

NHS number: _____

Name: _____

Address: _____

Date of birth: _____

CR number: _____

Affix patient label

Final checklist for paediatric home intravenous antibiotics

This form must be completed before the child leaves the ward to commence IVAB at home.

Checklist

1. Venous Access (Please tick)

Cannula Long line Portacath (Type: _____ Size: _____)

2. Date sited: _____ Position: _____ VIP Score: _____

3. Telephone access (Please tick) Yes No

4. Transport available (Please tick) Yes No

5. Intravenous Antibiotic information leaflet given? Sign: _____ Date: _____

6. Adverse reaction Information leaflet given? Sign: _____ Date: _____

7. Contact Numbers given? Sign: _____ Date: _____

8. Medication chart of Prescription, times and dates given? Sign: _____ Date: _____

9. Checklist of ancillary equipment given? Sign: _____ Date: _____

For Parent / Carer and member of staff to sign

I am happy to take my child home with a Cannula / Long Line / Portacath Needle in place

Parent / Carer Name: _____ Signature: _____

Staff Name: _____ Signature: _____

Date: _____