my infusion log

& wellness calendar
IgG Infusion Log
Track Your Infusions to Help Your Healthcare Team

The practice of logging your Immune Globulin (IgG) infusions is a useful component to helping you communicate with your healthcare team.

By keeping track of the brand of IgG you receive, as well as the dose and frequency, you can help your physician determine which treatment regimen is best for you. **Tracking your infusions will help your doctor manage your treatment.**

Your log can help track your IgG brand and lot number information so you can easily reference it, if needed.

**Stay on top of your treatment with the help of your Infusion Log!**

Track your infusions after every treatment and communicate how your infusions are going with your doctor when you go to your appointment.

Call MyIgSource at **1-855-250-5111** to order additional infusion logs and wellness calendars!
The following are different infusion components you may want to note so that you can communicate with your healthcare team should any changes occur.

**Intravenous (IV) My catheter gauge is:**

**Subcutaneous (SubQ) My needle length is:**

**Subcutaneous (SubQ) My needle gauge is:**

Needle length may change over time. Note size and changes here:

**My pump manufacturer and type are:**

**My pump manufacturer’s contact information is:**

Pump manufacturer and type may change over time. Note these changes here:

**My doctor’s phone number is:**

Your doctor may change over time. Note the current phone number here:

**My specialty pharmacy’s phone number is:**

Your specialty pharmacy may change over time. Note the current phone number here:

**Contact name for my supplies at my specialty pharmacy:**

Your contact name for supplies may change over time. Note your current contact here:

**My health insurance company’s customer service number is:**

**My health insurance company’s case manager number is:**

Your insurance customer service/case manager contact number may change over time. Note the current number here:
How to Use Your Infusion Log

Was there something you needed to share with your doctor? 
**Check this box!**

Marking the area that gets infused can be extremely helpful!

It’s simple. You can either peel off the label from your treatment bottle, or fill in the information yourself!

Track your infusion sites to help with site rotation schedules.

Be sure to notify your healthcare provider right away if you experience any side effects during or after your infusion. If serious problems occur after starting treatment, stop the infusion immediately and contact your healthcare provider or call emergency services.

Rate your overall feeling of wellness for your infusion.

Make note of any change in your standard infusion protocol.

- Was your infusion rate faster/slower?
- Did you take different pre-medications or post-medications as prescribed by your physician?
- Did your needle length or gauge or pump infusion parameters change?
Lot Number: ________________________________

Treatment Name: ________________________________

Expiration date for room temperature storage: ________________________________

Expiration date for refrigeration storage: ________________________________

Route of administration (SC or IV): ________________________________

Site of Infusion: Home or Infusion Center ________________________________

My dose is: _______ grams per: _______ Total grams: _______

Highest infusion rate tolerated: _______ Needle size: _______

After receiving my infusion, I felt: ________________________________

Medications taken on day of infusion: ________________________________

Note any changes to infusion: ________________________________

Note any changes to pump: ________________________________
date of infusion: 

/ / /

Lot Number: __________________________
Treatment Name: __________________________
Expiration date for room temperature storage: __________________________
Expiration date for refrigeration storage: __________________________

Route of administration (SC or IV): __________________________
Site of Infusion: Home or Infusion Center __________________________
My dose is: _______________ grams per: ________ Total grams: ________
Highest infusion rate tolerated: _______________ Needle size: ________
After receiving my infusion, I felt: __________________________
Medications taken on day of infusion: __________________________
Note any changes to infusion: __________________________
Note any changes to pump: __________________________
Flag this infusion

Date of infusion: 

Lot Number: ____________________________

Treatment Name: ______________________

Expiration date for room temperature storage: ______________________

Expiration date for refrigeration storage: ______________________

[PEEL LABEL FROM TREATMENT BOX AND PLACE HERE]

Route of administration (SC or IV): ______________________

Site of Infusion: Home or Infusion Center ______________________

My dose is: ___________ grams per: _________ Total grams: _______

Highest infusion rate tolerated: ___________ Needle size: _______

After receiving my infusion, I felt: ______________________

Medications taken on day of infusion: ______________________

Note any changes to infusion: ______________________

Note any changes to pump: ______________________
Lot Number: ____________________________________________

