1. Pump settings must be verified by 2 RNs:
   a. Upon initiation of therapy
   b. The beginning of every shift or change in RN
   c. After every change in infusion rate
   d. Before administering a bolus
2. When therapeutic PTT, verify infusion rate every 6 hours and document on flowsheet
3. Patient's Weight (kg) _____

DATE	TIME	CURRENT		BOLUS		RATE CHANGES			Next PTT DUE	RN Initials
		CURRENT RATE (units/hr)	CURRENT PTT	Bolus units IVP	Time Given	Adjustment Increase/Reduce Rate Changes (units/hr) or HELD	Time of Adjustment or Time HELD	NEW RATE (units/hr)		

RN Signature and Initials

RN Signature	Initials	RN Signature	Initials

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

UHS
Universal Health

Patient Label

AS0021

HEPARIN IV INFUSION NURSING FLOWSHEET

81-037 (4/10)