

ANTI-TNF INJECTION CHECKLIST

Before your next anti-TNF injection if you would answer YES to any of the following questions, you should ring the **rheumatology helpline on 01793 604323** for advice about your next dose.

Since your last dose of anti-TNF have you suffered with any of the following:

High temperature	YES / NO
Sore throat	YES / NO
Urinary discomfort	YES / NO
Shortness of breath	YES / NO
Cough	YES / NO
Tooth abscess	YES / NO
Wounds or cuts that have not healed	YES / NO

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