

# Company Name "Catch Phrase"

## Intravenous Therapy Order Sheet

Name \_\_\_\_\_ Patient ID Number \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Allergies: \_\_\_\_\_

Certification Period: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Nursing Orders	Goals
<p><b>Therapy Device/Route:</b></p> <p><input type="checkbox"/> Heparin Lock      <input type="checkbox"/> Hickman,      <input type="checkbox"/> Groshong  <input type="checkbox"/> Subclavian      <input type="checkbox"/> Port- A- Cath      <input type="checkbox"/> Other</p> <p>Type of infusion device: _____</p> <p>DME Vendor: _____</p>	
<p><input type="checkbox"/> Skilled Nursing Observation of fluid and electrolyte balance, S/S of infection, phlebitis, and clotted catheter.</p>	<p><input type="checkbox"/> Maintain patent, infection free IV access line.</p>
<p><b>Catheter/Dressing/Tubing Change</b>  Venipuncture for IV cannula change:  <input type="checkbox"/> q72hrs    <input type="checkbox"/> prn    <input type="checkbox"/> other _____</p> <p>Change Dressing at IV site:  <input type="checkbox"/> per agency protocol  <input type="checkbox"/> other _____</p> <p>_____</p> <p><input type="checkbox"/> Change IV Tubing q 48-72hrs and prn.</p>	
<p><b>Administration of IV fluids:</b></p> <p>Drug/Solution _____  Diluent (amt/type) _____  Additives (amt/type) _____  Frequency _____  Rate of Infusion _____  Duration _____  Irrigate Hep Lock with _____ Units per cc  #cc Heparin _____  Frequency _____</p>	<p><input type="checkbox"/> Aseptic administration of drug/solution.</p>
<p><b>Patient Education</b></p> <p><input type="checkbox"/> Instruct pt/caregiver in parenteral nutrition.  <input type="checkbox"/> Teach pt/caregiver to properly administer IV solutions/medications using aseptic technique, troubleshooting, infusions, and equipment.  <input type="checkbox"/> Purpose of IV therapy related to disease process and common side effects of medications.  <input type="checkbox"/> Location of IV ACCESS DEVICE.  <input type="checkbox"/> Storage of medications  <input type="checkbox"/> Assessment of IV site for S/S of complications including redness/heat, pain/tenderness, swelling, decreased flow rte, leaking/exudate at site.  <input type="checkbox"/> Monitor for S/S of systemic complications.  <input type="checkbox"/> Obtain emergency help if needed.  <input type="checkbox"/> Monitor and record weight, intake and output, temperature.  <input type="checkbox"/> Flush central line.  <input type="checkbox"/> Change injection cap.  <input type="checkbox"/> Change dressing at insertion site.  <input type="checkbox"/> Other: _____  _____  _____  _____</p>	<p><input type="checkbox"/> Pt/caregiver demonstrates aseptic technique in handling IV solution and tubing supplies.</p> <p><input type="checkbox"/> Pt/caregiver is able to demonstrate correct administration of IV medication or solution.</p> <p><input type="checkbox"/> Pt/Caregiver verbalizes common side effects of medication/solution and action to take if occur.</p> <p><input type="checkbox"/> Pt/caregiver verbalizes S/S of common local systemic complications and actions to take if occur.  <input type="checkbox"/> Pt/caregiver identifies resources to call for help.  <input type="checkbox"/> Pt/caregiver demonstrates ability to monitor and record temperature, weight, intake and output.  <input type="checkbox"/> Pt/caregiver demonstrates ability to change injection cap.  <input type="checkbox"/> Pt/caregiver demonstrates aseptic technique in dressing in dressing change and site care.  <input type="checkbox"/> Other _____  _____  _____  _____</p>
<p>RN Signature _____</p> <p>Physician Signature _____</p>	<p>Date _____</p> <p>Date _____</p>