

IV Infusion Checklist

<ul style="list-style-type: none"> • Crew orientation • Names & qualifications • Roles discussed • ISOBAR Handover completed • <input type="checkbox"/> YES <input type="checkbox"/> NO • Patient and/or relatives informed <i>(if appropriate)</i> • <input type="checkbox"/> YES <input type="checkbox"/> NO 	
<p>Transfer Priority & Destination</p> <ul style="list-style-type: none"> • Purpose of transfer • Anticipated course and complications • Advanced care directives • Receiving team aware: • <input type="checkbox"/> YES <input type="checkbox"/> NO 	<p>Priority 1 <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Destination Hospital:</p> <p>Department:</p> <p>Receiving team contact details:</p>
<p>Contingency Planning</p>	<p><input type="checkbox"/> Possible complications discussed</p> <p><input type="checkbox"/> Roles allocated</p> <p><input type="checkbox"/> Equipment available</p> <p><input type="checkbox"/> Medications / fluids available</p> <p><input type="checkbox"/> Affirm mutual support & cross-checking</p>
<p>Transfer papers</p> <ul style="list-style-type: none"> • Completed and handed over: • <input type="checkbox"/> YES <input type="checkbox"/> NO 	<p>Comments:</p>
<p>Medications</p> <ul style="list-style-type: none"> • Significant effect if flow-rate adjusted: • <input type="checkbox"/> YES <input type="checkbox"/> NO • Significant effect if infusion stopped: • <input type="checkbox"/> YES <input type="checkbox"/> NO 	<p>List:</p>
<p>SPECIAL MEDICATION AUTHORITY</p> <ul style="list-style-type: none"> • Indications for administration • Medication name • Medication dosage • Repeated / subsequent dosages(s) 	
<p>IV Pump</p> <ul style="list-style-type: none"> • On-site IV pump tutorial received • <input type="checkbox"/> YES <input type="checkbox"/> NO 	<p>Comments:</p>
<p>Ambulance staff Name / AP number:</p> <p>Signature:</p>	<p>Attending doctor/nurse Name:</p> <p>Signature:</p>