

Logbook for Fabrazyme[®] Home Infusion

The processes presented in this document serve as overall guidance but are subject to local medical practice and national rules and regulations.

If you get any side effects talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the Patient Information Leaflet. You can also report side effects directly to HPRA Pharmacovigilance, website: www.hpra.ie

By reporting side effects you can help provide more information on the safety of this medicine. Side effects should also be reported to Sanofi: Tel: 01 403 5600 e-mail: IEPharmacovigilance@sanofi.com

Contact details (to be completed by prescribing HCP)

Emergency Number:

Patient	
Name:	
Date of birth:	
Address:	
City:	
Eircode:	
Telephone:	

Patient's Caregiver	
Name:	
Date of birth:	
Address:	
City:	
Eircode:	
Telephone:	

Pharmacy	
Name:	
Date of birth:	
Address:	
City:	
Eircode:	
Telephone:	

Prescribing HCP	
Name:	
Date of birth:	
Address:	
City:	
Eircode:	
Telephone:	

Administering HCP	
Name:	
Date of birth:	
Address:	
City:	
Eircode:	
Telephone:	

Administration details (to be completed by treating physician)

Date of first administration:	(DD-MM-YYYY):
First infusion at home:	(DD-MM-YYYY):

Dosing regimen	
Dose:	
Frequency:	
Rate of infusion:	
Required reconstituted volume (ml):	
Total volume in infusion bag (ml):	
Pre-treatment medication: (if applicable)	
Reasons for infusion at home:	
Findings and actions from the initial interview:	
Indicate if any support was provided by the administering HCP at home:	

Necessary actions in the event of a serious infusion-associated or hypersensitivity reaction

(to be completed by the prescribing HCP)

1. Stop the infusion

2. Call the emergency services

Name:	
Telephone number:	

3. Call your physician

Telephone number:	
Telephone number (24hr):	
Name of physician:	
Name of clinic:	
Total volume in infusion bag (ml):	
Address:	

4. Emergency medication

Medication, including dose:	
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5. Patient's contact person to be notified

Name:	
Telephone:	

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Nurse:	
Caregiver (if different from above):	

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Duration of administration:	
Rate of administration:	
Problems/Remarks related to the infusion, if any (including infusion-associated reaction(s), action taken, and outcome):	
Indicate if any support was provided by the administering HCP at home:	

5. Patient's contact person to be notified in the event of an issue with infusion	
Date of infusion:	(DD-MM-YYYY):
Nurse:	
Caregiver (if different from above):	

Notes

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