

Documenting IV and Subcutaneous Infusions on paper charts (AD285) During EMR downtime



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Quick Reference Guide

WHAD285 FRONT

681855

Intravenous and Subcutaneous Fluid Orders

Footscray Hospital Williamstown Hospital
 Sunshine Hospital Sunbury Day Hospital
 Bacchus Marsh Hospital Melton Hospital

Adverse Drug Reaction Sticker (See Medication Chart for details)

Ward/Unit: 2F Weight: 70 kg

DOB: 01/01/1965 Sex: M F

1st Prescriber to Print Patient's Name and Check Label Correct: JOHN SMITH

ITEM 881855 JUNE 2022

DRIP RATE CALCULATOR = Drops per Minute (DPM) Microdrip sets (60 drops = 1mL/hr) mL/hr = Drops/min

Time (hrs)	2	4	6	8	10	12	16	18	24
mL/hr (1L bag)	500	250	166	125	100	83	62	55	42
20 drop/mL set	187 DPM	83 DPM	55 DPM	42 DPM	33 DPM	28 DPM	21 DPM	18 DPM	14 DPM

Fluids Must be Prescribed Daily - Only One Bag Will Be Administered Against Each Order

Medical Officer Prescription				Nursing Administration Record						
Date/Time ordered	Line/Route	Volume	Fluid Type and Additive (amount per bag or syringe)	Rate mL/hr	Dr Signature Print Name	Date/Time Start	Rate mL/hr	Nurse 1 Nurse 2	Time Stop	Volume Infused
10/3 0700	IV	1L	Sodium Chloride 0.9%	250 mL/hr	Dr S Allen	10/03 0730	250 mL/hr		1130	1000 mLs
10/3	IV	100 mL	10mmol magnesium sulfate in 100mL Sodium chloride 0.9%	100 mL/hr	Dr S Allen					
10/3	IV	100 mL	8mg esomeprazole in 100mL sodium chloride 0.9%	10 mL/hr	Dr S Allen					
10/3	IV	100 mL	1000mg iron polymaltose in 100mL Sodium chloride 0.9%	APP	Dr S Allen					

THE CANNULA MUST BE CHANGED EVERY 96 HOURS UNLESS INDICATED BY PHLEBITIS SCORE ON THE PERIPHERAL INTRAVENOUS CANNULA FORM

ALLERGIES:

- If the patient has an allergy ensure that this section is appropriately highlighted.

PATIENT DETAILS:

- Attach a bradma if available.
- First prescriber MUST print the patient's name and check they are prescribing for the correct patient.

NURSE ADMINISTRATION SECTIONS:

- Nursing staff to document Date/Time infusion started, Rate (mL/hr), Infusion Stop Time and Total Volume infused.
- Each order must be signed off by TWO nurses.

PRESCRIPTION:

- Include both the diluent and additive/drug where applicable.
- Each bag must be prescribed individually.

RATE:

- Document in mL/hr.
- Where the rate may be variable and a Western Health protocol exists; As per protocol or "APP" is acceptable.

ROUTE:

- Only use approved abbreviations.
- Eg. "IV", "Subcut" or "PICC"

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