



# 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)

- |                                     |   |                                  |                      |                            |
|-------------------------------------|---|----------------------------------|----------------------|----------------------------|
| <b>Chest</b>                        | <b>Sinus</b>                            | <b>Urinary</b>                   | <b>Stomach/bowel</b> | <b>Other</b>               |
| 1. Sputum:<br>y = yellow, g = green | 1. Painful/tender sinus                 | 1. Increased frequency of urine  | 1. Diarrhea          | 1. Eyes                    |
| 2. Increasing cough                 | 2. Drip in back of throat               | 2. Burning/pain on passing urine | 2. Weight loss       | 2. Abscess                 |
| 3. Shortness of breath              | 3. Headache                             | 3. Fever                         | 3. Stomach pain      | 3. Skin                    |
| 4. Chest pain                       | 4. Nasal drip:<br>y = yellow, g = green | 4. Accidental urine loss         | 4. Fever             | 4. Ears                    |
| 5. Fever                            | 5. Fever                                | 5. Pain in side                  |                      | 5. Mouth ulcers/cold sores |

To report adverse events, please refer to the instructions on Reporting Suspected Side Effects included in the Consumer Information Leaflet provided with your Hizentra® vial and/or pre-filled syringe.