

Intravenous infusion and additive record

Patient's nameANITA REN.....

Patient number:123456789.....

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 |
| 11/05/23 19:00 | 0.9% Sodium Chloride | 500mL | | 1000ml/hr (Bolus) | A.Dingwall [SIGNED] [GMC] | | | | |
| 11/05/23 19:30 | 0.9% Sodium Chloride | 1000mL | | 83.3 ml/hr | A.Dingwall [SIGNED] [GMC] | | | | |
| 12/05/23 07:30 | 5% Dextrose | 1000mL | | 83.3 ml/hr | A.Dingwall [SIGNED] [GMC] | | | | |