

# SELF-ADMINISTRATION DIARY

To support your home administration of Nplate<sup>®</sup>

**Your healthcare professional should write your most up-to-date dose in the front of this *Self-administration diary***

**Your healthcare professional should write the name of a contact person in this *Self-administration diary*, in the section titled “Just in case you need support...” (in the back of this diary)**

**Use this *Self-administration diary* to help you remember what to tell your healthcare professional at your next appointment**



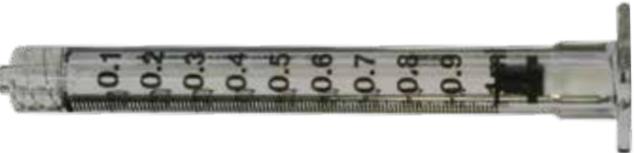
Welcome to home administration of Nplate®. This *Self-administration diary* will help you to keep track of your home administration of Nplate® through recording the following:

- Your up-to-date dose
- Training days for home administration (at the clinic)
- Dates you should receive your injection (either at home or in the clinic)
- Dates you had your injection (either at home or in the clinic)
- The dose that was injected each treatment
- Any problems you experienced with self-administration

It is important to keep a record of these as it will help you and your healthcare professional ensure that you take the right dose of Nplate® at the right time.

## Dose recorder

Use this page to keep track of the dose you will administer at home. Your healthcare professional will fill this page in for you. **If two vials are needed to administer the correct total dose, your healthcare professional should write the dose for each vial (ml) used.**

Correct dose (ml)*	Date Nplate® dose prescribed	Visual record of correct dose
.....	/ /	
.....	/ /	
.....	/ /	
.....	/ /	

\*If two vials are needed to administer the correct total dose, your healthcare professional should write the dose for each vial (ml) used.



# Self-administration diary

If you administer the wrong dose, contact your doctor immediately. They may want to monitor you for a time. **If two vials are needed to administer the correct total dose, write the dose for each vial (ml) used.**



Day & date Nplate® dose is due	Administered dose (ml)*	Did you take the right dose on the right date?	Note any problems with self-administration. If scheduled dose was missed, include revised date of dose and reason for the change.
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<b>4-weekly follow-up @ clinic</b>	<b>Day</b>	<b>Date</b>
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# Just in case you need support...

Your healthcare professional should write the information for your Nplate® self-administration contact person here.

**Contact name:** .....

**Name of healthcare institution:** .....

**Telephone:** .....

**Email:** .....

**For any information about this medicine, please contact:**

**Local Marketing Authorisation Holder information to be inserted**

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