

BISPECIFIC ANTIBODY PATIENT SYMPTOM TRACKING SHEET

A PATIENT EDUCATION HANDOUT











Bispecific Antibody Patient Symptom Tracking Sheet

	-
Patient Name	
Name of BiTE (Bispecific T-cell engagers)	
Last Dose and Date	Dose: Date:
Baseline 02 saturation (02 sat or Pulse ox -measurement of your oxygen level in your blood)	02 sat (Pulse ox):
Blood Pressure	Blood pressure: Systolic (top number): Diastolic (bottom number):
Heart Rate (HR)	HR: beats per minute (bpm)
CSR (Cytokine Release Syndrome) symptoms	 Temperature: 100.4F or higher Pulse ox is less than 90% or more that 5% lower than your baseline: Systolic blood pressure (top number) is less than 90 or 10 pts lower than your baseline: Your heart rate is 110 bpm or more than 20 bpm above your baseline when you are resting:
Neurotoxicity (signs that your treatment is affecting your brain and /or nerves)	 Confusion Difficulty talking or swallowing Difficulty staying awake Abnormal behavior Seizures
Monitoring at home	After each change in your dose (step-up dose): - Check your temperature by mouth 3 times per day (morning, afternoon, and evening) for the first 48 hours (2 days).
If any of the symptoms above occur:	1) Write down date, time, temperature, blood pressure, 02 sat, and symptoms. - Use this log* to remember key details to share with the team when you call. 2) Immediately call the office at for further directions. 3) For fever 100.4 or higher, take a 650 mg or 1000 mg dose of acetaminophen (Tylenol) - You must call your doctor and tell them you have a fever, even if your temperature goes down after taking Tylenol. - Call your doctor if you have any other symptoms listed above.





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	4) If symptoms are really bad:Go directly to UM Hospital ED (Emergency Department).					
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		doctor's office to let them known and	, ,			
		sneet and the log of your sy	mptoms/vitals (step 1) to the hospital			
	with you.					
Home checklist:	- Oral therr	- Oral thermometer (to take temperature by mouth)				
	- Recomme	- Recommended (You can buy at any pharmacy.):				
	o Bl	Blood pressure cuff to check your blood pressure				
	o Pu	 Pulse oximeter for your finger to check 02 saturation 				
		- Acetaminophen (Tylenol)				
		Traiter dand to put in your traiter from the company troponte for your				
		medicine). Bring it with you always.				
		, , , , , , , , , , , , , , , , , , , ,				
		and can make sure you are in the right place for care. (Important for				
	Vi	visits to any ED)				
	ire checks:					
Date:	Morning	Afternoon	Evening			
Date: Day 1:		Afternoon	Evening			
Day 1:		Afternoon	Evening			
Day 1:		Afternoon	Evening			
Day 1: Day 2:		Afternoon	Evening			
Day 1: Day 2: Date:	Morning					
Day 1: Day 2: Date: Day 1:	Morning					
Day 1: Day 2: Date: Day 1:	Morning					
Day 1: Day 2: Date: Day 1: Day 2:	Morning					
Day 1: Day 2: Date: Day 1: Day 2:	Morning Morning	Afternoon	Evening			
Day 1: Day 2: Date: Day 2: Date: Day 1: Day 2:	Morning Morning	Afternoon	Evening			
	Morning Morning	Afternoon	Evening			
Day 1: Day 2: Date: Day 2: Day 2: Date: Day 1:	Morning Morning	Afternoon	Evening			

Date:	Morning	Afternoon	Evening
Day 1:			
Day 2:			

Day 2:





*Symptom Tracker Log:

Date of Symptom	Time	Temperature (Temp)	Blood Pressure	02 Sat (Pulsox)	Symptom(s)

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