

CH DAILY IV COUNT - Month \_\_\_\_\_ Yr. \_\_\_\_\_

	1st Shift					2nd Shift				3rd Shift		
	Syringes	Bags	TPN	CC	Recons	Syringes	Bags	TPN	Recons	Syringes	Bags	Recons
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
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26												
27												
28												
29												
30												
31												
<b>TOT</b>												