

## Pump Programming Worksheet Variable Mode

Patient Name: \_\_\_\_\_ MRN: \_\_\_\_\_

Pump Make/Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

PM Due Date: \_\_\_\_\_ RX Number: \_\_\_\_\_

Units: ML

Delay: OFF

Bag Volume: \_\_\_\_\_

ML # of Doses: \_\_\_\_\_

KVO Rate: \_\_\_\_\_ ML/HR

Dose	Amount to be Infused (ML)	Rate (ML/HR)	Time (HH:MM)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total Doses:

Total Time:

Total Volume:

Options:

Lock Level \_\_\_\_\_ (for IVIG set at 1)

**Hourly Total: OFF ON (for IVIG set at off)**

Clear Hourly: OFF

Down Occlusion: LOW HIGH (for IVIG set at high)

Air Sensitivity: 0.1ml 2.0ml (for IVIG set at 2.0ml)

Audio: 9

**Please keep this document in the patient's home.**