

**McLaren Print System Order**

Order No: 46094  
Order Date: 2019-06-10  
User: Renee Pifer  
Phone: 810-342-2325

Ship Location: McLaren Flint ICU / Renee Pifer  
401 S. Ballenger Hwy.  
Flint , Mi

**Forms**

Quantity: 100  
Paragon Dept No: 20010  
Dept Name: McLaren Flint ICU  
Company Number: 60

Order Total Price: 12.30

Item Number: M-3651-A  
Item Description: Acute Hemodialysis Treatment Flow Record  
Revision Date: 3/2017  
Print: 1 sided black and white  
Paper: 2 Part (White, Yellow)  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill: 5 Hole Top 3 Hole Side  
Misc Info:

MCLAREN FLINT  
FLINT, MICHIGAN 48903

**ACUTE HEMODIALYSIS TREATMENT FLOW RECORD**

Time On	Pts B/P	BPM	Temp	Resp Rate	Pts Weight	Dry Weight	Machine #
Time Off	Pts B/P	BPM	Temperature	Resp Rate	Pts Weight	Last Weight (lb)	Machine #

Primary Nurse Report and Treatment Initiation Note: \_\_\_\_\_

Nurse Name Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Time	B/P	Pulse	Temp	Resp Rate	Urine	Flow	Pressure	SBP	Diastolic	Ultrason	Notes and Comments	Initials

Did Line stop?  No or  Yes, if so explain \_\_\_\_\_

UF: 0 ml/min  No or  Yes, if so explain \_\_\_\_\_ TOTAL: \_\_\_\_\_ Total Blood Processed: \_\_\_\_\_

**Spec Info:**

Nurse Name Signature / Title				DATE/TIME	INITIALS	DATE	
Time	Machine/Flow	Code	Volume	Rate	Pts. / P. / P.	Reason	Nurse Signature

Print to Report to Hospital File  No Name: \_\_\_\_\_ Time: \_\_\_\_\_  
 Print to Report to Hospital File  Yes Name: \_\_\_\_\_ Time: \_\_\_\_\_  
MSI Requisition required

\*Only check on the Machine, Access and Flow control at all times.  
\*All machines are to be checked for leaks and no leaks are to be reported to the doctor.

ACUTE HEMODIALYSIS  
TREATMENT FLOW RECORD  
MCL-3651



7500