

Date: \_\_\_\_\_ Postop day: \_\_\_\_\_ for \_\_\_\_\_ Code status: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Consulting M.D. \_\_\_\_\_ Today's weight: \_\_\_\_\_ Yesterday's weight: \_\_\_\_\_  
 \_\_\_\_\_ precautions \_\_\_\_\_ clinical pathway in use.  
 Yesterday's I&O: \_\_\_\_\_ / \_\_\_\_\_ Cumulative I&O: \_\_\_\_\_ / \_\_\_\_\_

Shift:	Signature	Shift:	Signature

No belongings at bedside Day shift: \_\_\_\_\_ Night shift: \_\_\_\_\_

Belongings at bedside:		Deposition of belongings:	
Day	Night	Day	Night

Initial assessment on day shift done at \_\_\_\_\_, on night shift done at \_\_\_\_\_.

Invasive line assessment days and nights

Insertion site is without redness, pain, swelling, or induration. No bleeding or exudate noted around site.  
 WNL \_\_\_\_\_ Day shift WNL \_\_\_\_\_ Night shift

Type of Invasive Access	Location	Date of Insertion	Letter Code	Blood Return		Problem with Site	
				Day	Night	Day	Night

List what is infusing into each lumen:

Visible Centimeters		Site Care		Cap Change		Tubing Change	
Day	Night	Day	Night	Day	Night	Day	Night

Calibration every 24 hours done: \_\_\_\_\_ SVO2 Calibration every 48 hours done: \_\_\_\_\_

Number of infusion pumps used and channels on the pump: \_\_\_\_\_

Cover rubber injection ports on IV solution bags with tape when patient has a latex allergy.

Time and reason for removal	Condition of catheter tip	Length of time pressure was held	Type of dressing applied

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