



Patient's name:

Date of birth:

Hospital:

Insertion Record

Date: Time: Ward:

Size: Lot No:

Number of attempts:

Inserted by (*PRINT*):

Designation:

Comments:

Removal Record

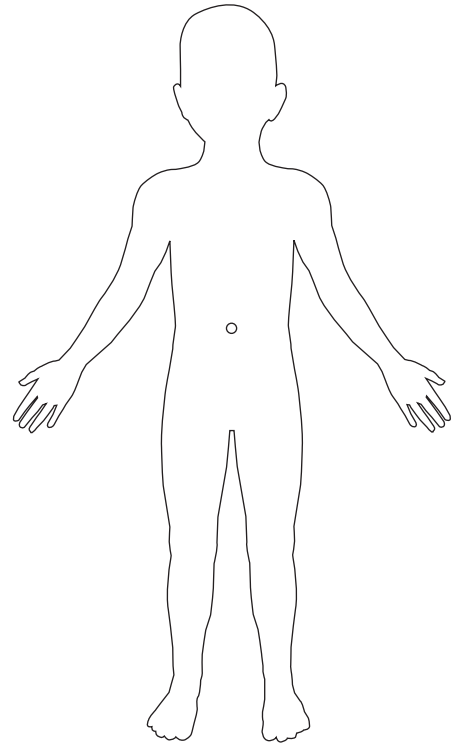
Date:

Reason for removal:

Removed by (*PRINT*):

Designation:

Please indicate insertion site



RIGHT

LEFT

V.I.P. Score (*Visual Infusion Phlebitis Score*)

<p>I.V. site appears healthy</p>	<p>0</p>	<p>No signs of phlebitis <input type="checkbox"/> OBSERVE CANNULA</p>
<p>One of the following is evident:</p> <ul style="list-style-type: none"> Slight pain near I.V. site or slight redness near I.V. site 	<p>1</p>	<p>Possible first signs of phlebitis <input type="checkbox"/> OBSERVE CANNULA</p>
<p>Two of the following is evident:</p> <ul style="list-style-type: none"> Pain near I.V. site Erythema Swelling 	<p>2</p>	<p>Early stage of phlebitis <input type="checkbox"/> RESITE CANNULA</p>
<p>All of the following are evident:</p> <ul style="list-style-type: none"> Pain along path of cannula Erythema Induration 	<p>3</p>	<p>Medium stage of phlebitis <input type="checkbox"/> RESITE CANNULA <input type="checkbox"/> CONSIDER TREATMENT</p>
<p>All of the following are evident and extensive:</p> <ul style="list-style-type: none"> Pain along path of cannula Erythema Induration Palpable venous cord 	<p>4</p>	<p>Advanced stage of phlebitis or start of thrombophlebitis <input type="checkbox"/> RESITE CANNULA <input type="checkbox"/> CONSIDER TREATMENT</p>
<p>All of the following are evident and extensive:</p> <ul style="list-style-type: none"> Pain along path of cannula Erythema Induration Palpable venous cord Pyrexia 	<p>5</p>	<p>Advanced stage of thrombophlebitis <input type="checkbox"/> INITIATE TREATMENT <input type="checkbox"/> RESITE CANNULA</p>



Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

Date: _____ Time: _____

V.I.P. Score: _____

Signed: _____

Designation: _____

