



Appendix 1

Concentrated electrolyte (High-Risk) Medication Log Book for Specialized Care Units

Department/Ward: _____ Type of concentrated electrolyte: _____

No.	Date & Time	Patient name, CID & MRN No	Infusion details (dose, diluent, amount, total volume to be infused, rate and route)	Physician name Sig/Stamp	Quantity Used	Double Checked By: (Before & after Preparation/Dilution/During/Administration/Labeling)		Balance
						HN/TL	Assigned Nurse	

Pharmacy Signature _____