Date Product Dose Total Duration Rate of mil/kg Volume infusion Mapply blood component stacker or complete details Sign and print name number Sign and print name Sign and print name Sign and print name No. Started Given Checker Dy Dy Dy Dy Dy Dy Dy D			· · · · · · · · · · · · · · · · · · ·		_		,		
Product Dose Total Ouration ml/kg Volume of ml/hr Sign and print name infusion		てスロのこ	RIPTION			>	ADMI	NISTRATI	
ml/kg Volume of ml/hr Sign and print name number Serial started No.	Product			Rate	Prescriber	Batch	Pump	Time	Sign and print
infusion No.				ml/hr	Sign and print name	number	Serial	started	Given
					-		No.		by

Lothian University Hospital Services



NHS Lothian Neonatal Services

PARENTERAL CONTINUOUS INFUSIONS AND FLUID PRESCRIPTION AND ADMINISTRATION CHART

For the safety of the patient PLEASE READ THE FOLLOWING INSTRUCTIONS

- Prescription **MUST** be signed legibly and in full (not initials)
- All sections must be completed insert a dash if 'not applicable'.
- Use APPROVED medicine names, BOLD LETTERS, METRIC DOSES, and only use recommended abbreviations:

millilitres Intravenous ml milligram LL: Long Line mg

Umbilical Arterial Catheter minute UAC: min = **Umbilical Venous Catheter** hour UVC: hr

IAL: Intra Arterial Line

Micrograms and nanograms must be written out in full

- Do not alter the prescription; it must be scored out and re-prescribed.
- The rate or route may be changed by a prescriber completing instructions for change in "rate" box at the bottom of the page or "change of route" box at the top. Please score out the original rate or route on the original prescription.
- The parenteral fluid prescription must be re-written in every 24 hours except for amino acid solution which can be prescribed for 48 hours.

LOT 1215 - February 2016 Revision Date: February 2019 Approved by: Medicines Policy Group

NEONATAL PARENTERAL CONTINUOUS INFUSIONS AND FLUID PRESCRIPTION AND ADMINISTRATION RECORD

nt de	tails:							Ch	ange in tota	al daily fluids					Change	e of Route	
e:						Date				Hourly rate(ml/hr)			Date	No	Time changed	Route	Prescriber sign & print
No:					ni/nr)												
			Working weig	ht:													
			М	ICROGRAMS AN	D NANOGRA	MS MUST	Γ BE WF	RITTE	N OUT IN F	ULL - PLEAS	SE PRINT E	VERYT	HING				
				PRESCRI	PTION						٦						
		Туре	Name of drug	Dosage of		tion I	Rate	Duration	Р	rescriber	Diluent	Pump	Date 8	Š.	Sign and p	orint name	
Date	Route	of fluid	added to fluid	drug/kg/time			ml/hr	of infusion	Sign a	nd print name	drug batch numbers	Serial No.			Given by	Checked by	Pharmacy
<u> </u>				1	1							<u> </u>	1			T	
	No.	New dose	New rate	Prescriber	Time Sign				Date	No.	New dose		ite	Pre	scriber	Time	MINISTRATION Sign and print nam
				J ,													
1	e: No: Date	No: :	e: No: : Date Route of fluid	Total daily flu Hourly rate: Working weig M Type Name of drug added to fluid INSTRUCTIONS FOR CHANGE No. New dose New rate	Total daily fluids:(Hourly rate:(Working weight: MICROGRAMS AN PRESCRII Date Roule Type Name of drug Dosage of drug/kg/time Date Roule Of fluid added to fluid drug/kg/time	e: No: Hourly rate:	Total daily fluids:	e: Hourly rate:	e: Hourly rate:	Total daily fluids:(ml/hr)	Total daily fluids:(ml/hr)	Total daily fluids:(ml/kg/day)	Total daily fluids:(ml/hr)	Total daily fluids:(ml/hr) Hourly rate:(ml/hr) Working weight:	Total daily fluids:(ml/hr) No:	Total daily fluids:(mi/hr)	Total daily fluids:(mi/hr)