

## FLOW SHEET - SC PUMP ASSESSMENT

<b>Name:</b> <b>DOB:</b> <b>Gender:</b> <b>Home Address:</b>	<b>Age:</b>	<b>PARIS ID:</b> <b>PHN:</b> <b>Phone:</b>
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**Assessment Start Date:**

**Assessment End Date:**

**Carried Out By:**

### Flow Sheet - SC Pump

Recorded By:

Date Recorded:

Visit Date:

#### Pump Settings and Infusion Maintenance

Delivery Mode: CONTINUOUS

See Progress Note: ☐

Infusion Site:

Medication:

Reservoir Volume: ml

Concentration: ☐ MCG ☐ MG

Hourly Continuous Rate: ml/hr

ml Given: ml

Reservoir Volume Remaining: ml

Battery Change: ☐ Done ☐ Done by Clt/Caregiver

Medication Cassette/Bag Change: ☐ Done ☐ Done by Clt/Caregiver Due:

Administration Set Change: ☐ Done ☐ Done by Clt/Caregiver Due:

Reset Reservoir Volume: ☐ Done ☐ Done by Clt/Caregiver

Delivery Mode: PCA

See Progress Note: ☐

Infusion Site:

Medication:

Reservoir Volume: ml

Units: ☐ MCG ☐ MG ☐ ML

Concentration:

Hourly Continuous Rate:

Demand Dose Amount:

Max Dose Per Hour:

Demand Dose Lockout: min

# of Doses Given:

# of Doses Attempted:

Reservoir Volume Remaining: ml

Demand Dose Zeroed: ☐

Battery Change: ☐ Done ☐ Done by Clt/Caregiver

Medication Cassette/Bag Change: ☐ Done ☐ Done by Clt/Caregiver Due:

Administration Set Change: ☐ Done ☐ Done by Clt/Caregiver Due:

Reset Reservoir Volume: ☐ Done ☐ Done by Clt/Caregiver

### Casenotes

## FLOW SHEET - SC PUMP ASSESSMENT

Name:

PARIS ID:

Casenotes (continued)

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----