St Vincents
Private Hospital Lismore

INTRAVENOUS INFUSION AND ADDITIVE ORDER SHEET

(Affix patient identification label here)

URN: ....

Family Name: ....

Given Names: ....

Date of Birth: .... Gender: M ☐ F ☐

ALLERGIC TO: **REACTION:**

Sheet No.	Drip Site	Weight	Height	BMI

EACH SOLUTION SHOULD BE ORDERED INDIVIDUALLY AND STRCITLY IN THE SEQUENCE REQUIRED

Bottle No.	FLUID STRENGTH			ADDITIVE DOSE				
1	DRUG, STRENGTH, DOSE & FREQUENCY		Volume / Rate ml/Hr					Volume Given (mls)
DR SIGNATURE & DATE / Print Name		Date to start	Time to start	Date started	Time started	Started by	Time stopped	Additive prep. By
2	DRUG, STRENGTH, DOSE & FREQUENCY		Volume / Rate ml/Hr					Volume Given (mls)
DR SIGNATURE & DATE / Print Name		Date to start	Time to start	Date started	Time started	Started by	Time stopped	Additive prep. By
3	DRUG, STRENGTH, DOSE & FREQUENCY		Volume / Rate ml/Hr					Volume Given (mls)
DR SIGNATURE & DATE / Print Name		Date to start	Time to start	Date started	Time started	Started by	Time stopped	Additive prep. By
4	DRUG, STRENGTH, DOSE & FREQUENCY		Volume / Rate ml/Hr					Volume Given (mls)
DR SIGNATURE & DATE / Print Name		Date to start	Time to start	Date started	Time started	Started by	Time stopped	Additive prep. By
5	DRUG, STRENGTH, DOSE & FREQUENCY		Volume / Rate ml/Hr					Volume Given (mls)
DR SIGNATURE & DATE / Print Name		Date to start	Time to start	Date started	Time started	Started by	Time stopped	Additive prep. By
6	DRUG, STRENGTH, DOSE & FREQUENCY		Volume / Rate ml/Hr					Volume Given (mls)
DR SIGNATURE & DATE / Print Name		Date to start	Time to start	Date started	Time started	Started by	Time stopped	Additive prep. By
7	DRUG, STRENGTH, DOSE & FREQUENCY		Volume / Rate ml/Hr					Volume Given (mls)
DR SIGNATURE & DATE / Print Name		Date to start	Time to start	Date started	Time started	Started by	Time stopped	Additive prep. By

BINDING MARGIN - DO NOT WRITE

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LNDMF0045 Rev Mar 14