COVID−19 THERAPEUTICS (Version 1. 2022JUL08)

IV Infusion Flowsheet

Date (YYYY/MON/DD): _____ Time (24 hours): _____

Emergency contact: _____ Phone: _____

Phone: _____

Allergy / Sensitivities: _____ **Allergic response:** _____

_____ _____

RELEVANT MEDICAL HISTORY:

_____

_____

_____

❑ Reviewed Pharmacy Consult Assessment note ❑ Reviewed patient's Best Possible Medication History (BPMH)

Peripheral IV Catheter Insertion ❑ **Insertion** ❑ **Insitu**						
Time started (24h)	Flushed	Amount	Solution	Catheter size	Site / Appearance	Initial

CVAD (Central Venous Access Device)						
Time started (24h)	Type	Lumens flushed	Amount	Solution	Site / Appearance	Initial

0.2 micron filter tubing used? ❑ Yes ❑ No

Vitals					
	Temperature	Pulse	Respiration	Blood pressure	SpO2
Baseline					
30 min					
60 min					
90 min					
120 min					

Infusion Related / Hypersensitivity Reactions					
	Fever	Chills	Hypotension	Rash	Anaphylaxis
Baseline	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
30 min	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
60 min	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
90 min	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
120 min	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

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Medication ❑ Not applicable						
Date (YYYY/MON/DD) & Time (24h) started		Drug	Dose	Route	Signature	Co−sign (if approp)

Notes	
Time (24h)	

Discharge				
Via: ❑ Walking	❑ Wheelchair	❑ Ambulance	❑ Other−specify: _____	
Accompanied by:	❑ Family	❑ Friend	❑ Other	❑ Unaccompanied
Discharge instruction:	❑ Return tomorrow	❑ Patient information	❑ Other: _____	
	❑ IV catheter insitu	❑ IV catheter removed		

Regulated Health Care Provider Signature and designation	Initial	Regulated Health Care Provider Signature and designation	Initial