Manchester University NHS Foundation Trust

Manchester Royal Infirmary – Department of Immunology

**INFUSION RECORD**

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| --- | --- | --- |
| NAME: | HOSPITAL NUMBER: | DATE OF BIRTH: |
| WEIGHT (kg): | HEIGHT (cm):  | **DOSE (gm):** | PRODUCT NAME: |
| DATE OF INFUSION | ADMIN BY | INFECTION PRESENT \*\*YES/NO | BATCH NUMBER | NO. OF BOTTLES USED | TIME TAKEN FOR INFUSIONSTART END | \*\*\*OTHER MEDICATION | BLOOD SAMPLE SENT √ | SITE(s) USED | NO OF ATTEMPTS (IV) or SITES (SC) | \*ADVERSE REACTIONS YES/NO | SIGNATURE |
|  |  |  |  |  |  |  |  | Ig’sLFT’sCRPFBC |  |  |  |  |
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\* If you have experienced an adverse reaction please complete an adverse reaction form and send this form to your centre today

\*\*Please give details below

\*\*\*Specify which medicines have been taken (antibiotics/paracetamol etc)

PLEASE GIVE DETAILS IF YOU HAVE EXPERIENCED ANY PROBLEMS WITH YOUR INFUSIONS