

McLaren Print System Order

Order No: 44782
 Order Date: 2019-04-23
 User: kerifoster
 Phone: 810-342-2175

Ship Location: McLaren Flint-Acute Dialysis 4C attn:Keri
 401 S. Ballenger Highway
 flint, MI 42532

Forms

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

Order Total Price: 61.50

Item Number: M-3651-A
 Item Description: Acute Hemodialysis Treatment Flow Record
 Revision Date: 3/2017
 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 48031
ACUTE HEMODIALYSIS TREATMENT FLOW RECORD

| Time | BP | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp |
|---|----|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Primary Nurse Report and Treatment Initiation Note | | | | | | | | | | | | | | | | | |
| Nurse Name Signature Title Initials Date | | | | | | | | | | | | | | | | | |
| Time | BP | Pulse | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp | Temp |
| Notes and Comments Initials | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> On-Line used? <input type="checkbox"/> On or Off? <input type="checkbox"/> Pre-emptive <input type="checkbox"/> Post-emptive <input type="checkbox"/> On or Off? <input type="checkbox"/> Pre-emptive <input type="checkbox"/> Post-emptive | | | | | | | | | | | | | | | | | |

Spec Info:

| | | | | | | | |
|--|----|-----------|------|----------|------|------|------|
| Nurse Name Signature Title | | DATE TIME | | INITIALS | | DATE | |
| Time | BP | Pulse | Temp | Temp | Temp | Temp | Temp |
| <input type="checkbox"/> Post-Tx Report to Hospital RN <input type="checkbox"/> No Name _____ Time _____ <input type="checkbox"/> Post-Tx Report to Hospital RN <input type="checkbox"/> No Name _____ Time _____ MCI Agreement (signature) _____ Date _____ Time _____ <small>*Only to be used for the following: Acute and Pre-emptive at all times. *Pre-emptive and Post-emptive are to be used only at the discretion of the physician.</small> | | | | | | | |
| ACUTE HEMODIALYSIS TREATMENT FLOW RECORD | | | | | | | |