

Your Inhibitor Treatment Plan and You

Is your treatment working for you?

Your treatment should help to stop your bleeding and your pain, and increase your level of function. We want you to keep track of every time you bleed and your body's response to treatment. If your treatment is not helping you to improve in these areas, please talk with your Hemophilia Treatment Centre.

Keeping track of your pain also helps us to see how you are responding to treatment.

Please use this pain scale to rate your pain:



Rate your pain:

At start of treatment

At 12 to 24 hours
(Day 1)

At 24 to 36 hours
(Start of Day 2)

At 36 to 48 hours
(End of Day 2)

Monitor Your Treatment^{1,2}

Treatment for bleeding episode started: _____

Date

Time

Site of bleed

After starting treatment, ask yourself these questions and fill in the chart below.

Put a checkmark in the box that best describes how you are feeling. Ask yourself:	12 to 24 hours since starting treatment (Day 1)			24 to 36 hours since starting treatment (Start of Day 2)			36 to 48 hours since starting treatment (End of Day 2)		
	Better	Same	Worse	Better	Same	Worse	Better	Same	Worse
Pain Is my joint or limb tender? Do I need pain medication? If so, more or less than 12 to 24 hours ago?									
Swelling/tension Is my joint or limb bigger (more swollen) than normal? If possible, compare it to the joint or limb on the other side of the body.									
Mobility How much can I move my joint or limb back and forth, clockwise and counterclockwise?									
Warmth of injured joint or limb Is the joint or limb cool to the touch? It should be cool, not hot or burning. If possible, compare it to the joint or limb on the other side of the body.									
Overall, how do you feel?									

If you answered “same” or “worse”, or if at any time during treatment you are concerned, contact your Hemophilia Treatment Centre right away (see reverse side of this page for contact information).
We will review your recommendations and treatment options with you.

Your Healthcare Team is Here for You

Is your treatment working for you?

My weight: _____

Treatment	Prescription (to be completed by your healthcare team)
<input type="checkbox"/> Activated prothrombin complex concentrate (FEIBA® NF)	First dose: _____ Units Follow-up dose: _____ Units Frequency: _____ Notes: _____ _____ _____
<input type="checkbox"/> Recombinant activated factor VII (NiaStase®)	First dose: _____ mg Frequency: _____ Follow-up dose: _____ mg Notes: _____ _____ _____
<input type="checkbox"/> Additional treatments	Notes: _____ _____ _____

If your treatment isn't working to improve your bleeding, your pain or your level of function, call your Hemophilia Treatment Centre right away.

Your Hemophilia Treatment Centre

Name of centre: _____

Doctor: _____ Telephone: () _____

Nurse: _____ Telephone: () _____

Physiotherapist: _____

Call your Hemophilia Treatment Centre if you need to cancel and reschedule your clinic appointment.

If at any time during treatment you are concerned, contact your Hemophilia Treatment Centre right away.

References:

1. Berntorp E, Collins P, D'Orion R, et al. *Haemophilia*. 2010;1:9. 2. Teitel J, Berntorp E, Collins P, et al. *Haemophilia*. 2007;13:256-263. 3. FEIBA NF Product Monograph, 2013. 4. NiaStase Product Monograph, 2013.