

# IV ADMINISTRATION RECORD

## Site Key

S – Subclavian    A – Antecubital    W – Wrist    J – Jugular  
 U – Upper arm    F – Forearm    H – Hand    C – CVAD

DATE/TIME	PRACTITIONER ORDER(S)	DATE/TIME	PRACTITIONER ORDER(S)

## LINE MAINTENANCE

DATE/TIME	NEEDLE SIZE, TYPE AND SITE	TUBE CHANGE	disc	COMMENTS

DATE	SOLUTION / ADDITIVES (amount / type)	FLOW RATE (mLs)	START TIME	STOP TIME	ABS (mLs)		24 HR TOTAL	COMMENTS/ID
					N	E		

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DATE/TIME	NEEDLE SIZE, TYPE AND SITE	TUBE CHANGE	disc	Comments/ID

DATE	SOLUTION / ADDITIVES (amount / type)	FLOW RATE (mLs)	START TIME	STOP TIME	AMT ADMIN (mLs)			TOTAL	COMMENTS/ID
					N	D	E		

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