Infusion Diary for VPRIV® (Velaglucerase Alfa for Infusion) for Home Infusion

General Information

Patient	
Name:	
Address:	
City:	
Telephone:	
Email:	

Caregiver (if applicable)	
Name:	
Address:	
City:	
Telephone:	
Email:	

Treating Physician	
Name:	
Address:	
City:	
Telephone:	
Email:	

Nurse	
Name:	
Address:	
City:	
Telephone:	
Email:	

Pharmacy	
Name:	
Address:	
City:	
Telephone:	
Email:	

National Emergency Number	
Telephone: **112**	

Administration Details

VPRIV® administered since (DD/MM/YYYY):	
First VPRIV® infusion at home (DD/MM/YYYY):	
VPRIV® dose, frequency:	
VPRIV® infusion rate:	
Indicate support to be provided by nurse:	

Emergency Plan (To be completed by the treating physician)

Necessary actions in the event of a serious infusion reaction:

1. Stop the infusion	☐
2. Call the national emergency number:	☐
3. Call the treating physician:	☐

Infusion Log (to be completed at each infusion)

Infusion number:

Date of infusion:

Name of person giving the infusion
(patient, caregiver or homecare nurse):

Patient's general health:

Patient's weight (kg):

Dose and rate of infusion:

Lot number:

Numbers of vials used:

Expiry date:

Time infusion started:

Time infusion stopped:

General remarks:

Any problems related to infusion?

• Any action taken:

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