

I-100 Documentation of Infusion Therapy

Medical records shall include sufficient information to identify the procedures, treatments, complications, intervention and outcomes of the prescribed infusion therapy. All documentation should be factual, accurate and legible.

Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): _____

General Guidelines

The clinician will provide:

Evidence that the specific treatment was administered.

Documentation of initial client assessment, medication history, current medications, care plan and guidelines for interventions and monitoring of the prescribed therapies.

A record of any client/caregiver education and training with return demonstrations as appropriate.

Documentation of the assessed level of comprehension of the therapy and the skills needed to provide the care.

Ongoing interventions and treatments during therapy.

Specific Guidelines

Type of venous access device including gauge, length, insertion site and condition, date and time that the infusion was initiated.

Name of the individual that inserted the access device.

Number of attempts required.

X-ray confirmation of placement when required.

Therapy administered including start and end times.

Client outcomes and tolerance of the procedure.

Any other testing or interventions as ordered by the physician.

Related Procedures

None.

Policy History

Approval Date	11/1/2009
Approved By	Anne Tyson, Herman Pippin, Sandra Hill
Revision Date	12/31/2009

Approved by	Anne Tyson, Herman Pippin, Sandra Hill
Revision Date	
Approved by	
Revision Date	
Approved by	