

Drug Administration Flow Sheet

Name: _____
 DOS: _____
 DOB: _____
 SSN: _____

Protocol: _____
 Dx: _____
 Allergies: _____

Reason for visit: Initiate Chemo Cont Chemo Hydration Other: _____
 Patient Assessment:

HT	O2 SAT	IV Access:	Site	Recent hospitalization
WT	WBC	Mediport	Needle	CBC order/eval
BSA	HGB	PICC	IV Start	MD review labs
B/P	PLTS	Peripheral	VAD Blood Draw	Chemo order wr/ver
TPR	CREAT	Groshong	VAD Port Flush	Physician saw pt

Review of Systems:

Constitutional	N	Y	Gastrointestinal	N	Y	Neurological	N	Y	Respiratory	N	Y	Musculoskeletal	N	Y
Wt. <			Nausea			Numbness			Cough			Joint Pain		
Wt. >			Vomiting			Tingling			SOB			Swelling		
Fatigue			Constipation			Memory			Sputum			Stiffness		
Weakness			Diarrhea			Gall Changes			Wheezing			Muscle Weakness		
Anorexia			Abdominal Pain			Dizzy						Back Pain		
Sleep Problems			Heartburn			Seizures			Cardiovascular	N	Y	Psychiatric	N	Y
Fever			Dysphagia						Chest Pain			Anxiety		
Chills									Syncope			Depression		
Sweats									Edema					

Non-Chemotherapy Medications and/or Hydration

Drug	Dose	Start	Stop	Route	D5W	Saline	Bld Rtn	Waste

Chemotherapy Medications

Drug	Dose	Start	Stop	Route	D5W	Saline	Bld Rtn	Waste

Nurse Note:

Demonstration Project (Medicare Only):

	Nausea	Pain	Fatigue
Not at all	G9021	G9025	G9029
A little	G9022	G9026	G9030
Quite a bit	G9023	G9027	G9031
Very much	G9024	G9028	G9032

Visit Level:

1 2 3 4 5

Physician Signature