

Patient name:.....

Date of birth:

CHI No:

GP:.....

**ADULT SUBCUTANEOUS FLUID PRESCRIPTION AND ADMINISTRATION CHART-
PARTNERSHIPS/COMMUNITY NURSING**

			Prescription details					Administration details					
Date	Time	Name of fluid	Volume (ml)	Route	Duration (hr)	Flow rate (drops per minute)	Prescriber's signature PRINTED name and designation	Date	Time	Serial/ Batch No.	Expiry Date	Administered by	*Discontinued by (initial, date and time)

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)	
Calculation	Example
Rate of flow = $\frac{\text{Volume of fluid (ml)} \times 20}{\text{Duration of admin (min)}}$ (drops/min)	500ml over 12 hours = 14 drops per minute 500ml over 8 hours = 21 drops per minute
NB: 1ml = 20 drops (for a standard giving set) Baxter solution administration set (non air vented) luer lock, length 234 cm: code 020607	

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Affix patient label

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