|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  | Republic of the Philippines  Department of Health  Central Visayas Center For Health Development  **CEBU SOUTH MEDICAL CENTER**  **(DR. JACINTO VELEZ SR. MEMORIAL HOSPITAL)**  San Isidro, Talisay City, Cebu  *“A PHIC Accredited and ISO 9001:2015 Certified Healthcare Provider”* | C:\Users\Public\Documents\Desktop Files\DOH-logo.jpg |   **INTRAVENOUS TAG**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Patient’s Name: | | | | |  | | |  | | |  | | Ward: |  | | | | | | | Bed No.: |  | | | | IV Fluid: | |  | | | | | | Bottle No.: | |  | | | Flow Rate: | | |  | | | | |  | | |  | | Med. Infused: | | | |  | | | |  | | |  | | Date & Time Started: | | | | | |  | |  | | |  | | Date & Time Consumed: | | | | | | |  |  | | |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOD Signature over Printed Name**  NSD-FM-04 Rev.1  15 November 2020 | |  |  |  | | --- | --- | --- | |  | Republic of the Philippines  Department of Health  Central Visayas Center For Health Development  **CEBU SOUTH MEDICAL CENTER**  **(DR. JACINTO VELEZ SR. MEMORIAL HOSPITAL)**  San Isidro, Talisay City, Cebu  *“A PHIC Accredited and ISO 9001:2015 Certified Healthcare Provider”* | C:\Users\Public\Documents\Desktop Files\DOH-logo.jpg |   **INTRAVENOUS TAG**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Patient’s Name: | | | | |  | | |  | | |  | | Ward: |  | | | | | | | Bed No.: |  | | | | IV Fluid: | |  | | | | | | Bottle No.: | |  | | | Flow Rate: | | |  | | | | |  | | |  | | Med. Infused: | | | |  | | | |  | | |  | | Date & Time Started: | | | | | |  | |  | | |  | | Date & Time Consumed: | | | | | | |  |  | | |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOD Signature over Printed Name**  NSD-FM-04 Rev.1  15 November 2020 |
| |  |  |  | | --- | --- | --- | |  | Republic of the Philippines  Department of Health  Central Visayas Center For Health Development  **CEBU SOUTH MEDICAL CENTER**  **(DR. JACINTO VELEZ SR. MEMORIAL HOSPITAL)**  San Isidro, Talisay City, Cebu  *“A PHIC Accredited and ISO 9001:2015 Certified Healthcare Provider”* | C:\Users\Public\Documents\Desktop Files\DOH-logo.jpg |   **INTRAVENOUS TAG**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Patient’s Name: | | | | |  | | |  | | |  | | Ward: |  | | | | | | | Bed No.: |  | | | | IV Fluid: | |  | | | | | | Bottle No.: | |  | | | Flow Rate: | | |  | | | | |  | | |  | | Med. Infused: | | | |  | | | |  | | |  | | Date & Time Started: | | | | | |  | |  | | |  | | Date & Time Consumed: | | | | | | |  |  | | |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOD Signature over Printed Name**  NSD-FM-04 Rev.1  15 November 2020 | |  |  |  | | --- | --- | --- | |  | Republic of the Philippines  Department of Health  Central Visayas Center For Health Development  **CEBU SOUTH MEDICAL CENTER**  **(DR. JACINTO VELEZ SR. MEMORIAL HOSPITAL)**  San Isidro, Talisay City, Cebu  *“A PHIC Accredited and ISO 9001:2015 Certified Healthcare Provider”* | C:\Users\Public\Documents\Desktop Files\DOH-logo.jpg |   **INTRAVENOUS TAG**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Patient’s Name: | | | | |  | | |  | | |  | | Ward: |  | | | | | | | Bed No.: |  | | | | IV Fluid: | |  | | | | | | Bottle No.: | |  | | | Flow Rate: | | |  | | | | |  | | |  | | Med. Infused: | | | |  | | | |  | | |  | | Date & Time Started: | | | | | |  | |  | | |  | | Date & Time Consumed: | | | | | | |  |  | | |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOD Signature over Printed Name**  NSD-FM-04 Rev.1  15 November 2020 |
