



# Mounjaro Injection Tracker & Rotation Chart

## Mounjaro Injection Tracker & Rotation Chart

Injection logs, site rotation, and safety reminders

<b>Your Name:</b>	_____
<b>Start Date:</b>	_____
<b>Injection Day:</b>	Every _____ at _____ (time)
<b>Current Dose:</b>	_____ mg

### 8-Week Site Rotation Schedule

Rotating sites reduces irritation, bruising, and lipohypertrophy (fatty lumps). Follow this 8-week cycle:

<b>Week 1</b> Left Abdomen (Upper)	<b>Week 2</b> Right Abdomen (Upper)	<b>Week 3</b> Left Thigh (Front/Outer)	<b>Week 4</b> Right Thigh (Front/Outer)
<b>Week 5</b> Left Abdomen (Lower)	<b>Week 6</b> Right Abdomen (Lower)	<b>Week 7</b> Left Arm (Back upper)	<b>Week 8</b> Right Arm (Back upper)

Then repeat the cycle from Week 1

### Injection Log

Week	Date	Time	Dose	Site	Side Effects	Notes
Week 1	__/__/__	___	__mg	L abd (upper)	_____	_____
Week 2	__/__/__	___	__mg	R abd (upper)	_____	_____
Week 3	__/__/__	___	__mg	L thigh	_____	_____

Week	Date	Time	Dose	Site	Side Effects	Notes
Week 4	__/__/__	___	__mg	R thigh	_____	_____
Week 5	__/__/__	___	__mg	L abd (lower)	_____	_____
Week 6	__/__/__	___	__mg	R abd (lower)	_____	_____
Week 7	__/__/__	___	__mg	L arm	_____	_____
Week 8	__/__/__	___	__mg	R arm	_____	_____
Week 9	__/__/__	___	__mg	_____	_____	_____
Week 10	__/__/__	___	__mg	_____	_____	_____
Week 11	__/__/__	___	__mg	_____	_____	_____
Week 12	__/__/__	___	__mg	_____	_____	_____

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## Pre-Injection Checklist

### Before every injection, confirm:

- Pen removed from fridge 30 min ago (room temp is less painful)
- Hands washed thoroughly
- Skin cleaned with alcohol wipe (let it dry completely)
- Pen inspected (clear liquid, no particles, not frozen/expired)
- Injection site selected (different from last week, no bruises)
- Sharps bin within reach
- Correct dose confirmed (check pen label)
- Tracker ready to complete

## Side Effects Tracker

Track side effects to identify patterns and discuss with prescriber:

Week	Nausea (0-10)	Fatigue (0-10)	Constipation	Appetite	Notes
Week 1	___	___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___	_____
Week 2	___	___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___	_____
Week 3	___	___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___	_____
Week 4	___	___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___	_____
Week 5	___	___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___	_____
Week 6	___	___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___	_____
Week 7	___	___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___	_____
Week 8	___	___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___	_____

## Sharps Disposal Reminder

**⚠ NEVER throw used pens in regular rubbish!**

Sharps bin obtained:	___/___/___
Return location:	_____
Bin capacity:	___ pens
Est. replacement date:	___/___/___

**Free sharps bins:** GP surgery, pharmacy, local council

## Pain-Free Injection Tips

- **Let pen warm to room temp** – Cold injections hurt more
- **Ice site for 30 seconds before** – Numbs skin naturally
- **Pinch skin firmly** – Insert at 90° angle
- **Inject slowly** – Hold for 10 seconds after pressing button
- **Don't rub site after** – Can increase bruising
- **Inject in morning if possible** – Sleep through peak side effects
- **Abdomen usually least painful** – Good for beginners

## Questions for Prescriber

Note concerns about injection sites, side effects, or technique:

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