

Plasminogen Deficiency Infusion Log

Name: _____

Plasminogen activity level: _____ Weight in Kilograms¹: _____

Date	Product Ryplazim FFP eye drops FFP IV	Lot #	Dose Administered Mg; dops; cc's	Infusion Reason Routine prevention Symptoms present Procedure	Infusion site	Symptoms present at time of infusions ²	If Procedure; Provide Details
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¹ Weight in pounds divided by 2.2 = kilograms
 Update every 6 months if older than 2 years, if less than 2 years update every 2 months
² Use symptom map