



# PATIENT TRACKER

**IMPORTANT SAFETY INFORMATION:** GATTEX may cause serious side effects including making abnormal cells grow faster, polyps in the colon (large intestine), blockage of the bowel (intestines), swelling (inflammation) or blockage of your gallbladder or pancreas, and fluid overload.

Please see Important Safety Information on pages 14 and 15, click for full [Prescribing Information](#) and [Medication Guide](#), and discuss any questions with your doctor.

GATTEX<sup>®</sup> is a registered trademark of Shire-NPS Pharmaceuticals, Inc.

Please note, this is not a diagnostic tool. Only a doctor or other trained healthcare professional can diagnose you. Talk to your doctor if you are experiencing symptoms and/or have questions about your medical condition.

## MY ALLERGIES

Do you have allergies? If yes, describe below:

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## MY MEDICATIONS

Make sure to tell your healthcare providers about all the medications you are using and any changes in your medications. Write your medications below and share with your healthcare provider.

Medication	Reason for Medication	Strength	Frequency	Prescriber	Start Date	Stop Date

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## MY MEDICATIONS

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Write down your scheduled appointments below. You can also write down any questions you want to ask your doctor in the notes section.

**Month:**

Appointment	Date	Reason	Notes

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**MY PARENTERAL SUPPORT PRESCRIPTION**

Same as last week?  Yes  No

If No, please fill in below:

Parenteral nutrition  IV fluids

		Compared to Last Week		
This Week		More	Less	No Change
<b>Parenteral nutrition</b>				
Weekly volume (mL)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days per week		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV fluids</b>				
Weekly volume (mL)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days per week		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MY DIET** (If your healthcare provider has you on a food-based diet)

Mon: \_\_\_\_\_  
 \_\_\_\_\_  
 Tues: \_\_\_\_\_  
 \_\_\_\_\_  
 Wed: \_\_\_\_\_  
 \_\_\_\_\_  
 Thu: \_\_\_\_\_  
 \_\_\_\_\_  
 Fri: \_\_\_\_\_  
 \_\_\_\_\_  
 Sat: \_\_\_\_\_  
 \_\_\_\_\_  
 Sun: \_\_\_\_\_  
 \_\_\_\_\_

**MY ORAL FLUIDS** (fluid oz.)

- Water
- Oral rehydration solutions

Mon: \_\_\_\_\_  
 Tues: \_\_\_\_\_  
 Wed: \_\_\_\_\_  
 Thu: \_\_\_\_\_  
 Fri: \_\_\_\_\_  
 Sat: \_\_\_\_\_  
 Sun: \_\_\_\_\_

**MY WEIGHT** (lbs)

Mon: \_\_\_\_\_  
 Tues: \_\_\_\_\_  
 Wed: \_\_\_\_\_  
 Thu: \_\_\_\_\_  
 Fri: \_\_\_\_\_  
 Sat: \_\_\_\_\_  
 Sun: \_\_\_\_\_

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### MY URINE OUTPUT

(Liters per day)

Mon: \_\_\_\_\_

Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

Thu: \_\_\_\_\_

Fri: \_\_\_\_\_

Sat: \_\_\_\_\_

Sun: \_\_\_\_\_

### MY STOOL/OSTOMY OUTPUT

(Number of times per day)

Mon: \_\_\_\_\_

Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

Thu: \_\_\_\_\_

Fri: \_\_\_\_\_

Sat: \_\_\_\_\_

Sun: \_\_\_\_\_

Any unusual changes in color, consistency, etc.?

Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HOW AM I FEELING?

Better than last week

Same as last week

Not as good as last week

Do I have any symptoms that are bothering me?

Yes  No

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

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### MY GATTEX INJECTION LOCATION

Write down where you inject GATTEX every day.

You can use "S" for stomach, "T" for thigh and "A" for arm (upper).

Inject your dose of GATTEX under the skin (subcutaneous injection) in your stomach area (abdomen), upper legs (thighs), or upper arms.

Do not inject GATTEX into a vein or muscle. Use a different injection site each time you use GATTEX.

Mon: \_\_\_\_\_

Fri: \_\_\_\_\_

Tues: \_\_\_\_\_

Sat: \_\_\_\_\_

Wed: \_\_\_\_\_

Sun: \_\_\_\_\_

Thu: \_\_\_\_\_

### MY NOTES/QUESTIONS

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\_\_\_\_\_

Call your doctor for medical advice about side effects. Use GATTEX exactly as your healthcare provider tells you to. GATTEX is given 1 time each day at the same time. Read the [Instructions for Use](#) for detailed instructions for preparing and injecting a dose of GATTEX.

