Manchester University NHS Foundation Trust

Manchester Royal Infirmary – Department of Immunology

**INFUSION RECORD**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 INFUSION  START END | | | \*\*\*OTHER MEDICATION | BLOOD SAMPLE SENT √ | SITE(s) USED | | NO OF ATTEMPTS (IV) or SITES (SC) | \*ADVERSE REACTIONS YES/NO | SIGNATURE |
|  |  |  |  | |  | |  |  | |  | Ig’s  LFT’s  CRP  FBC |  | |  |  |  |
|  |  |  |  | |  | |  |  | |  | Ig’s  LFT’s  CRP  FBC |  | |  |  |  |
|  |  |  |  | |  | |  |  | |  | Ig’s  LFT’s  CRP  FBC |  | |  |  |  |
|  |  |  |  | |  | |  |  | |  | Ig’s  LFT’s  CRP  FBC |  | |  |  |  |
|  |  |  |  | |  | |  |  | |  | Ig’s  LFT’s  CRP  FBC |  | |  |  |  |
|  |  |  |  | |  | |  |  | |  | Ig’s  LFT’s  CRP  FBC |  | |  |  |  |
|  |  |  |  | |  | |  |  | |  | Ig’s  LFT’s  CRP  FBC |  | |  |  |  |
|  |  |  |  | |  | |  |  | |  | Ig’s  LFT’s  CRP  FBC |  | |  |  |  |

\* 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