Your Hospital's Logo Here

Infusion Treatment Center
TREATMENT RECORD

PATIENT IDENTIFICATION

NAME:	DATE:	TIME OF ARRIVAL: (Military Time)

DIAGNOSIS:

BRIEF ASSESSMENT BEFORE TREATMENT: **T** _____ **P** _____ **R** _____ **BP** _____ **WT** _____ **HT** _____ **BSA** _____

NURSING ASSESSMENT / OBSERVATIONS: ☐ Neuro ☐ Cardiopulmonary ☐ Skin ☐ Oral Cavity ☐ Gastrointestinal ☐ Genitourinary

ANY CHANGE IN YOUR MEDICATIONS SINCE YOUR LAST VISIT? ☐ No ☐ Yes (if "Yes", state changes): _____

☐ "Chemotherapy / Blood / Therapeutic Phlebotomy" CONSENT OBTAINED (specify date): _____

Chemotherapy consent required every 3 monthes or if treatment regimen changes. Renew blood product consent every 90 days.

LAB RESULTS:

DATE MOST CURRENT LAB RESULTS AVAILABLE: _____

MUST HAVE CURRENT CBC RESULTS PRIOR TO INFUSING CHEMO.

WBC _____ ANC _____ PLTS _____ HGB _____ HCT _____ BUN _____ CREAT _____

CREATININE CLEARANCE (Call if < 70 mg / min and giving CISPLATIN): _____ MUGA _____

OTHER PERTINENT LABS: _____

VENOUS ACCESS:

(Please Check) ☐ **N / A**

☐ Peripheral IV ☐ Midline ☐ Implanted Port ☐ Groshong / Hickman ☐ Temporary Central Line ☐ PICC

GUAGE AND LOCATION: _____ BLOOD RETURN PRESENT: ☐ YES ☐ NO *

* If "NO" describe in COMMENTS

COMMENTS: _____

BEFORE TREATMENT:

☐ Access Patent w/ easy Normal Saline flush ☐ No redness at site ☐ No swelling at site

☐ Patient denies tenderness at -or- above site ☐ Patient denies burning -or- pain w/ flush or infusion ☐ Dressing dry and intact

☐ Sterile dressing change done ☐ **Chemotherapy Orders reviewed / dosage + BSA checked by 2 RNs (RN signatures below):**

RN Signature / Title: _____ **RN Signature / Title:** _____

IV FLUIDS:

☐ **N / A**

☐ **PRIMARY / CONTINUOUS IV FLUID:**

TIME STARTED: _____ TYPE: _____ RATE: _____ AMOUNT INFUSED: _____ TIME FINISHED: _____

☐ **PRE - HYDRATION ORDERS:** ☐ YES ☐ NO

TIME STARTED: _____ TYPE: _____ RATE: _____ AMOUNT INFUSED: _____ TIME FINISHED: _____

☐ **POST - HYDRATION ORDERS:** ☐ YES ☐ NO

TIME STARTED: _____ TYPE: _____ RATE: _____ AMOUNT INFUSED: _____ TIME FINISHED: _____

BLOOD PRODUCTS: ☐ YES (If "YES", see Comprehensive Care Sheet) ☐ NO

PATIENT TEACHING: ☐ YES (If "YES", see Narrative Section or Chemotherapy Teaching Flowsheet) ☐ NO

⊙ MEDICATIONS / PRE - MEDICATIONS

TYPE	DOSE	ROUTE - Amount of IV Solution + Rate	START TIME & INITIALS	END TIME	COMMENTS

PART OF THE MEDICAL RECORD

CYCLE OF CHEMOTHERAPY:

CHEMOTHERAPY DAY # _____ of _____

⊙ CHEMOTHERAPY

DOSE # -and- TYPE OF CHEMOTHERAPY	DOSE	AMOUNT / TYPE / RATE OF SOLUTION	START TIME & INITIALS	END TIME	COMMENTS

DURING TREATMENT:

☐ IV Site without signs or symptoms of Phlebitis / Infiltration

☐ Patient denies burning / pain / tenderness with IV medication / chemotherapy administration

☐ Blood return checked every 2 - 3 minutes or every 3 - 5 ml during IV push / vesicant administration.

IV RESTART(S) NEEDED? ☐ **YES** (If "YES", specify circumstances and indicate gauge / location of new IV below.) ☐ **NO**

_____

POST TREATMENT:

PERIPHERAL CATHETER:

☐ Peripheral catheter removed without problems ☐ Site without redness / swelling

☐ Tenderness at site is denied ☐ Site held until bleeding stopped ☐ Band-Aid to site

☐ Peripheral catheter left in place for further treatment. Dressing intact. Site without problems. Catheter flushed with _____ ml Normal Saline, using Positive Pressure Technique.

IMPLANTED PORT:

☐ Implanted Port flushed with _____ ml Normal Saline and _____ ml of _____ units / ml Herapin mixed with _____ ml Normal Saline, using Positive Pressure Technique. Port left accessed for further treatment. Dressing intact. Site without problems. Catheter clamped.

☐ Implanted Port flushed with _____ ml Normal Saline and _____ ml of _____ units / ml Herapin mixed with _____ ml Normal Saline, using Positive Pressure Technique. Huber needle removed intact and without problem. Site without redness, swelling or drainage. Band-Aid to site.

OTHER CENTRAL CATHETER:

☐ Hickman / PICC / Groshong / Non-tunneled Central Catheter dressing intact. Lumen(s) flushed with _____ ml Normal Saline and _____ ml of _____ units / ml Heparin, using Positive Pressure Technique. Site without redness, swelling or drainage. Catheter clamped.

DISCHARGE:

DISCHARGE INSTRUCTIONS:

☐ **YES** (If "YES", See Patient Discharge / Instruction Sheet -or- Narrative Section.) ☐ **NO**

TIME LEFT INFUSION TREATMENT CENTER: _____ (Military Time)

LEFT INFUSION TREATMENT CENTER WITH: ☐ ALONE ☐ ACCOMPANIED BY (list): _____

MODE: ☐ AMBULATORY ☐ CANE ☐ WHEELCHAIR ☐ STRETCHER _____ (specify location)

NARRATIVE SECTION (Indicate Patient's Response to Tx)

RN SIGNATURE / TITLE:

DATE:

PART OF THE MEDICAL RECORD