Intravenous Therapy Order Sheet

Name_______________________________________________   Patient ID Number ______________________________________

Diagnosis:______________________________________________________________________________________________

Allergies:______________________________________________________________________________________________

Certification Period:_________________________________________________________ Case Manager:________________________

<table>
<thead>
<tr>
<th>Therapy Device/Route:</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Heparin Lock</td>
<td>□ Maintain patent, infection free IV access line.</td>
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<tr>
<td>□ Hickman,</td>
<td></td>
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<tr>
<td>□ Groshong</td>
<td></td>
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<tr>
<td>□ Subclavian</td>
<td></td>
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<tr>
<td>□ Port- A- Cath</td>
<td></td>
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<tr>
<td>□ Other</td>
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</tbody>
</table>

Type of infusion device:________________________________________________________

DME Vendor:________________________________________________________________________

□ Skilled Nursing Observation of fluid and electrolyte balance, S/S of infection, phlebitis, and clotted catheter.

Catheter/Dressing/Tubing Change

- Venipuncture for IV cannula change:
  - q72hrs
  - prn
  - other

- Change Dressing at IV site:
  - per agency protocol
  - other

- Change IV Tubing q 48-72hrs and pm.

Administration of IV Fluids:

- Drug/Solution ________________________________________
- Diluent (amt/type)______________________________________
- Additives (amt/type)____________________________________
- Frequency _____________________________________________
- Rate of Infusion_______________________________________
- Duration _______________________________________________
- Irrigate Hep Lock with __________________________________
  - Units per cc
  - Heparin
- Frequency ______________________________________________

Patient Education

- Instruct pt/caregiver in parenteral nutrition.
- Teach pt/caregiver to properly administer IV solutions/medications using aseptic technique, troubleshooting, infusion, and equipment.
- Purpose of IV therapy related to disease process and common side effects of medications.
- Location of IV ACCESS DEVICE.
- Storage of medications
- Assessment of IV site for S/S of complications including redness/heat, pain/tenderness, swelling, decreased flow rate, leaking/exudate at site.
- Monitor for S/S of systemic complications.
- Obtain emergency help if needed.
- Monitor and record weight, intake and output, temperature.
- Flush central line.
- Change injection cap.
- Change dressing at insertion site.
- Other:______________________________________________________________________________________________

- Pt/caregiver demonstrates aseptic technique in handling IV solution and tubing supplies.
- Pt/caregiver is able to demonstrate correct administration of IV medication or solution.
- Pt/Caregiver verbalizes common side effects of medication/solution and action to take if occur.
- Pt/caregiver verbalizes S/S of common local systemic complications and actions to take if occur.
- Pt/caregiver identifies resources to call for help.
- Pt/caregiver demonstrates ability to monitor and record temperature, weight, intake and output.
- Pt/caregiver demonstrates ability to change injection cap.
- Pt/caregiver demonstrates aseptic technique in dressing in dressing change and site care.
- Other:______________________________________________________________________________________________

RN Signature ______________________________________         Physician Signature ___________________________________

Date _______________________________  Date_____________________________