INTRAVENOUS ADMINISTRATION RECORD

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Your

Hospital's

PATIENT IDENTIFICATION

DATE ORDERED	SOLUTION & ADDITIVES BLOOD & BLOOD PRODUCTS	RATE	DATE UP	TIME UP	AMOUNT UP	NURSE INITIALS	DATE DOWN	TIME DOWN	AMOUNT IN	NURSE INITIALS	CONT PUMP (/)	AMOUNT WASTED
INITIALS	SIGNATURE / TITLE		INITIALS		SIGNATU	RE / TITLE		INITIALS		SIGNATU	RE / TITLE	

PART OF THE MEDICAL RECORD

INTRAVENOUS ADMINISTRATION RECORD

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INITIALS	SIGNATURE / TITLE		INITIALS		SIGNATU	RE / TITLE		INITIALS		SIGNATU	RE / TITLE	

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