

CSP#578 PRESERVE STUDY IV FLUID FLOWSHEET

Once completed return to: <Name of Study Coordinator>, <room #>, <phone>

Participant Name:

STUDY IV FLUID ADMINISTRATION PRIOR TO THE ANGIOGRAM

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

DATE STARTED	TIME STARTED (24-hour clock)	IV FLUID BAG NUMBER(S)	PRESCRIBED RATE (mL/kg/hr)	TOTAL VOLUME (ML) ADMINISTERED <u>PRIOR TO ANGIOGRAM</u>	Completed by (Print Name)

STUDY IV FLUID ADMINISTRATION DURING THE ANGIOGRAM

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

TIME STARTED (24-hour clock)	ADDITIONAL IV FLUID BAG NUMBER(S)	PRESCRIBED RATE (mL/kg/hr)	TOTAL VOLUME (ML) ADMINISTERED <u>DURING THE ANGIOGRAM</u>	Completed by (Print Name)

STUDY IV FLUID ADMINISTRATION AFTER THE ANGIOGRAM

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

TIME STARTED (24-hour clock)	ADDITIONAL IV FLUID BAG NUMBER(S)	PRESCRIBED RATE (mL/kg/hr)	DATE ENDED	TIME ENDED (24-hour clock)	TOTAL VOLUME (ML) ADMINISTERED <u>AFTER THE ANGIOGRAM</u>	Completed by (Print Name)