial is wasted (broken, contaminated) or expired due to patient error. Record and discard vial in sharps container. fvial 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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