Ambulatory Procedure Unit
Intravenous Infusion

Type of Infusion: _____ Date: _____

Time	Infusion Rate (ml/hr)	BP	HR	RR	Sat	Temp	Notes	Initials

Time	Medication	Dose	Route	Frequency	Infusion rate	Initials

Time	Routine interventions	Initials
	Patient provided with D/C Instructions and Medication Reconciliation Sheet (508).	
	Infusion completed and IV discontinued with tip intact.	
	Patient D/C from unit.	

NH BREM Form 6320/148 (11/07)

Place label here

Ambulatory Procedure Unit
Intravenous Infusion

Time	Infusion Rate (ml/hr)	BP	HR	RR	Sat	Temp	Notes	Initials

Additional notes / comments: _____

NH BREM Form 6320/148 (11/07)

Place label here