

**CME T34 (McKinleyT34)
24 Hour Subcutaneous
Infusion Set up, Record of
Administration and
Monitoring Chart :
for Community Use
(Adults and Children)**

Note: USE ONE CHART PER PUMP

Infusion No: _____ of _____

Sheet No: _____

Addressograph label or

Name

DOB

CHI



Time/ Date	Medication(s)	24 hour dose	Batch number	Expiry date	Prepared by (Full signature/Print name)
	Diluent:				

SET UP	Serial no. of pump:	MONITORING	Time:							
	Date service due:		Site: (I=intact C= changed)							
	Syringe size:		Syringe and line: (tick if intact)							
	Total volume:		Flow rate in mls/hr (NB Do not alter)							
	Flow rate ml/hr:		Volume remaining in mls							
	Site of cannula:		Volume infused in mls from start of infusion							
	Battery level:		Running to time? Y/N If No, document action below							
			Initial							
Time	Comment / Action taken if not running to time:							Signature/Print name		
If any medication(s) discarded, note volume and date										

As required medication recording

Date	Time	Medication	Dose	Batch number	Expiry date	Signature/Print name

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