

# NURSING

## ALLERGY LABELS

### Allergy Labels

**ALLERGIES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

59704568 — Fl. Red (P)

**ALLERGIC TO:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

59709438 — Fl. Red (P)

**ALLERGIES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

59710292 — Fl. Red (P)

**ALLERGIES/DRUG REACTIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **NO KNOWN ALLERGIES**

59710293 — Fl. Pink (P)

**ALLERGY**

59713061 — Red (P)

| Product Number | Label Size      | Roll Qty. |
|----------------|-----------------|-----------|
| 59704568       | 2-1/2" x 2-1/2" | 500       |
| 59709438       | 1-7/8" X 1-7/8" | 1,000     |
| 59710292       | 3" x 1-3/4"     | 500       |
| 59710293       | 3" x 1-3/4"     | 500       |
| 59713061       | 1-1/2" x 3/4"   | 1,000     |

### Allergy Tapes

**ALLERGIC:** \_\_\_\_\_

N-12 — White/Red (R)

**ALLERGIC TO:**

\_\_\_\_\_

N-14 — White/Red (R)

| Product Number | Tape Imprint Size | Number of Imprints | Roll Size |
|----------------|-------------------|--------------------|-----------|
| N-12           | 6" x 1"           | 83                 | 1" x 500" |
| N-14           | 2-1/4" x 1"       | 222                |           |

### Medication Added Labels

**MEDICATION - ADDED**

PATIENT \_\_\_\_\_ ROOM NO. \_\_\_\_\_

DRUG \_\_\_\_\_ DOSAGE \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ ADDED BY \_\_\_\_\_

EXPIRES DATE \_\_\_\_\_ TIME \_\_\_\_\_

59704707 — Fl. Yellow (P)

**MEDICATION ADDED**

PATIENT \_\_\_\_\_ ROOM \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ BY \_\_\_\_\_

FLOW RATE \_\_\_\_\_ DRUG \_\_\_\_\_ AMOUNT \_\_\_\_\_

EXPIRES DATE \_\_\_\_\_ TIME \_\_\_\_\_

MV08FC7391

MV08FC7391 — Fl. Chartreuse (P)

**MEDICATION ADDED**

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

Patient DOB: \_\_\_\_\_

Medication: \_\_\_\_\_

Amount: \_\_\_\_\_

Solution (if applicable): \_\_\_\_\_

Total Volume (if applicable): \_\_\_\_\_

Final concentration per ml: \_\_\_\_\_

Preparation Date: \_\_\_\_\_ Time: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Time: \_\_\_\_\_

**PRODUCT USED FOR PREPARATION**

Medication: \_\_\_\_\_

Strength: \_\_\_\_\_

Amount Added: \_\_\_\_\_

MV05F03857P

MV05F03857P — Fl. Orange (P)

**MEDICATION ADDED**

PATIENT \_\_\_\_\_ RM. \_\_\_\_\_

DRUG \_\_\_\_\_

AMOUNT \_\_\_\_\_

ADDED BY \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

START TIME \_\_\_\_\_ DATE \_\_\_\_\_ FLOW RATE \_\_\_\_\_

EXP. DATE \_\_\_\_\_

THIS LABEL MUST BE AFFIXED TO ALL INFUSION FLUIDS CONTAINING ADDITIONAL MEDICATION.

N-200 — Fl. Red (P)

| Product Number | Label Size       | Roll Qty. |
|----------------|------------------|-----------|
| 59704707       | 4" x 2"          | 250       |
| MV08FC7391     | 2-15/16" x 2"    | 333       |
| MV05F03857P    | 2-7/16" x 2-1/2" | 400       |
| N-200          | 2-1/2" x 1-3/4"  | 1,000     |

See Inside Back Cover for a PMS Color Guide of Fluorescent Label Colors on this Page.

(P) = Permanent Adhesive  
(R) = Removable Adhesive