



## DIRECTIONS FOR COMPLETING HOME CARE INFUSION CALENDARS

As a CCBD patient who has been certified in home care infusions, you have signed a Home Care Agreement, which requires that you send us infusion documentation whether or not a bleed has occurred. It is very important for your care that the medical staff is aware of your infusion history for each month. You have the following options to document infusions:

1. Paper calendars (use the back of this sheet and send to CCBD)
2. Phone entry of infusions (see separate instruction sheet)
3. Email (email your infusion information in any format to [ccbdcalendar@bcw.edu](mailto:ccbdcalendar@bcw.edu))
4. If you have Hemophilia A, use the free application FactorTrack on your smartphone or desktop to document infusions ([www.LivingWithHemophilia.com/FactorTrack](http://www.LivingWithHemophilia.com/FactorTrack) -see separate instruction sheet)

Infusion documentation provides the CCBD staff to better understand how your bleeds are responding to treatment and helps to determine future treatment plans for bleeds. We appreciate your taking the time to document this important information.

**If possible, please add the following information to your documentation:**

- 1) allergic reactions, if any:
- 2) all medications used during the month including non-prescription medicine (over-the-counter):
- 3) any diagnosed medical illness since your last CCBD appointment:

When completed, return to:  
Comprehensive Center for Bleeding Disorders  
P.O. Box 2178  
Milwaukee, WI 53201-2178

Or fax: 414-937-6580  
Or email: [ccbdcalendar@bcw.edu](mailto:ccbdcalendar@bcw.edu)  
Or call: 414-937-6599 (toll free: 866-463-8730)

Please call the CCBD at 414-257-2424 to request more paper calendars and pre-paid envelopes. If you have not infused during the month, you may call 1-866-INFUSE-0 to report no infusions.

The following information is needed for each infusion:

**Date:** *Date of Infusion*

**Product:** *Name of product used*

**Total Dose:** *Total number of units infused*

**Prophylaxis** \_\_\_\_\_ **Bleed** \_\_\_\_\_ *(Check one)*

**Time**

**Bleed Started:** *For Example: 8:00 AM*

**Time**

**Infusion Started:** *For Example: 9:00 AM*

**Site of Bleed:** *Where is bleed, include whether left or right side*