

**Grafton Base Hospital
and Health Service
INTRAVENOUS INFUSION ORDERS/
ADMINISTRATION RECORD**

MRN		
Name/Sex		
Address		
D.O.B.		Ward

Grafton
MR
121

INSTRUCTIONS FOR USE OF CHART
 1. Intravenous Infusion Orders **must be reviewed** at intervals **not exceeding 24 HOURS.**
 2. Use a New Chart for Every I.V. Site

I.V. SITE		ALLERGIES			WEIGHT		DOCTOR'S SIGNATURE Print & Sign.
FLASK No.	DATE	SOLUTION	VOLUME	ADDITIVES	DURATION	RATE ML / HOUR	
1							
2							
3							
4							
5							
6							
7							
8							
9							

ADMINISTRATION RECORD

PHARMACY USE ONLY	FLASK No.	DATE COM-MENCED	SOLUTION PREPARED AND COMMENCED BY	CHECKED BY	TIME COM-MENCED	TIME COM-PLETED	VOLUME ADMIN-ISTERED
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						

CONTINUATION AND RATE GUIDE REVERSE SIDE

Binding Margin - No Writing

INTRAVENOUS INFUSION ORDERS/ADMINISTRATION RECORD

INSTRUCTIONS FOR USE OF CHART

- Intravenous Infusion Orders **must be reviewed** at intervals **not exceeding 24 HOURS**.
- Use a New Chart for Every I.V. Site

DRIP RATE GUIDE

TIME for 1000 mL (Hours)	FLOW RATE mL/Hr	DROPS PER MINUTE		
		15 Drops/mL Sets	20 Drop/mL Sets	60 Drop/mL Sets
2	500	125	167	500
4	250	63	83	250
6	167	42	56	167
8	125	31	42	125
10	100	25	33	100
12	83	21	28	83
16	63	16	21	63
24	42	10	14	42

I.V. SITE	WARD
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FLASK No.	DATE	PLEASE PRINT		PLEASE PRINT	Duration	RATE ml / HOUR	DOCTOR'S SIGNATURE Print & Sign.
		SOLUTION	VOLUME	ADDITIVES			
1							
2							
3							
4							
5							
6							
7							
8							
9							

ADMINISTRATION RECORD

FLASK No.	DATE COM- MENCED	SOLUTION PREPARED AND COMMENCED BY	CHECKED BY	TIME COM- MENCED	TIME COM- PLETED	VOLUME ADMIN- ISTERED
1						
2						
3						
4						
5						
6						
7						
8						
9						