

DIARY
biocart

Diary for monitoring adult patients with severe asthma
undergoing home treatment with biologics



sociedad española de alergología
e inmunología clínica



Sociedad Española
de **Neumología**
y **Cirugía Torácica**
SEPAR

Institutional collaboration:



With the collaboration of:



To be filled in by the healthcare professional

Identification

This diary should only be issued to **patients with severe asthma receiving home treatment with biologics.**

Diary Issue Date: _____ / _____ / _____

Drug _____

Dose, No. of Injections and Frequency of administration _____

NOTE: Please write down any increase or change of dose, as applicable.

If you have any questions about topics related to ASTHMA or TREATMENT EFFECTS, please contact ...

Healthcare Professional of Reference

Through _____

If you have any questions about topics related to MEDICATION (delivery, storage, expiration or method of administration), please contact ...

Hospital Pharmacy

Through _____



Considerations to bear in mind...



- Store the medication in the fridge (between 2°C and 8°C) to maintain the **COLD CHAIN**.
- Your medication can remain outside the fridge for up to _____.



- **DO NOT** freeze the medication.
- **DO NOT** use the medication if the liquid has frozen or looks cloudy.



- Keep the medication in its original packaging to protect it from light.



- **DO NOT** use the medication if it has **EXPIRED**.
- Return any expired medication to the Pharmacy Service.



- **DO NOT** use the prefilled pen or syringe if it looks broken or damaged.
- **DO NOT** share the prefilled pen or syringe with others.
- **DO NOT** attempt a **SECOND INJECTION** with the same prefilled pen or syringe.

IF IN DOUBT, PLEASE CONTACT
YOUR HEALTHCARE PROFESSIONAL
OF REFERENCE

Tip



IMPORTANT



- **Inform your healthcare professional of reference at the healthcare centre/hospital if:**
 - » You forget to take a dose.
 - » You have a respiratory infection (e.g., the flu, a cold or other) and/or are taking a different medication than usual.
 - » The pen/syringe or liquid content appears to be in bad condition.
 - » You are not sure if the cold chain has been maintained.

REMEMBER TO REFER TO
THE SPECIFIC INFORMATION IN THE PACKAGE INSERT
INCLUDED IN EACH CONTAINER

The information in this diary does not replace the information that appears on the packaging or information provided by healthcare professionals.

What adverse events can this medication cause?

MILD/MODERATE adverse events

- The **most common adverse events are skin reactions at the injection-site** such as:
 - » Pain.
 - » Itchiness.
 - » Redness or swelling in the injection area.
- These adverse events are **mild** and do not usually require any further action.
- Other possible mild/moderate adverse events include:
 - » Fever and/or headache.
 - » Muscle or joint pain.

SERIOUS adverse events

- The main serious adverse events are **severe allergic reactions**.
- A severe allergic reaction may include the following symptoms:
 - » Swelling of the face, lips, tongue, throat or other parts of the body.
 - » Breathing difficulty.
 - » Loss of consciousness.
 - » Intense itching sensation in different parts of the body.
 - » Sudden and intense vomiting or diarrhoea.

! IF YOU OBSERVE ANY OF THESE SYMPTOMS,
SEEK MEDICAL ATTENTION IMMEDIATELY.

IF IN DOUBT, PLEASE CONTACT
YOUR HEALTHCARE PROFESSIONAL
OF REFERENCE

Before starting the injection...

Check your prefilled pen or syringe and follow the specific instructions on the packaging of your medication and/or the instructions given to you by your attending healthcare professional.

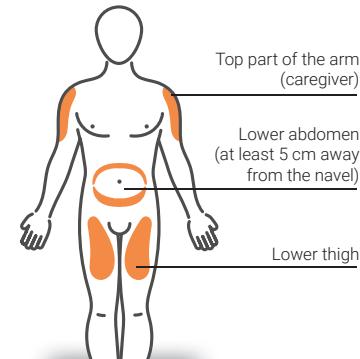
Remove the prefilled pen/syringe from the fridge
30-45 minutes before administration.

Have the following material ready before starting the injection: **an alcohol wipe, cotton or gauze and a container** for disposing of sharp objects.

Where to administer the medication

IMPORTANT

- Remember that **IT MUST NOT BE INJECTED:**
 - » In areas where the skin is soft, hard or peeling.
 - » In areas with wounds, burns, scars or tattoos.
 - » **DO NOT** inject it through your clothes.
- **IT MAY BE INJECTED IN THE AREAS SHOWN IN THE DRAWING.**
- If you need more than one injection to complete your dose, choose another area out of those shown in the drawing.



