

## GCRU Nursing Flow Sheet

Protocol # \_\_\_\_\_ Title \_\_\_\_\_

PI \_\_\_\_\_ Coordinator \_\_\_\_\_

Visit #: \_\_\_\_\_ Date: \_\_\_\_\_ Allergies: \_\_\_\_\_

Subject Initials: \_\_\_\_\_ Study ID #: \_\_\_\_\_ Signed ICF Date: \_\_\_\_\_

### Treatments prior to infusion

- Height: \_\_\_\_\_ Inches/Cm
  - Weight: \_\_\_\_\_ Lbs./Kg.      Weight on Screening: \_\_\_\_\_
  - EKG
  - Obtain urine specimen.
  - Perform urine pregnancy test \_\_\_\_\_. Save remainder of urine for urinalysis.
  - Negative Serum pregnancy test
  - If Fasting, time of last meal: \_\_\_\_\_
  - Pain Scale (1-10) \_\_\_\_\_
  - Insert # 22 Angio for Study Drug Administration. IV site \_\_\_\_\_**
  - Draw pre infusion labs (Central, Local (BMC), Longitudinal, Mechanistic )
  - P.E. by M.D. or N.P.
  - Criteria for withdrawal of study medication reviewed by M.D./N.P.
- 

### **Drug Delivery:**

\_\_\_\_\_ delivered to GCRU from Pharmacy at: \_\_\_\_\_ Date: \_\_\_\_\_

Delivered by: \_\_\_\_\_ Received by: \_\_\_\_\_, R.N.

Expiration Date/Time: \_\_\_\_\_ I.V. Filter: \_\_\_\_\_

Total Volume on Medication Label: \_\_\_\_\_

Independent Medication check by 2 R.N.'s #1 \_\_\_\_\_ /#2 \_\_\_\_\_

**GCRU Nurses Worksheet**

Protocol # \_\_\_\_\_

Visit #: \_\_\_\_\_

Date: \_\_\_\_\_

Subject Initials: \_\_\_\_\_

Study ID #: \_\_\_\_\_

**Vital Signs** (pre infusion)

Time: \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ RR \_\_\_\_\_ T \_\_\_\_\_

Time Medication Started: \_\_\_\_\_ Dose: \_\_\_\_\_ Mg. at \_\_\_\_\_ ml./hr.

Total Volume to be infused: \_\_\_\_\_ over \_\_\_\_\_ hr.

**Vital Signs** (15 Min. after start of infusion)

Time: \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ RR \_\_\_\_\_ T \_\_\_\_\_

**Comments:**

---

---

---

Time Infusion Ended: \_\_\_\_\_ Total Volume of Drug Infused: \_\_\_\_\_ mls.

**Vital Signs** (End of infusion)

Time: \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ RR \_\_\_\_\_ T \_\_\_\_\_

**Comments:**

---

---

---

**Medication Label:**

**GCRU Nurses Worksheet**

Protocol # \_\_\_\_\_

Visit #: \_\_\_\_\_ Date: \_\_\_\_\_

Subject Initials: \_\_\_\_\_ Study ID #: \_\_\_\_\_

**Vital Signs** (1 Hour Post infusion)

Time: \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ RR \_\_\_\_\_ T \_\_\_\_\_

**Comments:**

---

---

---

**PHARMACOKINETIC SAMPLING**

<b>Time Points</b>	<b>Time (24 hour clock)</b>	<b>Test</b>	<b>Specimen Container</b>	<b>Destination (Lab or SC)</b>

**Comments:**

---

---

---

**Procedure:**

Personnel Performing Procedure: \_\_\_\_\_

Location: \_\_\_\_\_

**GCRU Nurses Worksheet**

Protocol # \_\_\_\_\_

Visit #: \_\_\_\_\_

Date: \_\_\_\_\_

Subject Initials: \_\_\_\_\_

Study ID #: \_\_\_\_\_

**Discharge**

**Note:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_