

Perioperative Labelling of Medicines and Fluids

CLOSED PRACTICE ENVIRONMENT (a single patient with established identity)

Label syringes containing medicines used during anaesthesia

For example:

Morphine
mg/mL

Ephedrine
mg/mL

Ketamine
mg/mL

Atropine
mg/mL

Flumazenil
mg/mL

Suxamethonium
mg/mL

Continue using ISO 26825:2008 compliant labels.



OPEN PRACTICE ENVIRONMENT (more than one patient in the same area)

Label all containers (including syringes) containing medicines to continue beyond the operating room

For IntraVENOUS Use Only

Patient ID: DOB: _____

Medicine	Amount (units)	Volume (mL)	Conc (units/mL)

Diluent: _____

Date: _____ Prepared by: _____

Time: _____ Checked by: _____

For Subcutaneous Use Only

Patient ID: DOB: _____

Medicine	Amount (units)	Volume (mL)	Conc (units/mL)

Diluent: _____

Date: _____ Prepared by: _____

Time: _____ Checked by: _____

ROUTE

Patient ID: DOB: _____

Medicine	Amount (units)	Volume (mL)	Conc (units/mL)

Diluent: _____

Date: _____ Prepared by: _____

Time: _____ Checked by: _____

For IntraTHECAL Use Only

Patient ID: DOB: _____

Medicine	Amount (units)	Volume (mL)	Conc (units/mL)

Diluent: _____

Date: _____ Prepared by: _____

Time: _____ Checked by: _____

For EPIDURAL Use Only

Patient ID: DOB: _____

Medicine	Amount (units)	Volume (mL)	Conc (units/mL)

Diluent: _____

Date: _____ Prepared by: _____

Time: _____ Checked by: _____

For REGIONAL Use Only

Type: _____

Patient ID: DOB: _____

Medicine	Amount (units)	Volume (mL)	Conc (units/mL)

Diluent: _____

Date: _____ Prepared by: _____

Time: _____ Checked by: _____

Label containers in the sterile field, for example:

Medicine: _____
Conc (units/mL): _____

0.9% Sodium chloride

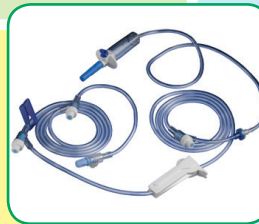
Lactated Ringers Solution

Adrenaline
1 in 1000

Bupivacaine

Morphine
10mg/mL

Use sterile labels and marker pens



Label lines to identify route

IntraVENOUS IntraVENOUS

Line change due: _____

Subcutaneous Subcutaneous

Line change due: _____

ROUTE ROUTE

Line change due: _____

CENTRAL VENOUS CENTRAL VENOUS

Line change due: _____

EPIDURAL EPIDURAL

Catheter inserted: Date: _____ Time: _____

REGIONAL REGIONAL

Catheter inserted: Date: _____ Time: _____

IntraTHECAL IntraTHECAL

Catheter inserted: Date: _____ Time: _____

Intra-ARTERIAL Intra-ARTERIAL

Line change due: _____

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Label lines to identify medicine in a dedicated continuous infusion line, for example:

Medicine **Medicine**

Morphine

Noradrenaline