

[Your Name]  
[Your Title]  
[Your Department]  
[Your Institution or Practice Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Recipient's Institution or Practice Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Documentation of IV Insertion

I am writing to provide a detailed documentation of the intravenous (IV) insertion performed on [Patient's Name], [Patient's ID/Number], on [Date] at [Time].

**\*\*Patient Information:\*\***

- Name: [Patient's Name]
- Age: [Patient's Age]
- Gender: [Patient's Gender]
- Diagnosis: [Patient's Diagnosis]

**\*\*Procedure Details:\*\***

- Indication for IV insertion: [Reason for IV]
- Site of insertion: [Site (e.g., left arm, right hand)]
- Size of catheter: [Catheter size, e.g., 20G, 22G]
- Time of insertion: [Time]
- Duration of procedure: [Duration of the procedure, e.g., 15 minutes]
- Sterile technique was maintained throughout the procedure.

**\*\*Assessment:\*\***

- Vein assessment: [Type of vein, landmarks used]
- Number of attempts: [Number of attempts made]
- Catheter placement confirmed by [method used to confirm placement, e.g., blood return, flush without resistance].
- Patient tolerated the procedure well with no immediate complications observed.

**\*\*Post-Procedure Care:\*\***

- IV site was dressed with [type of dressing used].
- Patient was instructed on care and monitoring of the IV site, including signs of complications to watch for.
- IV fluids administered: [Type and rate of IV fluids given].

**\*\*Follow-Up:\*\***

- Next assessment scheduled for [date].

Please feel free to reach out if further information is required regarding this procedure.

Sincerely,

[Your Name]  
[Your Title]  
[Your Institution or Practice Name]