

**McLaren Print System Order**

Order No: 6040  
 Order Date: 2014-09-24  
 User: Angela Hill  
 Phone: 810-342-2406

Ship Location: McLaren Flint 6 Central Nursing  
 401 S. Ballenger Hwy  
 Flint , MI

**Forms**

Quantity: 500  
 Paragon Dept No: 23090  
 Dept Name: McLaren Flint 6 Central Nursing  
 Company Number: 60

Order Total Price: 18.00

Form Number: 17431 (CTS)  
 Form Description: Progress Record (CTS)  
 Revision Date: 5/2012  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: 5 Hole Top

MCLAREN FLINT  
 FLINT, MICHIGAN 48906  
**PROGRESS RECORD**

DATE	NOTATIONS	SIGNATURE
	Cardiothoracic Surgery Svc	
	Dx or Op:	
TIME	Events of last day	IO Balance 24hr: + - ml
		Urine 24hr ml
POD		CT 12hr / ml
	Subjective:	24hr / ml
	Chest BP HR/rhythm O <sub>2</sub> Sat % Sp U/min	
	Ventilator Y N ABC: pH pCO <sub>2</sub> pO <sub>2</sub>	
	Lungs: <input type="checkbox"/> clear to ausc <input type="checkbox"/> decreased <input type="checkbox"/> wheezing <input type="checkbox"/> rhonchi	
	Heart: <input type="checkbox"/> S1, S2 nf <input type="checkbox"/> murmur <input type="checkbox"/> nf prosthetic andls <input type="checkbox"/> rub	
	Abdomen: <input type="checkbox"/> nondtndr <input type="checkbox"/> distnded <input type="checkbox"/> nf bowel andls BM Y N	
	Extremities: <input type="checkbox"/> warm <input type="checkbox"/> edema <input type="checkbox"/> cool <input type="checkbox"/> vascular impairment	
	Wounds: Sternum <input type="checkbox"/> clean, dry <input type="checkbox"/> erythema <input type="checkbox"/> drainage	
	SV harvest: <input type="checkbox"/> clean, dry <input type="checkbox"/> hematoma <input type="checkbox"/> drainage	
	Radial hair: <input type="checkbox"/> clean, dry <input type="checkbox"/> hematoma <input type="checkbox"/> drainage	
	LABS  Foley in: <input type="checkbox"/> POD1 <input type="checkbox"/> POD2	
	reason: <input type="checkbox"/> ventilator <input type="checkbox"/> diuretics	
	<input type="checkbox"/> up = 30ml/hr or = 0.5ml/kg/hr	
	<input type="checkbox"/> other _____	
MEDS	Drugs: <input type="checkbox"/> ASA <input type="checkbox"/> Statn <input type="checkbox"/> ACE inh (EF %)	
	<input type="checkbox"/> beta blocker <input type="checkbox"/> POO1 <input type="checkbox"/> POO2 reason not: <input type="checkbox"/> inotropic or pressor <input type="checkbox"/> antiarrhythmic	
	<input type="checkbox"/> on pacer <input type="checkbox"/> COPD/bronchospasm <input type="checkbox"/> other _____	
	Diuretic: KCl	
	Antiarrhythmic: Antibiotic:	
Imp/Plan		

PROGRESS RECORD  
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