

## IV treprostinil patient questionnaire

Treating doctor: _____		Treatment site: _____	
Questionnaire completed on: _____		Duration of IV infusion treatment: _____	
Patient reference (according to IV patient master data entry): _____	Age of the patient: _____	Sex of the patient: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Form completed by: Patient <input type="checkbox"/> Specialist (with the patient) <input type="checkbox"/>			

**Do you feel confident when administering the infusion treatment after the training?**

Yes  No

**Central venous catheter-related blood stream infections are a recognised risk of intravenous infusion treprostinil treatment**

True  No  I don't know

**Describe the signs of infection that you should watch for daily:**

\_\_\_\_\_

**How long does it take you to prepare your medication?**

less than 15 min  15 – 30 min  31 – 45 min  46 – 60 min  more than 1 hour

**What is the maximum duration of use of the diluted product that you prepare for infusion?**

24 hours  48 hours  72 hours

**Do you wash your hands with an antibacterial soap before you prepare your medication?**

Never  Sometimes  Often  Always

**Do you use a waterproof dressing when bathing/showering to keep the connector between the catheter and the infusion tube dry?**

Never  Sometimes  Often  Always

**Do you know what to do if your catheter connector gets wet?**

Yes  No

**What type of dressing do you use at the catheter insertion site?**

Sterile gauze dressing  Sterile transparent dressing  Not sure

**How often do you change the dressing at the catheter insertion site?**

Every two days  Weekly  Other, please specify.....

**Does your infusion tube already have a filter?**

Yes  No

**If you answered “No”, do you attach a separate filter when you set up a new line?**

Never  Sometimes  Often  Always

**Do you use a split septum closed hub system to connect the infusion tube to your catheter?**

Never  Sometimes  Often  Always

**If you have answered “Yes”, how often should you replace the split-septum closed hub device of your infusion system?**

Every 3 days  Every 5 days  Every 7 days

**How often do you change your infusion tube?**

24 hours  48 hours  Other (please specify)  \_\_\_\_\_

**How often do you change your medication container (sachet or syringe)?**

\_\_\_\_\_

**How high is your current medication flow rate in millilitres per hour (ml/hr)?**

\_\_\_\_\_

**Please send the completed form to:**

**QPPV Dr. Juri Hodisch**  
AOP Orphan Pharmaceuticals AG  
Wilhelminenstrasse 91 llf  
1160 Vienna  
Austria  
Email: [drugsafety@aoporphan.com](mailto:drugsafety@aoporphan.com)