**Infusion and Injection Procedure Record Form**

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Infusion Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Injection Type:\_\_\_\_\_\_\_\_\_\_\_\_

Baseline VS: BP\_\_\_\_\_\_\_\_\_\_ O2\_\_\_\_\_\_\_\_ HR\_\_\_\_\_\_\_\_ RR\_\_\_\_\_\_\_\_\_\_

Injection Dose and Site of Injection:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infusion Dose and Site/Type of IV:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV Push Dose and Time:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infusion Start Time:\_\_\_\_\_\_\_\_\_\_\_\_ Infusion End Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post-Infusion/Injection Vitals: BP\_\_\_\_\_\_\_\_ O2\_\_\_\_\_ HR\_\_\_\_\_\_RR\_\_\_\_\_

Patient Tolerated Infusion \_\_\_\_\_\_ (initials of infusing clinician go here)

Patient ambulatory, alert, and well post infusion/injection \_\_\_\_\_\_

Peripheral IV was discontinued and dressing applied \_\_\_\_\_\_\_

Injection site dressing applied \_\_\_\_\_\_\_\_

Discharge paperwork reviewed and provided to patient \_\_\_\_\_\_\_

Additional notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NP/RN/LPN/EMT Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Provider (Sign off if RN/LPN/EMT operating off standing order)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_