

**IV TREATMENT RECORD**

**Patient Name: Date:**

**Formula to be administered:**

| **Nutrient** | **mg/ml** | **mL** | **mOsm/ml** | **mOsm\*vol** |  |
| --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  | **Est. Treatment time:** |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  | **Desired drip rate:** |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  | **Site of injection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  | **Time IV started:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  | **Time IV finished:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  | **Final osmolarity: -\_\_\_\_\_\_\_ mOsm/L** |
| 12. |  |  |  |  | **Check infusion method below!** |
| 13. |  |  |  |  | **23g Butterfly set:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 14. |  |  |  |  | **24g Angiocath:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Totals:** |  |  |  |  | **Cath tip OK on removal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Vital signs before IV Tx. : BP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pulse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Check the following at specified times:** | **Start of Tx.** | **10 mins** | **30 mins** | **1 hour** | **2 hours** | **3 hours** | **3 ½ hours** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Drip rate (ml/min.) |  |  |  |  |  |  |  |
| Check line for leaks, bubbles |  |  |  |  |  |  |  |
| Check the site for infiltration, swelling, bleeding |  |  |  |  |  |  |  |

**Vital signs after IV Tx. : BP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pulse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Progress Notes:**

**Doctors signature: Date: Number of treatments received:**

Revised 4-13