## Intravenous infusion and additive record

Patient's name	Patient number:

## **USE CHART FOR 24 HOUR PERIOD ONLY**

PRESCRIPTION (All IV fluids to be prescribed generically)					ADMINISTRATION				
Date/Time	Infusion fluid	Volume	Drug Additive	Rate ml/hr	Doctor's Signature	Batch no. Expiry date	Set up by	Checked by	Start/stop time