Bleeding disorders treatment log

accredo®

Dosage information	Bleed locations: Key location(s)			Bleed locations: Other location(s)	Reason for treatment
Date	☐ Head			☐ Mouth	☐ Prophylaxis
Time	☐ Stomach			☐ Thigh	☐ Surgery
Factor	L		R	☐ GI	☐ Physical therapy
Lot #		Hand		☐ Upper arm	☐ Injury
Dose		Elbow		☐ Lower arm	☐ Preventative infusion
		Shoulder		Other_________	☐ Spontaneous bleed
		Hip			
		Knee			
		Ankle			
		Foot			

RICE used: ☐Rest ☐Ice ☐Compression ☐Elevation

Missed work or school? ☐No ☐Yes. If yes, how many days?
Work ___________ School ___________

Comments

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