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**MY PARENTERAL SUPPORT PRESCRIPTION**

Same as last week?  Yes  No

If No, please fill in below:

Parenteral nutrition  IV fluids

		Compared to Last Week		
This Week		More	Less	No Change
<b>Parenteral nutrition</b>				
Weekly volume (mL)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days per week		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV fluids</b>				
Weekly volume (mL)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days per week		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MY DIET** (If your healthcare provider has you on a food-based diet)

Mon: \_\_\_\_\_  
 \_\_\_\_\_  
 Tues: \_\_\_\_\_  
 \_\_\_\_\_  
 Wed: \_\_\_\_\_  
 \_\_\_\_\_  
 Thu: \_\_\_\_\_  
 \_\_\_\_\_  
 Fri: \_\_\_\_\_  
 \_\_\_\_\_  
 Sat: \_\_\_\_\_  
 \_\_\_\_\_  
 Sun: \_\_\_\_\_  
 \_\_\_\_\_

**MY ORAL FLUIDS** (fluid oz.)

- Water
- Oral rehydration solutions

Mon: \_\_\_\_\_  
 Tues: \_\_\_\_\_  
 Wed: \_\_\_\_\_  
 Thu: \_\_\_\_\_  
 Fri: \_\_\_\_\_  
 Sat: \_\_\_\_\_  
 Sun: \_\_\_\_\_

**MY WEIGHT** (lbs)

Mon: \_\_\_\_\_  
 Tues: \_\_\_\_\_  
 Wed: \_\_\_\_\_  
 Thu: \_\_\_\_\_  
 Fri: \_\_\_\_\_  
 Sat: \_\_\_\_\_  
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**MY URINE OUTPUT**

(Liters per day)

Mon: \_\_\_\_\_

Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

Thu: \_\_\_\_\_

Fri: \_\_\_\_\_

Sat: \_\_\_\_\_

Sun: \_\_\_\_\_

**MY STOOL/OSTOMY OUTPUT**

(Number of times per day)

Mon: \_\_\_\_\_

Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

Thu: \_\_\_\_\_

Fri: \_\_\_\_\_

Sat: \_\_\_\_\_

Sun: \_\_\_\_\_

Any unusual changes in color, consistency, etc.?

Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW AM I FEELING?**

Better than last week

Same as last week

Not as good as last week

Do I have any symptoms that are bothering me?

Yes  No

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

Thu: \_\_\_\_\_

Fri: \_\_\_\_\_

Sat: \_\_\_\_\_

Sun: \_\_\_\_\_

**MY NOTES/QUESTIONS**

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Mon: \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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Fri: \_\_\_\_\_  
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Sat: \_\_\_\_\_  
 \_\_\_\_\_

Sun: \_\_\_\_\_  
 \_\_\_\_\_

**MY ORAL FLUIDS** (fluid oz.)

- Water
- Oral rehydration solutions

Mon: \_\_\_\_\_

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Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

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(Number of times per day)

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Sat: \_\_\_\_\_

Sun: \_\_\_\_\_

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(Number of times per day)

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Wed: \_\_\_\_\_

Thu: \_\_\_\_\_

Fri: \_\_\_\_\_

Sat: \_\_\_\_\_

Sun: \_\_\_\_\_

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Yes  No

If yes, please explain:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Yes  No

If yes, please describe:

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\_\_\_\_\_

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Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

Thu: \_\_\_\_\_

Fri: \_\_\_\_\_

Sat: \_\_\_\_\_

Sun: \_\_\_\_\_

**MY NOTES/QUESTIONS**

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## REMINDERS

**Have your medications changed?**

If yes, please update the "My Allergies and Medications" section and tell your healthcare providers about all the medicines you take.

**Do you have any new appointments?** (Such as doctor's appointments or lab tests)

If yes, please update the "My Appointments" section.

**Are there any other important dates coming up?**

Check the "My Appointments" section.

## MY MONTH-TO-MONTH STATUS

Fill out the table below with your healthcare provider.

			Compared to last month		
	Last Month	This Month	More	Less	No Change
<b>Parenteral nutrition</b>					
Total monthly volume (mL)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average days per week			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV fluids</b>					
Total monthly volume (mL)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average days per week			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Remember:

- Fill in your weekly status sheets every week. Your urine output and weight are very important to monitor.
- Talk with your healthcare provider about your urine output and your parenteral support.
- Stick to your diet and medications as prescribed by your doctor.
- If you would like to continue tracking, you can download a month's worth of tracker worksheets at [www.gattex.com/resources](http://www.gattex.com/resources).

