

CH PHARMACY DEPARTMENT

DAILY IV WORKSHEET LOG

1ST SHIFT

2ND SHIFT

3RD SHIFT

Syringes: _____

Bags: _____

Narcotic Drips: _____

TPNS: _____

Reconstitutions _____

IV SYRINGE Preparation Log

Date: _____

Document hood cleaning and temperatures in Simplify 797

****Check marks must be documented on the label beside the following for QA purposes:**

Drug Name, Concentration, Dose, and Total Volume

SYRINGE RECEIPT LABEL

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Calculation: _____

Exp. Date: _____ Time Sent: _____ RPh Int. _____

Calculation: _____

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

