IV Flow Sheet



Form CLIN-NUR207-1

| Patient Na | me: | | | | <u>.</u> | | Date: | | | - |
|---|---------------|----------|-----------|---------|---|------------------|------------|-------------------|----------------|----------------|
| leight | | | Weight:lb | | | kg | Allergies: | | | |
| Premeds g | iven: □ | N/A | | | | | | - | | <u> </u> |
| ΓIME PRE | | | | | □ 25 mg Diphenhydramine □ PO □ IV □ 50 mg Diphenhydramine □ PO □ IV | | | | | |
| □ Other: | | | | | | | □ 650 | mg Acetan | ninophenTyleno | IPO |
| | | | | | | | | - - | | |
| Medication: Dose: grams in or hours via | | | | | | ml of t | | | | to infuse |
| | | | | | | | | | | |
| _ot Number: | | | | | | Expiration Date: | | | | |
| _ot Numbe | er: | | | | | Expiration Date: | | | | |
| | | | | ٨٨ | ministration | and natio | ont mo | nitorina | | |
| | | | | ry 15 m | inutes for the | e first ho | ur, ho | urly during | infusion, and | post infusion) |
| Time | Temp | Puise | Resp | BP | Rate, as □ ml/hr | IV Pate | ent | S/S adverse | • | Comments |
| | | | | | □ gtts/min | oY o | NI NI | reaction □Y □N | Pre-Infusion | |
| | | | | | | Y | | oY oN | F16-IIIIusioii | |
| | | | | | | υY | | OY ON | | |
| | | <u> </u> | | | | _Y _ | | aY aN | | |
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| - | + | | | | | | | oY oN | | |
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| | | | | | | пУ с | ıN | oY oN | | |
| | | | | | | ΩY C | ıN. | □Y □N | - | |
| | | | <u> </u> | | | пΥ с | ₃N | □Y □N | | |
| | | | | | | □Y c | Nc | Na Ya | | |
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| | | | | | | пΥс | 3N | □Y □N | | |
| | | | | | | □Y □ | ıN. | uY uN | | |
| Clinical No | | | • | • | * | | 1 | | | |
| Omnodi IV | льэ. <u> </u> | | | | | | | | | |
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| | | | | | | | | | | <u> </u> |
| | | | | | | | | | | |
| Clinician S | Signature | ۵. | | | | | | | Date: | |

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