



# IV ADMINISTRATION RECORD

## Site Key

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

## LINE MAINTENANCE

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 Abs (mL)			24 h TOTAL	COMMENTS/ID
					N	D	E		

**DO NOT COPY**