| |  |  |  | | --- | --- | --- | |  | Republic of the Philippines  Department of Health  Central Visayas Center For Health Development  **CEBU SOUTH MEDICAL CENTER**  **(DR. JACINTO VELEZ SR. MEMORIAL HOSPITAL)**  San Isidro, Talisay City, Cebu  *“A PHIC Accredited and ISO 9001:2015 Certified Healthcare Provider”* | C:\Users\Public\Documents\Desktop Files\DOH-logo.jpg |   **INTRAVENOUS TAG**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Patient’s Name: | | | | |  | | |  | | |  | | Ward: |  | | | | | | | Bed No.: |  | | | | IV Fluid: | |  | | | | | | Bottle No.: | |  | | | Flow Rate: | | |  | | | | |  | | |  | | Med. Infused: | | | |  | | | |  | | |  | | Date & Time Started: | | | | | |  | |  | | |  | | Date & Time Consumed: | | | | | | |  |  | | |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOD Signature over Printed Name**  NSD-FM-04 Rev.1  15 November 2020 | |  |  |  | | --- | --- | --- | |  | Republic of the Philippines  Department of Health  Central Visayas Center For Health Development  **CEBU SOUTH MEDICAL CENTER**  **(DR. JACINTO VELEZ SR. MEMORIAL HOSPITAL)**  San Isidro, Talisay City, Cebu  *“A PHIC Accredited and ISO 9001:2015 Certified Healthcare Provider”* | C:\Users\Public\Documents\Desktop Files\DOH-logo.jpg |   **INTRAVENOUS TAG**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Patient’s Name: | | | | |  | | |  | | |  | | Ward: |  | | | | | | | Bed No.: |  | | | | IV Fluid: | |  | | | | | | Bottle No.: | |  | | | Flow Rate: | | |  | | | | |  | | |  | | Med. Infused: | | | |  | | | |  | | |  | | Date & Time Started: | | | | | |  | |  | | |  | | Date & Time Consumed: | | | | | | |  |  | | |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOD Signature over Printed Name**  NSD-FM-04 Rev.1  15 November 2020 |
| |  |  |  | | --- | --- | --- | |  | Republic of the Philippines  Department of Health  Central Visayas Center For Health Development  **CEBU SOUTH MEDICAL CENTER**  **(DR. JACINTO VELEZ SR. MEMORIAL HOSPITAL)**  San Isidro, Talisay City, Cebu  *“A PHIC Accredited and ISO 9001:2015 Certified Healthcare Provider”* | C:\Users\Public\Documents\Desktop Files\DOH-logo.jpg |   **INTRAVENOUS TAG**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Patient’s Name: | | | | |  | | |  | | |  | | Ward: |  | | | | | | | Bed No.: |  | | | | IV Fluid: | |  | | | | | | Bottle No.: | |  | | | Flow Rate: | | |  | | | | |  | | |  | | Med. Infused: | | | |  | | | |  | | |  | | Date & Time Started: | | | | | |  | |  | | |  | | Date & Time Consumed: | | | | | | |  |  | | |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOD Signature over Printed Name**  NSD-FM-04 Rev.1  15 November 2020 | |  |  |  | | --- | --- | --- | |  | Republic of the Philippines  Department of Health  Central Visayas Center For Health Development  **CEBU SOUTH MEDICAL CENTER**  **(DR. JACINTO VELEZ SR. MEMORIAL HOSPITAL)**  San Isidro, Talisay City, Cebu  *“A PHIC Accredited and ISO 9001:2015 Certified Healthcare Provider”* | C:\Users\Public\Documents\Desktop Files\DOH-logo.jpg |   **INTRAVENOUS TAG**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Patient’s Name: | | | | |  | | |  | | |  | | Ward: |  | | | | | | | Bed No.: |  | | | | IV Fluid: | |  | | | | | | Bottle No.: | |  | | | Flow Rate: | | |  | | | | |  | | |  | | Med. Infused: | | | |  | | | |  | | |  | | Date & Time Started: | | | | | |  | |  | | |  | | Date & Time Consumed: | | | | | | |  |  | | |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOD Signature over Printed Name**  NSD-FM-04 Rev.1  15 November 2020 |