

SELF-ADMINISTRATION DIARY FOR ADULT PATIENTS*

To support your home administration of Nplate®

Your healthcare professional should write your most up-to-date dose in the front of this *Self-administration diary*

Your healthcare professional should write the name of a contact person in this *Self-administration diary*, in the section titled “Just in case you need support...” (in the back of this diary)

Use this *Self-administration diary* to help you remember what to tell your healthcare professional at your next appointment

***Self-administration of Nplate® is not allowed for paediatric patients**







Welcome to home administration of Nplate®. This *Self-administration diary* will help you to keep track of your home administration of Nplate® through recording the following:

- Your up-to-date dose
- Training days for home administration (at the clinic)
- Dates you should receive your injection (either at home or in the clinic)
- Dates you had your injection (either at home or in the clinic)
- The dose that was injected each treatment
- Any problems you experienced with self-administration

It is important to keep a record of these as it will help you and your healthcare professional ensure that you take the right dose of Nplate® at the right time.

Dose recorder

Use this page to keep track of the dose you will administer at home. Your healthcare professional will fill this page in for you. **If two vials are needed to administer the correct total dose, your healthcare professional should write the dose for each vial (ml) used.**

Correct dose (ml)*	Date Nplate® dose prescribed	Visual record of correct dose
.....	/ /	
.....	/ /	
.....	/ /	
.....	/ /	

*If two vials are needed to administer the correct total dose, your healthcare professional should write the dose for each vial (ml) used.

Self-administration diary

If you administer the wrong dose, contact your doctor immediately. They may want to monitor you for a time. **If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.**

Day & date Nplate® dose is due	Administered dose (ml)*	Did you take the right dose on the right date?	Note any problems with self-administration. If scheduled dose was missed, include revised date of dose and reason for the change.
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	

4-weekly follow-up @ clinic	Day	Date
------------------------------------	------------	-------------

*If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.

Self-administration diary

If you administer the wrong dose, contact your doctor immediately. They may want to monitor you for a time. **If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.**

Day & date Nplate® dose is due	Administered dose (ml)*	Did you take the right dose on the right date?	Note any problems with self-administration. If scheduled dose was missed, include revised date of dose and reason for the change.
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	

4-weekly follow-up @ clinic	Day	Date
------------------------------------	------------	-------------

*If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.

Self-administration diary

If you administer the wrong dose, contact your doctor immediately. They may want to monitor you for a time. **If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.**

Day & date Nplate® dose is due	Administered dose (ml)*	Did you take the right dose on the right date?	Note any problems with self-administration. If scheduled dose was missed, include revised date of dose and reason for the change.
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	

4-weekly follow-up @ clinic	Day	Date
------------------------------------	------------	-------------

*If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.

Self-administration diary

If you administer the wrong dose, contact your doctor immediately. They may want to monitor you for a time. **If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.**

Day & date Nplate® dose is due	Administered dose (ml)*	Did you take the right dose on the right date?	Note any problems with self-administration. If scheduled dose was missed, include revised date of dose and reason for the change.
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	

4-weekly follow-up @ clinic	Day	Date
------------------------------------	------------	-------------

*If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.

Self-administration diary

If you administer the wrong dose, contact your doctor immediately. They may want to monitor you for a time. **If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.**



Day & date Nplate® dose is due	Administered dose (ml)*	Did you take the right dose on the right date?	Note any problems with self-administration. If scheduled dose was missed, include revised date of dose and reason for the change.
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	

4-weekly follow-up @ clinic	Day	Date
------------------------------------	------------	-------------

*If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.

Self-administration diary

If you administer the wrong dose, contact your doctor immediately. They may want to monitor you for a time. **If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.**



Day & date Nplate® dose is due	Administered dose (ml)*	Did you take the right dose on the right date?	Note any problems with self-administration. If scheduled dose was missed, include revised date of dose and reason for the change.
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	

4-weekly follow-up @ clinic	Day	Date
------------------------------------	------------	-------------

*If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.

Self-administration diary

If you administer the wrong dose, contact your doctor immediately. They may want to monitor you for a time. **If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.**

Day & date Nplate® dose is due	Administered dose (ml)*	Did you take the right dose on the right date?	Note any problems with self-administration. If scheduled dose was missed, include revised date of dose and reason for the change.
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	

4-weekly follow-up @ clinic	Day	Date
------------------------------------	------------	-------------

*If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.

Self-administration diary

If you administer the wrong dose, contact your doctor immediately. They may want to monitor you for a time. **If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.**

Day & date Nplate® dose is due	Administered dose (ml)*	Did you take the right dose on the right date?	Note any problems with self-administration. If scheduled dose was missed, include revised date of dose and reason for the change.
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	
Day Date / /	Yes <input type="radio"/> No <input type="radio"/>	

4-weekly follow-up @ clinic	Day	Date
------------------------------------	------------	-------------

*If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.

Just in case you need support...

Your healthcare professional should write the information for your Nplate® self-administration contact person here.

Contact name:

Name of healthcare institution:

Telephone:

Email:

For any information about this medicine please talk to your healthcare professional.

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. Side effects can be reported directly to the Health Products Regulatory Authority (HPRA) using the available methods via www.hpra.ie.

By reporting side effects you can help provide more information on the safety of this medicine.