Date DRL was included: …. /…. /….

PATIENT DATA COLLECTION FORM

Study Patient Code (anonymous): …… Age (years): ……. Sex: ……..

Was the patient/their families consent form obtained? ☐ Yes ☐ No

ICU admission date/time (more than 24 hours?): ☐ Yes ☐ No ……..

Number of IV medications used by the patient (more than two?): ☐ Yes ☐ No

Day of ICU stay: …….

IV access types / total number: …… **Peripheral: ……. Catheter: ……**

Catheter/peripheral insertion site:……

Number of catheter lumens:

Is there a Y-site/connector? ☐ Yes ☐ No **Number of Y-sites/connectors:** ……

Number of lumens used for drug administration: …….

Does the DRL contain exactly the same medications as any of the previous DRLs? ☐ Yes ☐ No

Name of the IV medication used by the patient (product name)	Active ingredient	Administration time of the drug	Type of infusion	Is there any incompatibility with any diluent/solution?	Is there any incompatibility with any diluent?

COMPATIBILITY CHECK:

IV drug-IV drug IV drug- IV solution	IBM Micromedex IV Compatibility Category	Stabilis 4.0 Category

Was the patient advised to have an additional vascular access inserted? ☐ Yes ☐ No

Was the patient discharged or did the patient expire before the medications were administered? ☐Yes ☐ No