

McLaren Print System Order

Order No: 8082
 Order Date: 2015-01-09
 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: 3674
 Item Description: Acute Hemodialysis Assessment
 Revision Date: 5/2014
 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
 PART NUMBER 3674
ACUTE HEMODIALYSIS ASSESSMENT

HEMODIALYSIS ORDER Physician _____ Section _____ Station _____ APR _____ APR _____ Site _____ Date/Time K _____ On _____ No _____ Bath _____ Reason/Modality _____ Dial _____ of Pre/dial _____ Dial _____ How/Modality _____ Site _____ Modality _____ Other Report _____ Flow (ml/min) _____ Control Speed _____ Additional Orders _____		PATIENT INFORMATION Name _____ Date _____ Medical Record # _____ Patient ID Number _____ Room # _____ Other First Name _____ Other _____ Other Last Name _____ Other _____ Other _____ Other _____	
CATHETER ACCESS Catheter _____ Dialyzer _____ Cath _____ Catheter _____ Dialyzer _____ Catheter _____ Catheter _____ Dialyzer _____ Catheter _____ Location _____ Access Point _____ Catheter _____ Catheter _____		ISOLATION Isolation _____ Isolation _____ Isolation _____ Isolation _____ Isolation _____	
GENERAL ASSESSMENTS Large _____ Small _____ Large _____ Small _____ Large _____ Small _____ Large _____ Small _____		HEMODIALYSIS MACHINE SAFETY CHECKS - Before Each Treatment Machine _____ Machine _____ Machine _____ Machine _____	
GENERAL ASSESSMENTS Large _____ Small _____ Large _____ Small _____ Large _____ Small _____ Large _____ Small _____		POST TREATMENT Patient Response _____ Patient Response _____ Patient Response _____ Patient Response _____	

ACUTE HEMODIALYSIS ASSESSMENT



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