

SELF-ADMINISTRATION DIARY FOR ADULT PATIENTS*

To support your home administration of Nplate®

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

***Self-administration of Nplate® is not allowed for paediatric patients**



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.

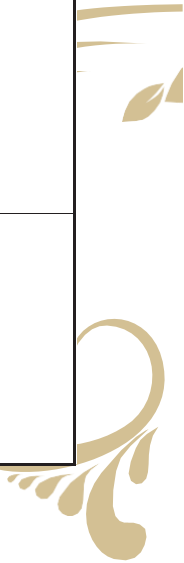


Dose recorder

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 |
|--------------------|------------------------------|---|
| | / / |  |
| | / / |  |
| | / / |  |
| | / / |  |

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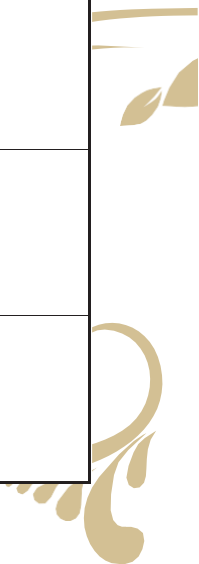
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Training diary

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 | / / | : | <ul style="list-style-type: none"> • Demonstration given to me by a healthcare professional • Healthcare professional observed me self-administer |
| Mon Tue Wed Thu Fri Sat Sun | / / | : | <ul style="list-style-type: none"> • Demonstration given to me by a healthcare professional • Healthcare professional observed me self-administer |
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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. |
|--|-------------------------|--|---|
| Day | | Yes <input type="radio"/> No <input type="radio"/> | |
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| 4-weekly follow-up @ clinic | Day | Date |
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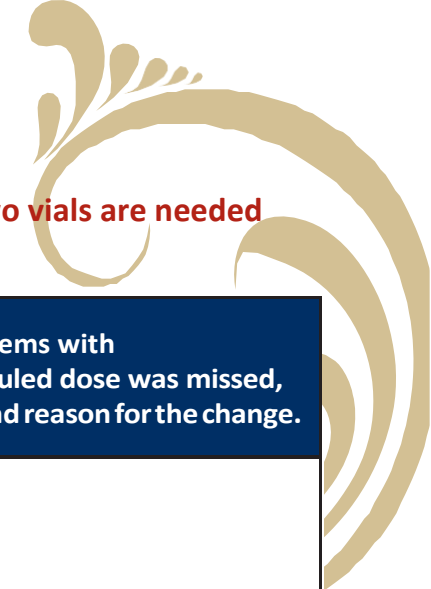
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Just in case you need support...

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:

Cherubino Ltd, Delf Building, Sliema Road, Gzira on 21343270.

Please report any adverse reactions to the Medicines Authority by post or e-mail:
ADR reporting/ Sir Temi Zammit Building, Malta Life Sciences Park, San Gwann or
on www.medicinesauthority.gov.mt/adrportal

AMGEN®