



Infusion Record Form

Patient Name: _____

Date of Birth: _____

Allergies: _____

Payment Completed Yes ☐ No ☐

Pre-procedure All patient questions answered. Yes ☐ No ☐ _____

Contraindications/Precautions _____

Review of Systems: _____

Infusion

Baseline Vitals BP _____ HR _____ SpO2 _____ RR _____ Temp _____

IV Access: _____ gauge peripheral IV started in (location) _____ using clean technique and secured using clear occlusive dressing / tape.

Infusion Initiated at (time) _____

Infusion completed at (time) _____

Glutathione push Yes _____ mg No

Post-Infusion Vitals BP _____ HR _____ SpO2 _____ RR _____ Temp _____

Patient tolerated infusion well Yes ☐ No ☐ _____

Discharge

Peripheral IV discontinued prior to discharge; gauze dressing and coban applied; instructed to remove in 20-30min; Instructed to drink plenty of water, monitor site for signs and symptoms of infection and call clinic for symptoms of increasing redness, discharge and/or increased pain.

Patient provided with discharge instructions. Yes ☐ No ☐ _____

Patient discharged at (time) _____

☐ Vital signs stable ☐ No complications noted ☐ Steady Gait ☐ A&O x 3

Discharge Notes: _____

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Today's Infusion Mixture and Calculations: Amount (cc) x mOsms

_____	_____cc	x _____	= _____
_____	_____cc	x _____	= _____
_____	_____cc	x _____	= _____
_____	_____cc	x _____	= _____
_____	_____cc	x _____	= _____
_____	_____cc	x _____	= _____
_____	_____cc	x _____	= _____
_____	_____cc	x _____	= _____
_____	_____cc	x _____	= _____

Total Volume of Additives _____cc **Total mOsms** _____

Applicable calculations as needed (Goal mOsms ~310-500)	
Total mOsms_____/0.31 = _____ (MAXIMUM FINAL volume) MINUS _____ccs of additives = _____ccs max of sterile water to add	Total mOsms_____/0.5 = _____ (Minimum recommended volume) MINUS _____ccs of additives = _____ccs of min sterile water to add
(Total mOsms/Final volume) – ccs of additives = ccs of sterile water to add) ** **Remember to subtract volume of additives	

_____ccs Sterile Water were mixed to _____cc of additives for Final volume of _____ccs.

Final mOsm: (Total mOsm _____ / Final volume _____) x 1000 = _____mOsm/L

Signature/Title: _____ Date _____