

McLaren Print System Order

Order No: 58717 Reprint Previous Order No: 54291
Order Date: 2020-11-30
User: Tim Zurek
Phone: 9892699521

Ship Location: McLaren Thumb Region Emergency Room Attn: Tim
1100 S. Van Dyke Rd.
Bad Axe, MI 48731

Forms

Quantity: 500
Paragon Dept No: 060
Dept Name: Emergency Room
Company Number: 530

Order Total Price: 117.00

Item Number: MTR-08
Item Description: EMERGENCY DEPART RECORD - PHYSICIAN ORDER SHEET
Revision Date: 6/2019
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; 2 PART

1100 S. Van Dyke
Bad Axe, Michigan 48731
(989) 269-9521

EMERGENCY DEPARTMENT RECORD-PHYSICIAN ORDER SHEET

<p>Lab/ Radiology/ Cardio-Pulmonary- See CPCE Orders</p> <p>Nursing Orders</p> <ul style="list-style-type: none"><input type="checkbox"/> Cardiac Monitor<input type="checkbox"/> Orthostatic Vitals<input type="checkbox"/> Foley Cath-Indwelling<input type="checkbox"/> Straight Cath<input type="checkbox"/> NG Tube<input type="checkbox"/> Interm <input type="checkbox"/> Cont<input type="checkbox"/> Wound Care<input type="checkbox"/> (W/Sitem/ID)<input type="checkbox"/> Sutures <input type="checkbox"/> NS<input type="checkbox"/> Suture Set up<input type="checkbox"/> Staples<input type="checkbox"/> Dressing <input type="checkbox"/> OBL, Ate Oint<input type="checkbox"/> OOL, SplintApplication _____<input type="checkbox"/> Ace Wrap<input type="checkbox"/> Crutches<input type="checkbox"/> Walker	<ul style="list-style-type: none"><input type="checkbox"/> Knee Immobilizer _____Knee<input type="checkbox"/> Air Cast _____AIRB_______________ <p>Consultations -</p> <ul style="list-style-type: none"><input type="checkbox"/> Tele-Stroke Q3014 / 6012874<input type="checkbox"/> Tele-Psychiatry Q3014 / 6012874<input type="checkbox"/> Tele-Cardiology Q3014 / 6012874<input type="checkbox"/> Other _____
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<p>Medication Orders</p> <ul style="list-style-type: none"><input type="checkbox"/> Stroke Protocol Alteplase (TPA)<input type="checkbox"/> MI Protocol Tenecteplase (TNP)_________________________	<p>Nr _____ ml Bolus</p> <p>Per _____ ml/hr</p> <p>2nd Nr _____ ml/hr</p> <ul style="list-style-type: none"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>
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Nursing Signature Initials _____

<p>Discharge Time: _____</p> <p>Disposition: <input type="checkbox"/> Discharge <input type="checkbox"/> Observe <input type="checkbox"/> Critical</p> <p><input type="checkbox"/> Isolated <input type="checkbox"/> Observation <input type="checkbox"/> Ambulatory (one day surgery) <input type="checkbox"/> Discharge <input type="checkbox"/> AMA <input type="checkbox"/> WBS</p> <p>Transfer to: _____ Accepting Dr: _____</p> <p>Physician Signature: _____ Date: _____ Time: _____</p> <p>Signature: _____ Room # _____ Tech/BN Initials _____ Date _____ Time _____</p>

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