## 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		
<b>Administration Details</b>		
VPRIV® administered since (DD/MM/YYYY):		
First VPRIV® infusion at home (DD/MM/YY)		
VPRIV® dose, frequency:	· · ·	
VPRIV® infusion rate:		
Indicate support to be provided by nurse:		
	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:		

This diary was developed by Shire as part of a commitment made in the Risk Minimisation Measures for VPRIV®. Please report any suspected adverse event(s) to the HPRA Pharmacovigilance, Earlsfort Terrace IRL – Dublin 2. Tel: +353 1 6764971 Fax: +353 1 6762517. Website: <a href="www.hpra.ie">www.hpra.ie</a> email: <a href="medsafety@hpra.ie">medsafety@hpra.ie</a> and to Shire at <a href="medsafety@hpra.ie">globalpharmacovigilance@shire.com</a>

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:
Infusion number:
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