

VA COOPERATIVE STUDY #578

Participant ID: _____ - _____

SOURCE DOCUMENT WORKSHEET FOR FORM 12: STUDY IV FLUID ADMINISTRATION

To be completed by study personnel via medical record review and interview of nurse/angiography tech following the angiography procedure. Once completed, this data should be entered into eDC and this form should be filed in the Participant's Study Binder.

1. What was the study IV fluid bag number(s) administered to the participant?
(This number is printed on a label on the study IV fluid bag. Note the bag number for each study IV fluid bag the participant received.)

Study IV Fluid Bag Number(s): **StudyIVBagNum** _____

Prior to the angiography

[Start of study IV fluid administration until a participant enters the procedure room]

Date and time (24 hr clock) study IV fluid was started prior to the angiography procedure:

2. Date: ____/____/____ **StudyIVPreStartDate**

3. Hour: ____ **StudyIVPreStartHr**

4. Minute: ____ **StudyIVPreStartMin**

5. Prescribed rate of study IV fluid administration prior to the angiography procedure:

_____ ml/hr **StudyIVPreRate**

6. Total volume of study IV fluid administered prior to the angiography procedure:

_____ mL **StudyIVPreRate**

During the angiography

[Starting when the participant enters the procedure room and ending when they leave]

Time study IV fluid was started during the angiography procedure (24 hr clock):

7. Hour: ____ **StudyIVProcStartHr**

8. Minute: ____ **StudyIVProcStartMin**

9. Prescribed rate of study IV fluid administration during the procedure: *(This should be the rate set at the start of the procedure and should not reflect any boluses or rate changes made during the procedure.)*

_____ ml/hr **StudyIVProcRate**

10. Total volume of study IV fluid administered during the angiography procedure:

_____ mL **StudyIVProcVol**

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Following the angiography

[Starting when the participant leaves the procedure room and ending when study IV fluid administration stops]

Time study IV fluid was started following the angiography procedure (24 hr clock):

11. Hour: ____ **StudyIVPostStartHr**

12. Minute: ____ **StudyIVPostStartMin**

13. Prescribed rate of study IV fluid administration following the angiography procedure:

_____ ml/hr **StudyIVPostRate**

Date and time (24 hr clock) study IV fluid was stopped following the angiography procedure:

14. Date: ____/____/____ **StudyIVPostEndDate**

15. Hour: ____ **StudyIVPostEndHr**

16. Minute: ____ **StudyIVPostEndMin**

17. Total volume of study IV fluid administered following the angiography procedure:

_____ mL **StudyIVPostVol**

18. Date form completed: _____ **F12Complete** _____

Signature of person completing the form: _____