INDIAN ASSOCIATION FOR HAEMOPHILIA AND ALLIED DISORDERS1



SECTION 3.3: BLEEDING & FACTOR REPLACEMENT THERAPY

Patient ID:								
Date of First Treatment:								
First 50 Exposures*		None Unknown						

Replacement therapy start date	Replacem- ent therapy end date	Number of exposures*	Reason for replacement therapy**	Location of bleed(s)**	Site of bleed**	Severity**	Product type**	Brand name	Number of units received, IU/Kg or ml
			**(hoose from	the options	from the below to	ible.		

Reason for replacement therapy	Location of bleed (s)	Site of bleed	Severity	Product type		
Bleed Trauma Surgery Prophylaxis intermittent Prophylaxis continuous Immune tolerance induction Follow up Unknown	Ankle Knee/ Elbow Gastro-intestinal Intracranial Unknown Not Applicable	Right Left Unknown Not Applicable	Major Minor Unknown Not Applicable	Plasma, ml Plasma-derived, IU/Kg Recombinant, IU/Kg Cryoprecipitate, IU/Kg Unknown Others		

^{*} An exposure is defined as a 24-hour period in which FVIII/IX containing product is given to a patient. (Blanchette, VS et al.2014)

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Patient ID:			
End Date of First 5	0 Exposures:		
Bleeding Events Please indicate the	number of non-traumatic (sponta	neous) events in each category	
		Past 12 months	Lifetime
Total number of bl	eeds		
Number of differen	nt joints bled into		
Joint hemorrhages	;		
Other hemorrhage	es .		
Has the number of Yes No Unknown If Yes, describe:	bleeding episodes changed over t	he course of the patient's lifetime?	
Factor Replaceme	nt		
Episodic Episodic	□ None□ Yes, for all bleeds□ Yes, for severe bleeds only	Total used during period:IU/kg	
Duration:	weeks	(Total number of weeks during the past 2	12 months)
Administration:	☐ Always at HTC☐ Always at home☐ Both☐ Unknown		

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Patient ID:											
Prophylaxis Prophylaxis		None Yes, intermittent Yes, continuous Unknown			Dose:		_IU/kg/v	veek			
Frequency:		Once per week Three times per week Every two weeks Other		Two times per we Every other day	eek						
Administration:		Always at HTC		Always at home			Both		Unkno	own	
Start Date:					Stop Date:			Or		Ongoing	
Duration:		weeks (Total	numl	per of weeks durin	ng the past 12	2 mon	ths)				
Inhibitor Status											
Screen			Beth	nesda assay			Ni	Nijmegen modification			
_		Test not available Unknown		Done Not done	Test not ava Unknown	ilable		Done Not d Test r Unkn	one not avai	ilable	
Result Positive Negative Unknown				BU/ml							
Therapies											
Product Name: Product Name:		replacement therapies u		Total Total	Quantity: Quantity:		-			IU/kg IU/kg	
Product Name:		a or cryoprecipitate thera	apies	=	cient's lifetime Quantity:	e:				IU/kg	
Product Name:					Quantity:		-				
Product used for j	oint l	oleeding:									
Product Name:			Total Quantity: Total Quantity:					IU/kg			
Product Name: Product used for c		hloeding:		lotal	Quantity:		-			IU/kg	
				Total	Quantity:					IU/kg	
Product used for s				. 5 6 6 1	Q		-				
				Total	Quantity:		-			IU/kg	
Comments:											

Adapted from Wooth, William W. Siecalingalsorder egistry.org,

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