

INFUSION LOG



You should be trained on how to do infusions by your hemophilia treatment center or your healthcare provider.



INFUSION RECORDS

INFUSION

(combine all vials used)

Date: ____/____/____

Time: ☐AM ☐PM

Total units: _____ IU

Reason:

- ☐ Prophylaxis
- ☐ Spontaneous
- ☐ Injury
- ☐ Surgery/Dental

VIAL INFORMATION

(or use peel-off labels from vials)

Expiration date: ____/____/____

Lot number: _____

Units: _____ IU

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