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# Important Safety Information

## What is the most important information I should know about GATTEX® (teduglutide [rDNA origin]) for Injection?

**GATTEX may cause serious side effects, including:**

### ***Making abnormal cells grow faster***

GATTEX can make abnormal cells that are already in your body grow faster. There is an increased risk that abnormal cells could become cancer. If you get cancer of the bowel (intestines), liver, gallbladder or pancreas while using GATTEX, your healthcare provider should stop GATTEX. If you get other types of cancers, you and your healthcare provider should discuss the risks and benefits of using GATTEX.

### ***Polyps in the colon (large intestine)***

Polyps are growths on the inside of the colon. Polyps were found in patients taking GATTEX in clinical studies. Your healthcare provider will have your colon checked for polyps within 6 months before starting GATTEX and have any polyps removed.

To keep using GATTEX, your healthcare provider should have your colon checked for new polyps at the end of 1 year of using GATTEX. If no polyp is found, your healthcare provider should check you for polyps as needed and at least every 5 years and have any new polyps removed. If cancer is found in a polyp, your healthcare provider should stop GATTEX.

### ***Blockage of the bowel (intestines)***

A bowel blockage keeps food, fluids, and gas from moving through the bowels in the normal way. Bowel blockage was reported in patients taking GATTEX in clinical studies. Tell your healthcare provider if you have any of these symptoms of a bowel blockage:

- trouble having a bowel movement or passing gas
- stomach area (abdomen) pain or swelling
- nausea
- vomiting
- swelling and blockage of your stoma opening, if you have a stoma

If blockage is found, your healthcare provider may temporarily stop GATTEX.

### ***Swelling (inflammation) or blockage of your gallbladder or pancreas***

Swelling or blockage of the gallbladder or pancreas were reported in patients taking GATTEX in clinical studies. Your healthcare provider will do tests to check your gallbladder and pancreas within 6 months before starting GATTEX and at least every 6 months while you are using GATTEX. Tell your healthcare provider right away if you get stomach area (abdomen) pain and tenderness, chills, fever, change in your stools, nausea, vomiting, dark urine, or yellowing of your skin or the whites of eyes.

### ***Fluid overload***

Fluid overload and heart failure were reported in patients taking GATTEX in clinical studies. Too much fluid in your body may lead to heart failure, especially if you have heart problems. Your healthcare provider will check you for too much fluid in your body. Tell your healthcare provider if you get swelling in your feet and ankles, you gain weight very quickly (water weight), or you have trouble breathing.

**Important Safety Information continues on the next page. Click for full [Prescribing Information](#) and [Medication Guide](#), and discuss any questions with your doctor.**

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## Important Safety Information (continued)

### The most common side effects of GATTEX® (teduglutide [rDNA origin]) for Injection include:

- stomach area (abdomen) pain or swelling
- skin reaction where the injection was given
- nausea
- headache
- cold or flulike symptoms
- vomiting

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

### What should I tell my healthcare provider before using GATTEX?

#### Tell your healthcare provider if you:

- have cancer or a history of cancer
- have or had polyps anywhere in your bowel (intestines) or rectum
- have heart problems
- have high blood pressure
- have problems with your gallbladder, pancreas, kidneys
- have any other medical condition
- are pregnant or planning to become pregnant. It is not known if GATTEX will harm your unborn baby. Tell your healthcare provider right away if you become pregnant while using GATTEX.
- are breastfeeding or plan to breastfeed. It is not known if GATTEX passes into your breast milk. You and your healthcare provider should decide if you will use GATTEX or breastfeed. You should not do both.

**Tell your healthcare providers about all the medicines you take**, including prescription or over-the-counter medicines, vitamins, and herbal supplements. Using GATTEX with certain other medicines may affect each other causing side effects. Your other healthcare providers may need to change the dose of any oral medicines you take while using GATTEX. Tell the healthcare provider who gives you GATTEX if you will be taking a new oral medicine.

Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

**For additional safety information, click for full [Prescribing Information](#) and [Medication Guide](#), and discuss any questions with your doctor.**



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GATTEX® is a registered trademark of Shire-NPS Pharmaceuticals, Inc.  
SHIRE and the Shire logo are trademarks or registered trademarks of  
Shire Pharmaceutical Holdings Ireland Limited or its affiliates.  
S32268 06/17

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