

## INFUSION THERAPY CLINICAL NOTE

<b>PATIENT NAME:</b>  <b>PATIENT DOB:</b>  <b>VISIT PURPOSE(S):</b> <input type="checkbox"/> Infusion Admin. <input type="checkbox"/> Dressing Change <input type="checkbox"/> Lab Draw <input type="checkbox"/> Access/De-Access <input type="checkbox"/> Assessment <input type="checkbox"/> Teaching <input type="checkbox"/> Chemo Takedown <input type="checkbox"/> PICC Pull <input type="checkbox"/> Discharge		<b>VISIT DATE:</b>  <b>ARRIVAL:</b> <b>DEPARTURE:</b>  <b>TRAVEL TIME</b> (includes lab drop-off time & travel): <input type="checkbox"/> Less than 50 miles / 1 hour round trip <input type="checkbox"/> miles                      minutes <b>NEXT VISIT(S) SCHEDULED:</b>	
<b>RN NAME:</b> (Print)		<b>RN SIGNATURE:</b> <input type="checkbox"/> Signed Electronically	
ASSESSMENT	<b>MEDICATION(s):</b> <input type="checkbox"/> Reviewed & Current <input type="checkbox"/> Changes Documented Below		
	<b>PAIN:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>Intensity (0-10):</b> <b>Location:</b> <b>Frequency:</b>		
	<b>BASELINE VITALS:</b> <b>Temp:</b> <b>Pulse:</b> bpm <b>Resp:</b> /min <b>B/P:</b>		
	<b>NEURO:</b> <input type="checkbox"/> AAO <input type="checkbox"/> Cramping <input type="checkbox"/> Weakness <input type="checkbox"/> Other* <b>GASTRO:</b> <input type="checkbox"/> WNL <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other*		
	<b>NUTRITION:</b> <input type="checkbox"/> WNL <input type="checkbox"/> Inadequate Fluids <input type="checkbox"/> Other* <b>ENDO:</b> <input type="checkbox"/> WNL <input type="checkbox"/> Diabetic <input type="checkbox"/> Other*		
<b>URINARY:</b> <input type="checkbox"/> WNL <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Other* <b>RESP:</b> <input type="checkbox"/> WNL <input type="checkbox"/> Cough <input type="checkbox"/> Dyspnea <input type="checkbox"/> Other*			
<b>CARDIAC:</b> <input type="checkbox"/> WNL <input type="checkbox"/> Hypo <input type="checkbox"/> Hypertension <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Chest Pain <input type="checkbox"/> Other*                      *OTHER details documented below			
SITE ACCESS/LABS	<input type="checkbox"/> PIV <input type="checkbox"/> Port <input type="checkbox"/> Hickman/Broviac <input type="checkbox"/> Sub-Q <input type="checkbox"/> PICC → Arm Circ:                      Length from Insertion Site:		
	<b>LOCATION:</b> # of Sites:                      # of Lumens:                      # of attempts: <b>NEEDLE:</b> g                      in		
	<b>CARE:</b> <input type="checkbox"/> Aseptic <input type="checkbox"/> Sterile <b>BLOOD RETURN:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>FLUSHES EASY:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>DRESSING CHANGE:</b> <input type="checkbox"/> Y <input type="checkbox"/> N		
	<b>SITE:</b> <input type="checkbox"/> Clean <input type="checkbox"/> Dry <input type="checkbox"/> Redness <input type="checkbox"/> Tenderness <input type="checkbox"/> Edema <input type="checkbox"/> Other:		
<b>LABS DRAWN FROM</b> ( <input type="checkbox"/> N/A): <b>TAKEN TO:</b> <b>FLUSH:</b> <input type="checkbox"/> Saline:                      ml <input type="checkbox"/> Heparin:                      ml			
INFUSION	<b>PRE-MEDS</b> ( <input type="checkbox"/> N/A):		
	<b>MEDICATION(S) NAME &amp; DOSE:</b> <b>1ST DOSE:</b> <input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Teach/Self-Infusion <input type="checkbox"/> RN Infusion <b>DELIVERY:</b> <input type="checkbox"/> IV Push <input type="checkbox"/> Gravity <input type="checkbox"/> Rate-Flow <input type="checkbox"/> Pump:		
<b>HYDRATION</b> ( <input type="checkbox"/> N/A): <input type="checkbox"/> Pre <input type="checkbox"/> Post <b>FLUSH:</b> <input type="checkbox"/> Saline:                      ml <input type="checkbox"/> Heparin:                      ml			
NARRATIVE NOTES / LOT NUMBERS			