**HYPODERMOCLYSIS**

Addressograph or Resident Name

 **INFUSION MONITORING**

Nursing staff to monitor hourly:

* subcut site is healthy
* infusion line is connected to site
* fluid is infusing and drip chamber dripping
* resident is tolerating infusion and no observed changes in overall condition
* **\*ALL CHANGES OR CONCERNS ARE RECORDED IN THE IPN**

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| **DATE** | **TIME** | **SITE** **√** | **INFUSION CONNECTED√** | **FLUID INFUSING√** | **RESIDENT TOLERANCE√** | **SEE IPN****√ OR N/A** | **NURSE SIGNATURE** |
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