

SAMPLE FLOW SHEET

Please note: Flow sheets are intended to allow CRU personnel to effectively perform and document study procedures. The examples here are only a guide. Your specific study will require appropriate modifications. Inpatient and outpatient flow sheets may differ. Flow sheets must reflect study orders. Please leave space that is appropriate to record results. For assistance in establishing/finalizing flow sheets, please contact the CRU Nurse-Manager, Margaret Garrett-Herry, MSN, FNP (241-1515).

Study Name: _____

Patient Study ID: _____

GCO#: _____

PI: _____

Co-I: _____

Research Coordinator: _____

Date: _____ Time: _____

Allergies: _____

Study visit: (circle one) 1 2 3 4 5

- CONFIRM SIGNED CONSENT & HIPPA FORM
- VS: BP _____ P _____ T _____ R _____ (and q 6hrs while awake; use CRU supplementary VS flow sheet)
- Wt _____(kg)
- PHYSICAL EXAMINATION COMPLETED BY STUDY PHYSICIAN OR NP (SEPARATE FORM)
- EKG done
- Urine specimens done (please circle) U/A U-tox. Other _____
- Urine pregnancy test (please circle) positive negative
- After cleansing with alcohol, blood specimens drawn with _____gauge angiocatheter to saline lock _____ via _____vein with/ without difficulty. (List IVF if applicable)
- The following specimens drawn:
 - CBC w/diff & plts and Reticulocyte count (send to MSH labs)
 - 7 ml Red top (label “pre dose” and hold for study coordinator)
- Time: _____ Administer study drug
- Serve Breakfast
 - Blood collection (via IV) 2 hours post-drug administration, 7 ml RED TOP (label “post dose” and hold for study coordinator)
- D/C IV
- Discharge to _____ @ Time: _____

RN Signature: _____

***Allergies must be listed**

