

McLaren Print System Order

Order No: 6391
 Order Date: 2014-10-10
 User: Harold Johnson
 Phone: 22175

Ship Location: McLaren Flint/Dialysis
 401 South Ballenger Highway
 Flint, Michigan 48532

Forms

Quantity: 500
 Paragon Dept No: 44010
 Dept Name: Dialysis
 Company Number: 60

Order Total Price: 61.00

Item Number: M-3651-A
 Item Description: Acute Hemodialysis Treatment Flow Record
 Revision Date:
 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 48532
 ACUTE HEMODIALYSIS TREATMENT FLOW RECORD

Time AM		Flow BPM	Pressure	Temperature	Temp. Scale	PW Weight	Ury Weight	Machine #
Time PM		Flow BPM	Pressure	Temperature	Temp. Scale	PW Weight	Ury Weight	Machine #
Primary Nurse Report and Treatment Initiation Note								
Acute Nurse Signature / Title				Initial		Date		
Time	BPM	Pressure	Temp	Ury Weight	PW Weight	Ury Weight	Notes and Comments	Initial
TOTAL								
Total Blood Processed								
Post Hemodialysis Note								
Acute Nurse Signature / Title								
Time	Signature	Initial	Machine #	Ury Weight	Pressure	Flow	Temp	Notes
This Form Report to Hospital P/N: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Title: _____								
This Form Report to Hospital P/N: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Title: _____								
NPI Signature optional Date: _____ Time: _____								
*Nurse Name and Signature, State per MRSA and all other applicable and institutional policies in effect at McLaren Hospital Name: _____ Title: _____								

ACUTE HEMODIALYSIS TREATMENT FLOW RECORD
804-A-1000

7502