

This booklet is intended for parents or carers of infants who have been prescribed Aptamil Pepti by a healthcare professional.

KEEPING TRACK

SYMPTOM DIARY



IMPORTANT NOTICE: Breastfeeding is best. Aptamil Pepti 1 & 2 are foods for special medical purposes for the dietary management of cow's milk allergy. They should only be used under medical supervision, after full consideration of the feeding options available including breastfeeding. Aptamil Pepti 1 is suitable for use as the sole source of nutrition for infants from birth, and/or as part of a balanced diet from 6-12 months. Aptamil Pepti 2 is only suitable for infants from 6 months as part of a mixed diet.

INTRODUCTION

Now your infant has been diagnosed with cow's milk allergy, it is natural to feel worried. But now you know the cause of your infant's symptoms, you are well on the way to bringing them under control.

As all infants are different it's difficult to say how long their symptoms will last. Most infants grow out of their allergy between the ages of one and three years. This symptoms diary has been designed to help you record your infant's symptoms and reactions, helping you easily see improvement or highlight any issues with your Healthcare Professional.

YOUR INFANT

NAME:

AGE:

How do I fill in this diary?

The symptoms listed in this diary are commonly caused by cow's milk allergy. We have suggested using numbers to record any symptoms. Simply mark the number 1 against any symptoms your child has at the start of the dietary management, then use the numbering system below to keep a record of any improvement by recording numbers when you start to notice changes in individual symptoms.

1

SYMPTOM AT START
OF DIETARY MANAGEMENT

2

SLIGHTLY
IMPROVED

3

IMPROVED

4

MUCH IMPROVED

5

SYMPTOM GONE

Please record any additional symptoms that do not appear in the table in the notes section.

If you would rather be more specific and make notes in each box, do so. This is your diary and should be used in the way you find most helpful.

Please Note: If you see no improvement or you have any concerns it is important you consult your Healthcare Professional.

WEEK ONE

		SYMPTOM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
SKIN	ITCHING								
	<i>Notes</i>								
	REDNESS								
	<i>Notes</i>								
	ECZEMA								
	<i>Notes</i>								
	HIVES (RAISED, ITCHY RASH)								
	<i>Notes</i>								
RESPIRATORY	SWELLING								
	<i>Notes</i>								
	RUNNY NOSE/SNIFFLES								
	<i>Notes</i>								
	WHEEZING								
	<i>Notes</i>								
	COUGHING								
	<i>Notes</i>								
SNEEZING									
<i>Notes</i>									
ITCHY/BLOCKED/RUNNY NOSE									
<i>Notes</i>									
CONJUNCTIVITIS									
<i>Notes</i>									

GASTROINTESTINAL

SYMPTOM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
EXCESSIVE CRYING							
<i>Notes</i>							
VOMITING							
<i>Notes</i>							
FOOD REFUSAL OR AVERSION							
<i>Notes</i>							
REFLUX							
<i>Notes</i>							
CONSTIPATION							
<i>Notes</i>							
PERIANAL REDNESS (RED BOTTOM)							
<i>Notes</i>							
DIARRHOEA							
<i>Notes</i>							
ABDOMINAL PAIN OR DISCOMFORT							
<i>Notes</i>							
BLOOD AND/OR MUCUS IN STOOLS IN OTHERWISE WELL INFANT							
<i>Notes</i>							

PLEASE NOTE: If your healthcare professional has recommended Aptamil Pepti for your infant, it's important to note that it may take your infant up to 2 weeks to get used to the new milk. Their feeding patterns may change and their stools may be different, becoming looser and greener in colour.

WEEK TWO

		SYMPTOM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
SKIN	ITCHING								
	<i>Notes</i>								
	REDNESS								
	<i>Notes</i>								
	ECZEMA								
	<i>Notes</i>								
	HIVES (RAISED, ITCHY RASH)								
	<i>Notes</i>								
RESPIRATORY	SWELLING								
	<i>Notes</i>								
	RUNNY NOSE/SNIFFLES								
	<i>Notes</i>								
	WHEEZING								
	<i>Notes</i>								
	COUGHING								
	<i>Notes</i>								
RESPIRATORY	SNEEZING								
	<i>Notes</i>								
	ITCHY/BLOCKED/RUNNY NOSE								
	<i>Notes</i>								
	CONJUNCTIVITIS								
<i>Notes</i>									

GASTROINTESTINAL

SYMPTOM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
EXCESSIVE CRYING							
<i>Notes</i>							
VOMITING							
<i>Notes</i>							
FOOD REFUSAL OR AVERSION							
<i>Notes</i>							
REFLUX							
<i>Notes</i>							
CONSTIPATION							
<i>Notes</i>							
PERIANAL REDNESS (RED BOTTOM)							
<i>Notes</i>							
DIARRHOEA							
<i>Notes</i>							
ABDOMINAL PAIN OR DISCOMFORT							
<i>Notes</i>							
BLOOD AND/OR MUCUS IN STOOLS IN OTHERWISE WELL INFANT							
<i>Notes</i>							

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WEEK THREE

		SYMPTOM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
SKIN	ITCHING								
	<i>Notes</i>								
	REDNESS								
	<i>Notes</i>								
	ECZEMA								
	<i>Notes</i>								
	HIVES (RAISED, ITCHY RASH)								
	<i>Notes</i>								
RESPIRATORY	SWELLING								
	<i>Notes</i>								
	RUNNY NOSE/SNIFFLES								
	<i>Notes</i>								
	WHEEZING								
	<i>Notes</i>								
	COUGHING								
	<i>Notes</i>								
SNEEZING									
<i>Notes</i>									
ITCHY/BLOCKED/RUNNY NOSE									
<i>Notes</i>									
CONJUNCTIVITIS									
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GASTROINTESTINAL

