



INFUSION RECORD

PATIENT NAME: _____ **IV/SQ SITE:** _____ **DATE OF INFUSION:** _____

DRUG/DOSE ADMINISTERED: _____ **PATIENT WEIGHT:** _____ **KG / POUNDS (Circle)**

PREMEDICATION _____ **TIME ADMINISTERED** _____

PREMEDICATION _____ **TIME ADMINISTERED** _____

PREMEDICATION _____ **TIME ADMINISTERED** _____

TIME INFUSION STARTED: _____ **ML/HR** _____

	PRE- INFUSION TIME:	15 MINUTES TIME:	30 MINUTES TIME:	45 MINUTES TIME:	1 HOUR TIME:	TIME:	TIME:	TIME:	TIME:	TIME:
Infusion RATE										
TEMPERATURE										
HEART RATE										
RESPIRATION										
BLOOD PRESSURE										
IV/SQ SITE CHECK										
RENAL STATUS URINE OUTPUT										
ADVERSE RXNS NOTED										
TOTAL AMOUNT INFUSED (ML)										

TOTAL AMOUNT INFUSED: _____ **TIME INFUSION COMPLETED** _____

NURSE SIGNATURE: _____

DATE: _____

PRINTED CLINICIAN NAME: _____

NARRATIVES IN CLINICAL PROGRESS NOTES