Treatment Name: ____________________________________________

Expiration date for room temperature storage: _________________

Expiration date for refrigeration storage: _________________

Route of administration (SC or IV): ________________________________

Site of Infusion: Home or Infusion Center __________________________

My dose is: _______________ grams per: ___________ Total grams: ________

Highest infusion rate tolerated: _______________ Needle size: ________

After receiving my infusion, I felt: ________________________________

Medications taken on day of infusion: ______________________________

Note any changes to infusion: ________________________________

Note any changes to pump: ________________________________
□ Flag this infusion

date of infusion:
__/__/__

Lot Number: ____________________________________________________________

Treatment Name: _________________________________________________________

Expiration date for room temperature storage: ________________________________

Expiration date for refrigeration storage: [PEEL LABEL FROM TREATMENT BOX AND PLACE HERE]

Route of administration (SC or IV): _________________________________________

Site of Infusion: Home or Infusion Center _________________________________

My dose is: ____________ grams per: ___________ Total grams: _________

Highest infusion rate tolerated: _____________________ Needle size: ________

After receiving my infusion, I felt: _______________________________________

Medications taken on day of infusion: _______________________________________

Note any changes to infusion: ___________________________________________

Note any changes to pump: _______________________________________________
Lot Number: ________________________________

Treatment Name: ________________________________

Expiration date for room temperature storage: ________________________________

Expiration date for refrigeration storage: ________________________________

Route of administration (SC or IV): ________________________________

Site of Infusion: Home or Infusion Center ________________________________

My dose is: ________________ grams per: _________ Total grams: _________

Highest infusion rate tolerated: ________________ Needle size: _________

After receiving my infusion, I felt: ________________________________

Medications taken on day of infusion: ________________________________

Note any changes to infusion: ________________________________

Note any changes to pump: ________________________________
Date of infusion: __/__/__

Lot Number: ________________________________

Treatment Name: ___________________________

Expiration date for room temperature storage: ___________________________

Expiration date for refrigeration storage: ___________________________

Route of administration (SC or IV): ________________________________

Site of Infusion: Home or Infusion Center ______________________________

My dose is: ________________ grams per: ________ Total grams: ________

Highest infusion rate tolerated: ________________ Needle size: ________

After receiving my infusion, I felt: ________________________________

Medications taken on day of infusion: ________________________________

Note any changes to infusion: ________________________________

Note any changes to pump: ________________________________

Number of subcutaneous sites and areas infused this week: [mark with an x]
Lot Number: ________________________________

Treatment Name: ________________________________

Expiration date for room temperature storage: ________________________________

Expiration date for refrigeration storage: ________________________________

Route of administration (SC or IV): ________________________________

Site of Infusion: Home or Infusion Center ________________________________

My dose is: __________ grams per: _______ Total grams: _______

Highest infusion rate tolerated: _______ Needle size: _______

After receiving my infusion, I felt: ________________________________

Medications taken on day of infusion: ________________________________

Note any changes to infusion: ________________________________

Note any changes to pump: ________________________________
Wellness Calendar
You spoke. We listened. Based on your feedback, we’ve transformed the Wellness Tracker into an easy-to-use and easy-to-customize Wellness Calendar. By keeping it simple, we enable you to build on the contents of your calendar in your own way. Just like in previous years, you can track your daily wellness and chart your upcoming activities and appointments through the calendar’s open format.

Stay on track

1. Accurately track your everyday health.

2. Bring to your appointment to help your doctor manage your care.

3. Align this tool with your infusion log and you can better track your overall wellness.

Each calendar page includes a perforated corner that makes it easy to track your day-to-day progress. It’s all about helping you create the best way to manage your PI and overall wellness.

Remember that this tool should be shared with your physician.

Call MyIgSource at 1-855-250-5111 to order additional infusion logs and wellness calendars!
How to Use Your Wellness Calendar

Flag it. Keep track of noteworthy or important events in your week. Check the "Flag this page" box at the top of your calendar as a point of quick reference.

Flag this page

**monday** 8/15/2013

am

noon  Schedule Dr. appt.

pm

Daily calendar.
Keep track of doctor and other appointments, to-do lists and other important events in your day-to-day life.

*Be sure to consult with your doctor before taking any medications. Also, notify your healthcare provider right away if you experience any side effects during or after your infusion or otherwise per your healthcare provider instructions.

Track your health. Rate your overall feeling of wellness for your infusion using the wellness scale.

- indicates being the least well
- indicates being the most well

There are also areas to note any medications or treatment for the day and any insurance or medical contact that occurred.

Overall Wellness Details:
- only slight headache compared to yesterday

Treatment/Medications:
- After infusion cold compress was applied at infusion site

Insurance/Medical Contact Notes:
- Called Dr. Smith @ 2:30, 555-5555

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Overall Wellness Details:
Treatment/Medications:
Insurance/Medical Contact Notes:

Flag this infusion