|  |  |
| --- | --- |
| Patient Name |  |
| Date of birth |  |
| NHS number |  |
| Ward/Unit/Team name |  |
| **(Use Addressograph)** |

# Appendix 2 - SUBCUTANEOUS (S.C.) FLUID MONITORING CHART

**DO NOT DESTROY**

**PLEASE FILE IN PATIENTS MEDICAL RECORDS FOLLOWING DISCHARGE**

**SUBCUTANEOUS (S.C.) FLUID MONITORING CHART**

**Preparations for S.C. administration must be prescribed on the medicines administration record chart including details of volume infusion rate**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Type of S.C. Fluid** | **Rate of Infusion mls/hrs** | **Batch Number** | **Start Time** | **Administering Nurse Signature** | **Stop Time** | **Volume Infused** | **Date and Time** |
| **Witness Signature** | **Giving set changed** | **S.C. Site Used** |
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