IV Flow Sheet

bioscrip® Infusioncare

Form CLIN-NUR207-1

Patient Name: _____ Date: _____

Height _____ Weight: _____lb _____ kg Allergies: _____

Premeds given: ☐ N/A

TIME PRE-MEDS Given: _____

□ 25 mg Diphenhydramine □ PO □ IV
□ 50 mg Diphenhydramine □ PO □ IV
□ 650 mg AcetaminophenTylenol PO

□ Other: _____

Medication: _____
Dose: _____ grams in _____ ml of _____ to infuse
for _____ hours via _____.

Lot Number: _____ Expiration Date: _____
Lot Number: _____ Expiration Date: _____
Lot Number: _____ Expiration Date: _____

Administration and patient monitoring
For IVIG (pre-infusion, every 15 minutes for the first hour, hourly during infusion, and post infusion)

Time	Temp	Pulse	Resp	BP	Rate, as □ ml/hr □ gtts/min	IV Patent	S/S adverse reaction	Comments
						□Y □N	□Y □N	**Pre-Infusion**
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	
						□Y □N	□Y □N	

Clinical Notes: _____

_____

_____

_____

Clinician Signature: _____ Date: _____