

# UC Health Research Time Out

Date \_\_\_\_\_

Name of Research Study \_\_\_\_\_

Location of Research Initiation \_\_\_\_\_

Drug Name or IDS # \_\_\_\_\_

Drug Route \_\_\_\_\_

Arm Band in Place	Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient ID Verification	Yes <input type="checkbox"/> No <input type="checkbox"/>
Infusion Rate Verification	Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient Chart Open	Yes <input type="checkbox"/> No <input type="checkbox"/>
Order in Chart	Yes <input type="checkbox"/> No <input type="checkbox"/>
Order in eMAR	Yes <input type="checkbox"/> No <input type="checkbox"/>
IV access	Yes <input type="checkbox"/> No <input type="checkbox"/>
IV location	

Bolus Dose Separate from Infusion	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bolus Dose	n/a <input type="checkbox"/>
Bolus Rate	_____ ml/hr
Infusion Dose	n/a <input type="checkbox"/>
Infusion Rate	_____ ml/hr
BP goals	_____ / _____ n/a <input type="checkbox"/>
Study Parameters Clear	Yes <input type="checkbox"/> No <input type="checkbox"/>
Research Coordinator Present	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you feel you cannot administer the drug safely-

**STOP THE LINE.**