

IV FLOWSHEET* V2 ASSESSMENT

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:

Assessment End Date:

Carried Out By:

Flow Sheet - IV

Recorded By:

Date Recorded:

Visit Date:

Access Device Specific

Type:

Power?: ☐

If Other, Specify:

Lumen: ☐ Single ☐ Double ☐ Triple

Insertion Date:

Site:

If Other, Specify:

Site Comments:

Subcutaneous Engineered Stabilization Device Present?: ☐

Total External Length at time of PICC insertion (for all PICC lines) cm

Internal Length at time of PICC insertion (for all PICC lines): cm

Cut/Trim Length (for proximal valve lines): cm

Catheter Tip Location:

If Other, Specify:

Method of Infusion:

If Other, Specify:

Extension Set or Connector Present?: ☐

Line and Site Maintenance

Site: ☐ No Complications

☐ See Progress Note

Vein Pathway: ☐ No Complications

☐ See Progress Note

Skin Integrity: ☐ No Complications

☐ See Progress Note

Dressing: ☐ Done ☐ Dry and Intact

☐ See Progress Note

Due:

Total External Length at today's assessment: cm

Marking at insertion site (if visible) at today's assessment: cm

Line Patency

Lumens:

☐ Done

☐ Flushed by Clt/Caregiver

Due:

☐ Done

☐ Flushed by Clt/Caregiver

Due:

☐ Done

☐ Flushed by Clt/Caregiver

Due:

See Progress Note:

Cap(s) Changed: ☐ Done

Due:

IV FLOWSHEET* V2 ASSESSMENT

Name:

DOB:

PARIS ID:

Chemotherapy

Chemo Infusion Completed: ☐

Next Planned Chemo D/C:

See Progress Note: ☐

Pump and Gravity Teaching

Pump:

Change Battery:

Change Medication Bag:

Reset Reservoir Volume:

Change Tubing:

Flush:

Gravity:

Spike Medication Bag and Prime Tubing:

Adjust Flow Rate:

Flush Pre-post Infusion:

If Other, Specify:

See Progress Note: ☐

Pump Settings and Infusion Maintenance

Delivery Mode: INTERMITTENT

Tip:

Dose Volume:

ml

Dose Duration:

ml

Dose Cycle:

hr

Dose Rate:

ml/hr

TKVO Rate:

ml/hr

Reservoir Volume:

min

Reservoir Volume - Pump Display:

Reservoir Volume Bag/Cassette:

Reset Reservoir Volume: Done by: ☐ Nurse ☐ Client/Caregiver

Battery Change: Done by: ☐ Nurse ☐ Client/Caregiver

Administration Set Change: Done by: ☐ Nurse ☐ Client/Caregiver Due:

Medication Bag Change: Done by: ☐ Nurse ☐ Client/Caregiver Due:

See Progress Note: ☐

Delivery Mode: CONTINUOUS

Tip:

Continuous Rate:

ml/hr

TKVO Rate:

ml

Reservoir Volume:

ml

Reservoir Volume - Pump Display:

Reservoir Volume Bag/Cassette:

Reset Reservoir Volume: Done by: ☐ Nurse ☐ Client/Caregiver

Battery Change: Done by: ☐ Nurse ☐ Client/Caregiver

Administration Set Change: Done by: ☐ Nurse ☐ Client/Caregiver Due:

Medication Bag Change: Done by: ☐ Nurse ☐ Client/Caregiver Due:

See Progress Note: ☐

IV FLOWSHEET* V2 ASSESSMENT

Name:	DOB:	PARIS ID:
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Delivery Mode: TPN

Tip:

Reservoir Volume:	ml	
Infusion:		
Infusion Period:	hrs	mins
Taper-Up Period:	hrs	mins
Taper-Down Period:	hrs	mins
Plateau Rate:	ml/hr	

Reservoir Volume - Pump Display:

Reservoir Volume Bag/Cassette:

Reset Reservoir Volume:	Done by:	<input type="checkbox"/> Nurse	<input type="checkbox"/> Client/Caregiver	
Battery Change:	Done by:	<input type="checkbox"/> Nurse	<input type="checkbox"/> Client/Caregiver	
Administration Set Change:	Done by:	<input type="checkbox"/> Nurse	<input type="checkbox"/> Client/Caregiver	Due:
Medication Bag Change:	Done by:	<input type="checkbox"/> Nurse	<input type="checkbox"/> Client/Caregiver	Due:
See Progress Note:	<input type="checkbox"/>			

Casenotes

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

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