CH PHARMACY DEPARTMENT			151 SHIFT	Syr	Syringes:	
DAILY IV WORKSHEET LOG			2ND SHIFT			
IV CVDINGE Drangustion I or			3RD SHIFT			
IV SYRINGE Preparation Log  Document hood cleaning and temperatures in Simplify			Date:			
					Reconstitutions	
**Check marks must be documented on the label beside the following for QA purposes:  Drug Name, Concentration, Dose, and Total Volume						
Drug Name, C	oncentration, Dose, a	na 1 otai volume				
	SYRINGE RECEIPT LA	BEL	SYI	RINGE RECEIPT LAI	BEL	
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Calculation:			Calculation:			
Exp. Date:	Time Sent:	RPh Int	Exp. Date:	Time Sent:	RPh Int	

 $Note: \ The information included in this document is prepared and maintained for Hospital Quality \ Assurance pursuent to Section 22-21-8 of the Code of Alabama, 1975.$