SELF-ADMINISTRATION DIARY To support your home administration of Nplate®

Your healthcare professional should write your most up-todate dose in the front of this Self-administration diary Your healthcare professional should write the name of a contact person in this *Selfadministration 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.



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

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	/ /		
	/ /		
	/ /		
	/ /		

Training diary

Use this scheduler to keep track of the days you attended the clinic to learn how to prepare and administer your own Nplate[®] injections.

Day	Date	Time	Type of training (delete as appropriate)
Mon Tue Wed Thu Fri Sat Sun	/ /		 Demonstration given to me by a healthcare professional Healthcare professional observed me self-administer
Mon Tue Wed Thu Fri Sat Sun	/ /	······································	 Demonstration given to me by a healthcare professional Healthcare professional observed me self-administer
Mon Tue Wed Thu Fri Sat Sun	/ /	·	 Demonstration given to me by a healthcare professional Healthcare professional observed me self-administer
Mon Tue Wed Thu Fri Sat Sun	/ /	······································	 Demonstration given to me by a healthcare professional Healthcare professional observed me self-administer
Mon Tue Wed Thu Fri Sat Sun	/ /	·	 Demonstration given to me by a healthcare professional Healthcare professional observed me self-administer
Mon Tue Wed Thu Fri Sat Sun	/ /		 Demonstration given to me by a healthcare professional Healthcare professional observed me self-administer

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.
Day Date / /		Yes No	
Day Date / /		Yes No 🔵	
Day Date / /		Yes No	
Day Date / /		Yes No	

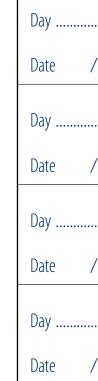
4-weekly follow-up @ clinic	Day	Date
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Day &

do



4-week @ clinic

Self-administration diary

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······		Yes No 🔵	
·······		Yes No	
·······		Yes No	
······		Yes No	

ly follow-up	Day	Date
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Day Date / /		Yes No 🔿		Day Date /
Day Date / /		Yes No		Day Date /
Day Date / /		Yes No		Day Date /
Day Date / /		Yes No		Day Date /

4-weekly follow-up @ clinic	Day	Date
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4-wee @ clin

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/		Yes No No	
/		Yes No No	
/		Yes No No	
		1	

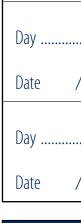
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Day Date / /		Yes No	
Day Date / /		Yes No	

4-weekly follow-up Day Date @ clinic





4-week @ clinic

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Day Date / /		Yes 🔿 No 🔵			
Day Date / /		Yes 🔿 No 🔵			

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Day		Yes No			Day		Yes No	
Date / /					Date / /			
Day		Yes No			Day		Yes No	
Date / /					Date / /			
Day		Yes No	Day	Day		Yes No		
Date / /					Date / /			
Day			Day .		Day			
Date / /			2		Date / /			
4-weekly follow-up	_				4-weekly follow-up			
@ clinic	Day	Date			@ clinic	Day	Date	

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Day Date / /		Yes No 🔵	
Day Date / /		Yes No 🔵	
Day Date / /		Yes 🔿 No 🔿	

4-weekly follow-up @ clinic	Day	Date
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Questions for your doctor:

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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