BD Bodyguard T 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

NHS Lothian

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

SET UP		MONITORING								
	Serial no. of pump:		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)							
			Volume remaining in mls							
	Flow rate ml/hr:		Volume infused in mls from start of infusion							
	Site of cannula:		Running to time? Y/N If No, document action below							
	Battery level:		Initial							

Time	Comment / Action taken if not running to time:	Signature/Print name
	If any medicine(s) discarded, note volume and date	

As required medicine recording

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

<table>
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