How to administer the medication

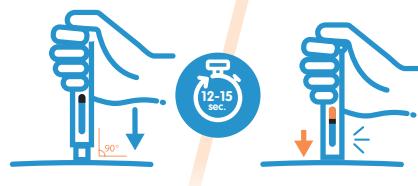
- First, wash your hands with soap and water.
- **Clean the area where it is to be injected** with a cotton swab/wipe soaked in alcohol and allow it to dry.
- Do not touch the area until the injection has been administered.
- **Follow the step-by-step instructions on the package insert of your medication** on how to handle your pen or syringe and how to start and finish administration.
- **Gently pinch the skin** at the site of administration and **insert the injection device at the suitable angle.**
- The administration process may take several seconds.
- If after administering it you observe **a drop of blood, press down lightly on the area** with a gauze/cotton swab soaked in alcohol.



If you are using a syringe...



If you are using a pen...



Do not rub the area where the medication has been administered

How to dispose of the pen/syringe

- Place the used **prefilled pen or syringe** and the **uncapped needle** in a **sharps disposal container** immediately after use.
- If you do not have a container, use sturdy plastic receptacle with a lid that can be closed tightly.
- The container should be labelled to show that it

contains hazardous material and should be kept out of the reach of others.

- Deliver the container to the **Hospital Pharmacy Service.**



IF IN DOUBT, PLEASE CONTACT
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OF REFERENCE

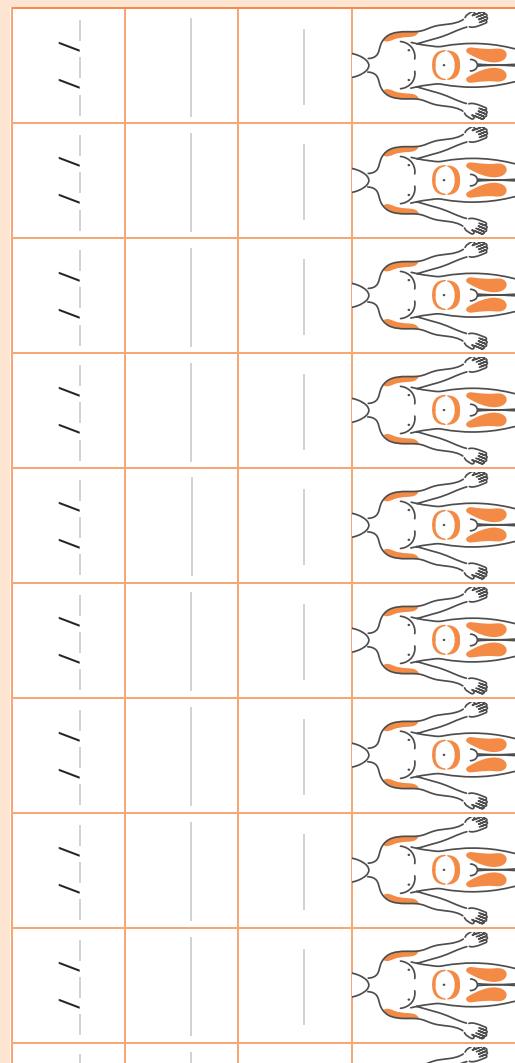
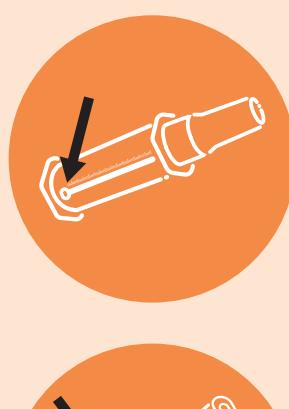
CTTM[®]). Add up your total score and record the result in the table at the bottom of this page.

fects how you feel and what you are able to do.

chool or at home?	
of the time	A little of the time
► <input type="checkbox"/> 3	► <input type="checkbox"/> 4
	None of the time
	► <input type="checkbox"/> 5
mes a week	at tightness or pain) wake you up at night or earlier than usual in the morning?
► <input type="checkbox"/> 3	Once or twice a week
	► <input type="checkbox"/> 4
≥ a week	Once or Twice
► <input type="checkbox"/> 3	► <input type="checkbox"/> 4
	Not at all
	► <input type="checkbox"/> 5
uterol, Ventolin[®], Proventil[®], or Maxair[®])?	
yes per week	Once a week or less
► <input type="checkbox"/> 3	► <input type="checkbox"/> 4
	Not at all
	► <input type="checkbox"/> 5
at Controlled	Completely Controlled
► <input type="checkbox"/> 3	► <input type="checkbox"/> 4
	Well Controlled
	► <input type="checkbox"/> 4
	None of the time
	► <input type="checkbox"/> 5

EXPIRATORY FLOW if you have a peak flow meter at home.

	7	8	9	10	11	12	13	14	15



ation during the recording period?

eek medical attention immediately.

The SEFV-H [Spanish Pharmacovigilance System for Medicinal Products for Human Use], as provided for by Royal Decree 1000/2004, is report can be submitted via the www.notificaRAM.es website or via the marketing authorisation holder.

Check the appropriate boxes.

A 10x10 grid of light gray squares. Each square has an orange border and a white center. The grid is composed of 100 individual squares arranged in a single row.



Institutional collaboration:



You can obtain further information at:
<https://www.seaic.org/>

With the collaboration of:

