Your Hospital's Logo Here

T.A.R. VERIFIED

BY:_____

PUMP / GRAVITY / BOLUS

TREATMENT ADMINISTRATION RECORDS

				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Change spike tubing every 24 hours.																																		
Change Y Connector every week + PRN.																																		
Change Syringe each day + PRN.																																		
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

SIGNATURE / TITLE	INIT'LS	SIGNATURE / TITLE	INIT'LS

DOCUMENTATION FOR PRN TREATMENTS / TREATMENTS NOT ADMINISTERED

DATE	Milit. TIME	DRUG / STRENGTH / ROUTE	REASON	EFFECTIVE	NURSE INITIAL	DATE	Milit. TIME	DRUG / STRENGTH / ROUTE	REASON	EFFECTIVE	NURSE INITIAL

NURSE INITIAL	NURSE'S SIGNATURE / TITLE	NURSE INITIAL	NURSE'S SIGNATURE / TITLE	NURSE INITIAL	NURSE'S SIGNATURE / TITLE