



# My Hizentra® Infusion Schedule Worksheet

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Treating Physician: \_\_\_\_\_

	SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY TOTAL
<u>1<sup>st</sup></u> week infusion plan (g or mL/infusion)								
Infusion rate (mL/hour/site)								
Number of SC sites used								
<u>2<sup>nd</sup></u> week infusion plan (g or mL/infusion)								
Infusion rate (mL/hour/site)								
Number of SC sites used								
<u>3<sup>rd</sup></u> week infusion plan (g or mL/infusion)								
Infusion rate (mL/hour/site)								
Number of SC sites used								
<u>4<sup>th</sup></u> week infusion plan (g or mL/infusion)								
Infusion rate (mL/hour/site)								
Number of SC sites used								
<u>5<sup>th</sup></u> week infusion plan (g or mL/infusion)								
Infusion rate (mL/hour/site)								
Number of SC sites used								
<u>6<sup>th</sup></u> week infusion plan (g or mL/infusion)								
Infusion rate (mL/hour/site)								
Number of SC sites used								

SC=subcutaneous; g=grams; mL=millilitres.