## 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:	

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:
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 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:
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 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:
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:

