IHS-407
10/88

INTRAVENOUS FLUID RECORD

1. Record all IV's on this record. Do not repeat on Patient Progress Notes.
2. Indicate on this sheet only medication added to entire volume of solution. All other IV Medications are recorded on Medication and Administration Record.
3. Record all Hyperalimentation on this form.

Date	Time Start	Iv. No.	Type of Solution And Medication Added	Rate of Flow	Injection Site, Type, Needle Used	Started/ Added By	Dressing And/ Or Tubing Changed By	AMT. Inf.	Time Disc.	Remarks

Patient's Identification

Key to initials and Full Signature

Intravenous Fluid Record

Room Number

EF

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