UNIVERSITY OF VIRGINIA HEALTH SYSTEM

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

IV TEAM DAILY UNIT LOG

Today's Date: _____ / _____ / _____

Day	Evening	Night

PIC #'s
A - 1612
B - 1520
C - 1801

Checked for Site Changes _____

IV ORDER FOR THE IV TEAM TO RESPOND ALL OF THE FOLLOWING MUST BE COMPLETED

Name		Room #	History #	Reason for Access				New Line	Site Change	Restart	RN Name	Requestor	IV TEAM Notified	Comments/ Special Needs
Last	First			Fluid	Med	Blood	Test							

NOT A CHART DOCUMENT