

INFUSION THERAPY TITRATION NOTE

PATIENT NAME:

PATIENT DOB:

VISIT PURPOSE(S):

- ☐ Infusion Admin. ☐ Dressing Change ☐ Lab Draw
☐ Discharge ☐ Assessment ☐ Teaching

VISIT DATE:

ARRIVAL:

DEPARTURE:

TRAVEL TIME (includes lab drop-off time & travel):

- ☐ Less than 50 miles / 1 hour round trip
☐ miles minutes

NEXT VISIT(S) SCHEDULED:

RN NAME:
(Print)

RN SIGNATURE:

☐ Signed Electronically

ASSESSMENT

MEDICATION(s): ☐ Reviewed & Current ☐ Changes Documented Below

PAIN: ☐ Y ☐ N **Intensity (0-10):** **Location:** **Frequency:**

NEURO: ☐ AAO ☐ Cramping ☐ Weakness ☐ Other*

GASTRO: ☐ WNL ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Other*

NUTRITION: ☐ WNL ☐ Inadequate Fluids ☐ Other*

ENDO: ☐ WNL ☐ Diabetic ☐ Other*

URINARY: ☐ WNL ☐ ↑ ☐ ↓ Frequency ☐ Urgency ☐ Other*

RESP: ☐ WNL ☐ Cough ☐ Dyspnea ☐ Other*

CARDIAC: ☐ WNL ☐ Hypo ☐ Hypertension ☐ Arrhythmia ☐ Chest Pain ☐ Other* *OTHER details documented below

SITE ACCESS/LABS

ACCESS: ☐ PIV ☐ Port ☐ Hickman/Broviac ☐ Sub-Q ☐ PICC

LOCATION: # of Sites: # of Lumens: # of attempts: **NEEDLE:** g in

CARE: ☐ Aseptic ☐ Sterile **BLOOD RETURN:** ☐ Y ☐ N **FLUSHES EASY:** ☐ Y ☐ N **DRESSING CHANGE:** ☐ Y ☐ N

SITE: ☐ Clean ☐ Dry ☐ Redness ☐ Tenderness ☐ Edema ☐ Other:

LABS DRAWN FROM (☐ N/A): **TAKEN TO:** **FLUSH:** ☐ Saline: cc ☐ Heparin: cc

INFUSION

PRE-MEDS (☐ N/A):

MEDICATION(S) NAME & DOSE:

1st DOSE: ☐ Y ☐ N

☐ Teach/Self-Infusion ☐ RN Infusion

DELIVERY: ☐ IV Push ☐ Gravity ☐ Rate-Flow ☐ Pump:

HYDRATION (☐ N/A): ☐ Pre ☐ Post **FLUSH:** ☐ Saline: cc ☐ Heparin: cc

NOTES / TITRATION / LOT NUMBERS

		TIME	RATE	B/P	HR	RR	TEMP
	Baseline		ml/hr	/			
	:15		ml/hr	/			
	:30		ml/hr	/			
	:45		ml/hr	/			
	:60		ml/hr	/			
	2hr		ml/hr	/			
	3hr		ml/hr	/			
	4hr		ml/hr	/			
	5hr		ml/hr	/			
	6hr		ml/hr	/			
	7hr		ml/hr	/			
	8hr		ml/hr	/			
	Post/ End			/			