

PerCuro Health Services Division
Venofer Infusion Record

Patient Name	
DOB	

Date	
Ordering physician	

Infusion #	
Dose	
Drug supplied by:	

Lot #	Expiry Date	# of vials

IV Site		Device		Hot pack?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of attempts	
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Prescribed Pre-Medication	<input type="checkbox"/> None	Dose	Route	Time
Acetaminophen		mg	PO	
Diphenhydramine		mg	PO/IV	

Infusion start time			Infusion end time			Discharge time		
	Time	BP		Pulse	Temp	IV Rate		
Pre-Infusion								
Post-Infusion								

Adverse Reaction? Yes No *If yes, complete AE Record of nursing notes

Infusion AE Medication	Dose	Route	Time	Indication

Nursing Notes/Comments for AE

Next scheduled Infusion		Rx expiry date:	
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Name of attending RN		RN Signature	
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