

ARANESP® (darbepoetin alfa)

TREATMENT DIARY

This diary is intended for patients who have been prescribed Aranesp® for treatment in their kidney condition

Please bring this diary when you attend all outpatient appointments or if you attend your doctor, dentist or other hospital departments

PATIENT DETAILS

Name:	
Address:	
Tel:	
Mobile:	
Date of birth:	
	,

CONTACT NUMBERS IN CASE OF EMERGENCY

Name:	
Tel:	
Other Contact:	
Tel:	

OTHER RELEVANT CONTACTS

Name:	
Tel:	

HOSPITALINFORMATION

Hospital being attended:
Practice Nurse:
Tel:
Treating Consultant:
Tel:
Other Hospital Contact:
Tel:
GP Tel:
Public Health Nurse Tel:
Pharmacy Tel:

TREATMENT DIARY

Date	Medicine name	Dose	Frequency	Haemoglobin (g/dL)	Blood Pressure (mmHg)	Comments (IV Iron, etc)	Signature
				Baseline			

Please inform your hospital contact if your haemoglobin is greater than 12g/dL

TREATMENT DIARY

Date	Medicine name	Dose	Frequency	Haemoglobin (g/dL)	Blood Pressure (mmHg)	Comments (IV Iron, etc)	Signature
				Baseline			

Please inform your hospital contact if your haemoglobin is greater than 12g/dL

Visit the patient website www.amgencare.ie to read more information about Aranesp® (for quick access, scan the below QR code with your phone's camera or QR reader app)



If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. Side effects can be reported directly to the Health Products Regulatory Authority (HPRA) using the available methods via www.hpra.ie. By reporting side effects you can help provide more information on the safety of this medicine. Side effects should also be reported to Amgen Limited on +44 (0) 1223 436441 or Freephone 1800 535 160.

Please report any potential quality issue with the Amgen product you have received, by calling us on +44 [0] 1223 436441 or Freephone 1800 535 160 and providing us with the details. Please ensure that you keep your packaging, so we are able to identify your product more easily.

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