

McLaren Print System Order

Order No: 57925
 Order Date: 2020-10-28
 User: Kerri Mellon
 Phone: 8103425190

Ship Location: Attn Kerri Mellon, McLaren Flint - 9 S (PCU)
 401 S. Ballenger Hwy
 Flint, MI 48532

Forms

Quantity: 100
 Paragon Dept No: 30165
 Dept Name: PCU
 Company Number: 60

Order Total Price: 0.00

Item Number: M-1708-104
 Item Description: Patient Category Phys Order Form
 Revision Date: 12/2005
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

McLaren FLINT
**PATIENT CARE CATEGORY
 PHYSICIAN ORDER FORM**

Patient Care Category is assigned by the Physician's order. This decision is made based on medical facts, discussion with the family / patient advocate and/or the patient's wishes.

Check the box for the appropriate category. Date and sign the form.

<input type="checkbox"/> CATEGORY 1 <small>Full support, including Cardio-Pulmonary Resuscitation (CPR)</small>	Date and Physician Signature:
<input type="checkbox"/> CATEGORY 2 <small>Full support, <u>Excluding</u> Cardio-Pulmonary Resuscitation (Everything but CPR)</small> INTUBATION: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Intubator is inserting a tube in order to help with breathing)</small>	Date and Physician Signature:
<input type="checkbox"/> CATEGORY 3 <small>No CPR and No Aggressive Management except:</small> <input type="checkbox"/> Cardioversion - Applying electrical shock to the chest to change an abnormal heartbeat into a normal one. <input type="checkbox"/> Dialysis - Removal of waste products from the blood by machine upon kidney failure. <input type="checkbox"/> Pacemaker or ICD placement - Implanting a small electronic device to keep the heartbeat at an appropriate rate. <input type="checkbox"/> Vasopressors - Medication to support blood pressure. <input type="checkbox"/> Surgery <input type="checkbox"/> Blood Product Transfusion <input type="checkbox"/> Antibiotics <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Other _____	Date and Physician Signature:
<input type="checkbox"/> CATEGORY 4 <small>No Aggressive Management - COMFORT MEASURES ONLY</small>	Date and Physician Signature:

Copy given to the patient's advocate, family member or significant other:

Spec Info:

PHYSICIAN ORDERS AND INSTRUCTIONS TO NURSE
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