St Vincents Private Hospital Lismore				(Affix patient identification label here) URN:								
INTRAVENOUS INFUSION AND					Family Name:							
ADDITIVE ORDER SHEET					Given Names:							
ALLERGIC TO: REACTION:				Date of Birth: Gender: M 🗍 F 🗍								
				She	et No.	Drip Site		Weight	Height	ВМІ		
Bottle	EACH SOLUTION SHO	OULD BE ORDERED I		NDIVIDUALLY AND STRCITLY IN THE SEQUENCE REQUIRED								
No.	IGTH			ADDITIVE DOSE								
1	DRUG, STRENGTH, DOSE & FREQUENCY		Rate n								Volume Given (mls)	
DR SIGNA	TURE & DATE	Date to start	Time to	start	Date start	ed	Time started	Started by	Time stopped	Additi	ve prep. By	
Print Nam	ne	1										
	DRUG, STRENGTH, DOSE & FREQUENCY		Volume			·					Volume Given (mls)	
2			Rate ml/Hr									
DR SIGNATURE & DATE		Date to start	Time to st		Date sta	Date started Time sta		d Started by	Time stopped	Additi	ve prep. By	
Print Nam	ne	-										
DRUG, STRENGTH, DOSE & FREQUENCY		Vol		ıme							Volume Given (mls)	
3			Rate n	nl/Hr							Olven (IIIIs)	
DR SIGNATURE & DATE		Date to start	Time to start		Date sta	rted	Time starte	d Started by	Time stopped	Additi	ve prep. By	
D. C. C. Marie		_										
Print Name  DRUG, STRENGTH, DOSE & FREQUENCY			Volu	ıme							Volume	
4			Rate n	nl/Hr							Given (mls)	
DR SIGNA	TURE & DATE	Date to start	Time to	start	Date sta	rted	Time starte	d Started by	Time stopped	Additi	ve prep. By	
Print Nam	ne	1										
	DRUG, STRENGTH, DOSE & FREQUENCY		Volu	ıme				L			Volume Given (mls)	
5			Rate n	nl/Hr								
DR SIGNA	TURE & DATE	Date to start	Time to	start	Date sta	rted	Time starte	d Started by	Time stopped	Additi	ve prep. By	
		_										
Print Nam	DRUG, STRENGTH, DOSE & FREQUENCY		Volu	ıme							Volume	
6			Rate n	nl/Hr							Given (mls)	
DR SIGNA	TURE & DATE	Date to start	Time to	start	Date sta	rted	Time starte	d Started by	Time stopped	Additi	ve prep. By	
Print Name  DRUG, STRENGTH, DOSE & FREQUENCY			Volume				<u> </u>				Volume	
7	2., 2		Rater								Given (mls)	
DB CICAL	THEF & DATE	Date to all a			D-t-	اد ماء	Ti	المستعددات	Time etc.	A -1.1	W 25 - 2	
DK SIGNA	TURE & DATE	Date to start	Time to	start	Date sta	rted	Time starte	d Started by	Time stopped	Additi	ve prep. By	

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