U&I INC., USA
The partnership of choice™

Infusion Log of: ______________________

Date, Time, & Location Of Infusion	Reason for Infusion	Bleed Location	Pain Level (1-10)	Did you take Pain Meds?	Days Out of work or school	Other measures taken
___/___/___ ___:___am/pm ____________	❑Bleed from Injury ❑Spontaneous Bleed ❑Prophylaxis ❑Additional Treatment ❑Other______________	❑Left ❑Right ❑Knee ❑Ankle ❑Elbow ❑Wrist ❑Other___________	❑1 ❑6 ❑2 ❑7 ❑3 ❑8 ❑4 ❑9 ❑5 ❑10	❑YES ❑NO If Yes, Name of Medication: ____________	❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑1 Week Other: _________	❑ Rest ❑ Ice ❑ Compression ❑ Elevation ❑Splint/Immobilizer ❑Other:__________
Lot Stickers:					Additional Comments	
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