



### Ultrasound Guided Peripheral Intravenous Insertion Log

Hospital: \_\_\_\_\_

Month/Year: \_\_\_\_\_

<b>Date</b>	<b>Insertor Name</b>	<b>Department</b>	<b>Site</b>	<b>PIV Gauge/ Length</b>	<b># of Attempts</b>	<b>Successful Yes/No</b>



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