

### An important tool that helps you and your patients monitor aHUS

As you know, atypical Hemolytic Uremic Syndrome (aHUS) is a serious, chronic, devastating disease that requires ongoing monitoring.<sup>1</sup> Working together with your patients to manage aHUS is important to the success of treatment.

The **Patient Symptom Tracker** is designed to help your patients keep an up-to-date record of any signs and symptoms experienced between office visits.

Enclosed please find four **Patient Symptom Trackers** that you can give to each of your patients with aHUS. Each tool:

- Explains the purpose of the checklist
- Encourages patients to track signs and symptoms of aHUS
- Emphasizes the seriousness of the consequences of aHUS
- Establishes the need for keeping track of signs and symptoms to discuss with you during their next office visit

Also included is an **Assessment Checklist** that you can use to record any signs and symptoms to help monitor your patients' clinical status.

For more information about aHUS and to print additional copies of the Assessment Checklist, visit [www.aHUSSource.com/Resources](http://www.aHUSSource.com/Resources). You can also request additional Patient Symptom Trackers and Assessment Checklists from your Alexion representative.

**Reference:** 1. Loirat C, Noris M, Fremeaux-Bacchi V. *Pediatr Nephrol*. 2008;23:1957-1972.



# Assessment Checklist

## For Healthcare Provider Use

Record and track key indicators of aHUS. Please update at each patient visit.

**Patient name:** \_\_\_\_\_

### Laboratory values

	Visit _____ Date _____	Visit _____ Date _____	Visit _____ Date _____
<b>Hematology</b>			
Platelets	Value _____	Value _____	Value _____
Lactate dehydrogenase (LDH)	Value _____	Value _____	Value _____
Hemoglobin	Value _____	Value _____	Value _____
Haptoglobin	Value _____	Value _____	Value _____
Hemoglobinuria	Value _____	Value _____	Value _____
Schistocytes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Renal</b>			
Serum creatinine	Value _____	Value _____	Value _____
eGFR	Value _____	Value _____	Value _____
<b>Urinalysis</b>			
Proteinuria	Value _____	Value _____	Value _____
Urine volume/Output	Value _____	Value _____	Value _____
<b>Liver/Pancreas</b>			
Liver Function Tests (LFTs): AST/ALT	Value _____	Value _____	Value _____
Albumin	Value _____	Value _____	Value _____
Bilirubin	Value _____	Value _____	Value _____
Amylase	Value _____	Value _____	Value _____
<b>Other tests</b>			
Troponin	Value _____	Value _____	Value _____
D-dimer	Value _____	Value _____	Value _____
Blood pressure	_____ / _____	_____ / _____	_____ / _____
Weight	_____	_____	_____
<b>Differential diagnosis</b>			
	Date _____	Date _____ (If needed)	
ADAMTS13	Value _____	Value _____	
Shiga-toxin	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	

aHUS is a genetic, chronic, systemic, and life-threatening disease of complement-mediated thrombotic microangiopathy (TMA) that can damage vital organs.<sup>1</sup>

**Please see reverse side to track the signs and symptoms of aHUS at each patient visit.**

To download additional assessment forms, visit [aHUSSource.com/Resources](http://aHUSSource.com/Resources)

Reference: 1. Noris M, Remuzzi G. *N Engl J Med*. 2009;361:1676-1687.

## Signs and symptoms

	Visit _____	Date _____	Visit _____	Date _____	Visit _____	Date _____
<b>Renal</b>						
Edema	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Hypertension	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Hematuria	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>Cardiovascular</b>						
Cardiomyopathy	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Diffuse vasculopathy	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Chest pain	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Hypertension	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Shortness of breath	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Myocardial infarction	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Thromboembolism	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>CNS</b>						
Confusion	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Seizure	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Focal neurological deficit	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TIA	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Pulmonary</b>						
Pulmonary edema	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Dyspnea	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Pulmonary hemorrhage	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Gastrointestinal</b>						
Nausea/Vomiting	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Diarrhea	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Abdominal pain	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Colitis	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Liver necrosis	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Pancreatitis	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
New onset diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Other</b>						
Fatigue	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
General pain	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Anxiety	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Reduced mobility	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

To download additional assessment forms, visit [aHUSSource.com/Resources](http://aHUSSource.com/Resources)



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