

**PLUVICTIO TREATMENT DAY**

**Date:** Click or tap to enter a date. **Identity verified:**  Full Name  Full Social Security  Date of Birth

Cerner Electronic Digital Interchange Personnel Identifier (EDIPI)

**Treatment:** 1  2  3  4  5  6

**Prescribed dose:** \_\_\_\_\_ **Radiation dose card provided:**

**RSO exposure worksheet completed**  **Meets requirement of exposure to public 0.5 rem limit:**

**Height:** \_\_\_\_\_ cm **Weight:** \_\_\_\_\_ Kg

**Physical assessment completed:**  **Medication reconciled:**  **Allergies reviewed:**

**Labs verified:**

Hemoglobin		Bilirubin	
Platelets		Calcium	
Absolute Neutrophils		Sodium	
Serum Creatinine		Potassium	
Creatinine Clearance		ALP	
ALT		PSA	
AST			

**Cleared to proceed with treatment:**

**Technologist witnessing dose calibration:** Click or tap here to enter text.

**Technologist Injecting Dose:** Click or tap here to enter text.

**Authorized User present:**  **Time Out completed:**

**Injection Time:** \_\_\_\_\_

<u>Vital Signs:</u>	Pre-Treatment	5 minutes Post Treatment	15 minutes Post Treatment	30 minutes Post Treatment	Discharge
Temperature °C					
Heart Rate bpm					
Blood Pressure mmHg					
Pulse Oximetry %					

**IV site Assessment:**

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

Infiltration Grade: \_\_\_\_\_ Phlebitis Grade: \_\_\_\_\_ Extravasation: Yes  No