

Infection Log

During Home SCIG Treatment

(List all infections)

Name: _____

Date of Birth: _____

Treating Physician: _____

Infection date	Infection site*	Symptom details (use key listed below*)					GP visit yes/no	Antibiotics taken			Comments (e.g., chest x-ray taken, hospital admission, etc.)
		1	2	3	4	5		Dose	Name	Frequency and # of days	

*Infection Site (please tick [✓] for relevant symptoms in boxes above)

Chest

- Sputum:
y = yellow, g = green
- Increasing cough
- Shortness of breath
- Chest pain
- Fever

Sinus

- Painful/tender sinus
- Drip in back of throat
- Headache
- Nasal drip:
y = yellow, g = green
- Fever

Urinary

- Increased frequency of urine
- Burning/pain on passing urine
- Fever
- Accidental urine loss
- Pain in side

Stomach/bowel

- Diarrhea
- Weight loss
- Stomach pain
- Fever

Other

- Eyes
- Abscess
- Skin
- Ears
- Mouth ulcers/cold sores