Salisbury NHS
NHS Foundation Trust

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INTRAVENOUS INFUSION THERAPY

Use this section for intravenous infusion therapy and things added to the container

A separate prescription is required for each container

Use the Regular Prescription Sheet for drugs injected into the tubing

SURNAME.....

FIRST NAMES.....

HOSPITAL NUMBER.....

WARD.....

Date	IV fluid/Additive	Volume/Dose	Running Time	Doctors Signature	Batch No.	Time Started	Nurses Initials	Time Ended

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