

McLaren Print System Order

Order No: 61529
Order Date: 2021-04-05
User: Stacy LaForest
Phone: 810-342-2065

Ship Location: McLaren Flint 12 South
401 S. Ballenger Hwy.
Flint, MI 48532,

Forms

Quantity: 1000
Paragon Dept No: 23060
Dept Name: 12 South
Company Number: 60

Order Total Price: 0.00

Item Number: M-13032-B
Item Description: Nurse Shift to Shift Report (12 South)
Revision Date: 9/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
12 South Telemetry
Shift-to-Shift Report

Date: _____ Code Status (category): _____ Intubation: _____
Diagnosis: _____
History: _____
PFI: _____
Physician: _____ Cardiologist: _____ Consultant: _____
ACCU: _____ Daily Weights: _____ TI: _____ Allergies: _____
1st Shift _____ 2nd Shift _____ 3rd Shift _____ 4th Shift _____
From: 7am To: 7am From: 7am To: 7am

VS: _____ VS: _____
VS: _____ VS: _____
Tach: _____ PR: _____ QRS: _____ QT: _____ Tach: _____ PR: _____ QRS: _____ QT: _____
LS: _____ BS: _____ SH: _____ LS: _____ BS: _____ SH: _____
EKG: _____ EKG: _____
Sites: _____ Sites: _____
QI: _____ QI: _____
Pulse (Q): _____ RA _____ Pulse (Q): _____ RA _____

LABS:	RA	PFI:	SLUG:	LABS:	RA	PFI:	SLUG:
<input type="checkbox"/> Bic				<input type="checkbox"/> Bic			
<input type="checkbox"/> CA				<input type="checkbox"/> CA			
<input type="checkbox"/> Cl				<input type="checkbox"/> Cl			
<input type="checkbox"/> Cr				<input type="checkbox"/> Cr			
<input type="checkbox"/> Creat				<input type="checkbox"/> Creat			
<input type="checkbox"/> Hb				<input type="checkbox"/> Hb			
<input type="checkbox"/> Hct				<input type="checkbox"/> Hct			
<input type="checkbox"/> Hg				<input type="checkbox"/> Hg			
<input type="checkbox"/> K				<input type="checkbox"/> K			
<input type="checkbox"/> Na				<input type="checkbox"/> Na			
<input type="checkbox"/> P				<input type="checkbox"/> P			
<input type="checkbox"/> Pt				<input type="checkbox"/> Pt			
<input type="checkbox"/> Sg				<input type="checkbox"/> Sg			
<input type="checkbox"/> T				<input type="checkbox"/> T			
<input type="checkbox"/> W				<input type="checkbox"/> W			
<input type="checkbox"/> X				<input type="checkbox"/> X			
<input type="checkbox"/> Y				<input type="checkbox"/> Y			
<input type="checkbox"/> Z				<input type="checkbox"/> Z			
<input type="checkbox"/> AA				<input type="checkbox"/> AA			
<input type="checkbox"/> AB				<input type="checkbox"/> AB			
<input type="checkbox"/> AC				<input type="checkbox"/> AC			
<input type="checkbox"/> AD				<input type="checkbox"/> AD			
<input type="checkbox"/> AE				<input type="checkbox"/> AE			
<input type="checkbox"/> AF				<input type="checkbox"/> AF			
<input type="checkbox"/> AG				<input type="checkbox"/> AG			
<input type="checkbox"/> AH				<input type="checkbox"/> AH			
<input type="checkbox"/> AI				<input type="checkbox"/> AI			
<input type="checkbox"/> AJ				<input type="checkbox"/> AJ			
<input type="checkbox"/> AK				<input type="checkbox"/> AK			
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<input type="checkbox"/> AN				<input type="checkbox"/> AN			
<input type="checkbox"/> AO				<input type="checkbox"/> AO			
<input type="checkbox"/> AP				<input type="checkbox"/> AP			
<input type="checkbox"/> AQ				<input type="checkbox"/> AQ			
<input type="checkbox"/> AR				<input type="checkbox"/> AR			
<input type="checkbox"/> AS				<input type="checkbox"/> AS			
<input type="checkbox"/> AT				<input type="checkbox"/> AT			
<input type="checkbox"/> AU				<input type="checkbox"/> AU			
<input type="checkbox"/> AV				<input type="checkbox"/> AV			
<input type="checkbox"/> AW				<input type="checkbox"/> AW			
<input type="checkbox"/> AX				<input type="checkbox"/> AX			
<input type="checkbox"/> AY				<input type="checkbox"/> AY			
<input type="checkbox"/> AZ				<input type="checkbox"/> AZ			

Spec Info:

Activity: _____ Date: _____ PR: _____ Activity: _____ Date: _____ PR: _____

NEW ORDERS: _____ **NEW ORDERS:** _____

Misc: _____ Misc: _____

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