ACCREDO® SPECIALTY PHARMACY

Bleeding disorders treatment log

EVERNORTH HEALTH SERVICES

Dosage information

Date

Time

Factor

Lot #

Dose

Bleed locations

Key location(s)

☐ Head ☐ Stomach

L		R
	Hand	
	Elbow	
	Shoulder	
	Hip	
	Knee	
	Ankle	
	Foot	

Other location(s)

☐ Mouth
☐ Thigh
☐ GI
☐ Upper arm
☐ Lower arm
Other ____________

Reason for treatment

☐ Prophylaxis
☐ Surgery
☐ Physical therapy
☐ Injury
☐ Preventative infusion
☐ Spontaneous bleed

RICE used: ☐ Rest ☐ Ice ☐ Compression ☐ Elevation

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

Comments:

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Comments:

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