

Name: _____

Infection log during home immunoglobulin treatment

(Please list details of all infections if two at once)

Infection onset date	Infection site *	Symptom details (use key listed below *)					GP visit yes/no	Treatment (antibiotics/other)			Days off work/school	Sample taken (please list blood, sputum etc)	Results normal yes/no	Hospital admission yes/no
		1	2	3	4	5		Dose	Name	No. days				
July 1/12	Sinus	x	x	x			Yes	250mg	Amoxicillin	10	3	Yes	No	No
Aug 8/12	Skin						Yes	1000mg	Penicillin	14	None	No	N/A	No

*Infection Site (please tick (✓) for relevant symptoms in boxes above)

Chest

1. Sputum y= yellow g= green
2. Increasing cough
3. Shortness of breath
4. Chest pain
5. Fever

Sinus

1. Painful/tender sinus
2. Drip in back of throat
3. Headache
4. Nasal drip y= yellow g= green
5. Fever

Urinary

1. Increased frequency of urine
2. Burning/pain on passing urine
3. Fever
4. Accidental urine loss
5. Pain in side

Stomach/bowel

1. Diarrhea
2. Weight loss
3. Stomach pain
4. Fever

Other

1. Eyes
2. Abscess
3. Skin
4. Ears
5. Mouth ulcers/cold sores

Please return completed form to:

 Interior Health SCIG Program, Kelowna Community Health and Service Center,
 505 Doyle Ave, Kelowna BC, V1Y 0C5

If you have any problems please call:

 Interior Health SCIG Program
 250-469-7070 Extension 12105