SYMPTOM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
EXCESSIVE CRYING							
<i>Notes</i>							
VOMITING							
<i>Notes</i>							
FOOD REFUSAL OR AVERSION							
<i>Notes</i>							
REFLUX							
<i>Notes</i>							
CONSTIPATION							
<i>Notes</i>							
PERIANAL REDNESS (RED BOTTOM)							
<i>Notes</i>							
DIARRHOEA							
<i>Notes</i>							
ABDOMINAL PAIN OR DISCOMFORT							
<i>Notes</i>							
BLOOD AND/OR MUCUS IN STOOLS IN OTHERWISE WELL INFANT							
<i>Notes</i>							

WEEK FOUR

		SYMPTOM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
SKIN	ITCHING								
	<i>Notes</i>								
	REDNESS								
	<i>Notes</i>								
	ECZEMA								
	<i>Notes</i>								
	HIVES (RAISED, ITCHY RASH)								
	<i>Notes</i>								
RESPIRATORY	SWELLING								
	<i>Notes</i>								
	RUNNY NOSE/SNIFFLES								
	<i>Notes</i>								
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	<i>Notes</i>								
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SNEEZING									
<i>Notes</i>									
ITCHY/BLOCKED/RUNNY NOSE									
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CONJUNCTIVITIS									
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GASTROINTESTINAL

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EXCESSIVE CRYING							
<i>Notes</i>							
VOMITING							
<i>Notes</i>							
FOOD REFUSAL OR AVERSION							
<i>Notes</i>							
REFLUX							
<i>Notes</i>							
CONSTIPATION							
<i>Notes</i>							
PERIANAL REDNESS (RED BOTTOM)							
<i>Notes</i>							
DIARRHOEA							
<i>Notes</i>							
ABDOMINAL PAIN OR DISCOMFORT							
<i>Notes</i>							
BLOOD AND/OR MUCUS IN STOOLS IN OTHERWISE WELL INFANT							
<i>Notes</i>							

WEEK FIVE

		SYMPTOM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
SKIN		ITCHING							
		<i>Notes</i>							
		REDNESS							
		<i>Notes</i>							
		ECZEMA							
		<i>Notes</i>							
		HIVES (RAISED, ITCHY RASH)							
	<i>Notes</i>								
	SWELLING								
	<i>Notes</i>								
RESPIRATORY		RUNNY NOSE/SNIFFLES							
		<i>Notes</i>							
		WHEEZING							
		<i>Notes</i>							
		COUGHING							
		<i>Notes</i>							
		SNEEZING							
	<i>Notes</i>								
	ITCHY/BLOCKED/RUNNY NOSE								
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	CONJUNCTIVITIS								
	<i>Notes</i>								

GASTROINTESTINAL

SYMPTOM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
EXCESSIVE CRYING							
<i>Notes</i>							
VOMITING							
<i>Notes</i>							
FOOD REFUSAL OR AVERSION							
<i>Notes</i>							
REFLUX							
<i>Notes</i>							
CONSTIPATION							
<i>Notes</i>							
PERIANAL REDNESS (RED BOTTOM)							
<i>Notes</i>							
DIARRHOEA							
<i>Notes</i>							
ABDOMINAL PAIN OR DISCOMFORT							
<i>Notes</i>							
BLOOD AND/OR MUCUS IN STOOLS IN OTHERWISE WELL INFANT							
<i>Notes</i>							

WEEK SIX

		SYMPTOM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
SKIN	ITCHING								
	<i>Notes</i>								
	REDNESS								
	<i>Notes</i>								
	ECZEMA								
	<i>Notes</i>								
	HIVES (RAISED, ITCHY RASH)								
	<i>Notes</i>								
RESPIRATORY	SWELLING								
	<i>Notes</i>								
	RUNNY NOSE/SNIFFLES								
	<i>Notes</i>								
	WHEEZING								
	<i>Notes</i>								
	COUGHING								
	<i>Notes</i>								
RESPIRATORY	SNEEZING								
	<i>Notes</i>								
	ITCHY/BLOCKED/RUNNY NOSE								
	<i>Notes</i>								
	CONJUNCTIVITIS								
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GASTROINTESTINAL

SYMPTOM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
EXCESSIVE CRYING							
<i>Notes</i>							
VOMITING							
<i>Notes</i>							
FOOD REFUSAL OR AVERSION							
<i>Notes</i>							
REFLUX							
<i>Notes</i>							
CONSTIPATION							
<i>Notes</i>							
PERIANAL REDNESS (RED BOTTOM)							
<i>Notes</i>							
DIARRHOEA							
<i>Notes</i>							
ABDOMINAL PAIN OR DISCOMFORT							
<i>Notes</i>							
BLOOD AND/OR MUCUS IN STOOLS IN OTHERWISE WELL INFANT							
<i>Notes</i>							

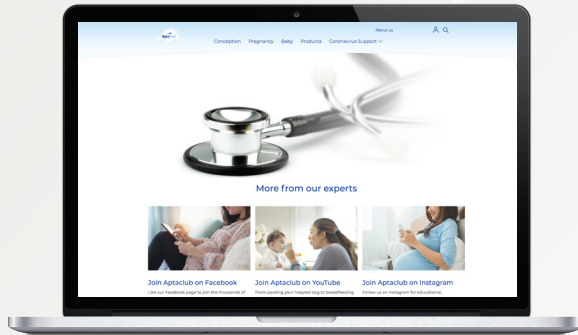




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