

McLaren Print System Order

Order No: 52680 Reprint Previous Order No: 9282
 Order Date: 2020-02-18
 User: Bethany Crunk
 Phone: 3422015

Ship Location: McLaren Flint- 3 South OR Attn: Perfusion
 401 S. Ballinger Hwy
 Flint , MI 48532

Forms

Quantity: 100
 Paragon Dept No: 30310
 Dept Name: Perfusion
 Company Number: 60

Order Total Price: 12.05

Item Number: 17635
 Item Description: Autologous Blood Record
 Revision Date: 3/2013
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: 5 Hole Top
 Misc Info:

BILLABREK/FJST
PLANT 00100408
AUTOLOGOUS BLOOD RECORD
Perfusion Services

Elective Emergent Standby
 Emergent Response Time: _____
 OR Actual Time: _____

PI Name: _____ Date: _____ PI Number: _____ CDIS Number: _____ Hospital: _____ Procedure: _____ Surgeon: _____ Anesthesia: _____ Technician: _____ Anticoagulant Solution: _____ Lot #: _____ Expiration: _____ ATR Equipment Details: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____ Ext Bil: _____ Hydr/HCT: _____ Phlebot: _____ PT: _____ PTT: _____ IO Start: _____ End: _____ Total: _____ PO Start: _____ End: _____ Total: _____	Checked - Time Completed: _____ <input type="checkbox"/> Machine checked <input type="checkbox"/> Type of fluids checked <input type="checkbox"/> Fluid expiration dates checked <input type="checkbox"/> OSHA Guidelines followed <input type="checkbox"/> Gloves, Eye Protection <input type="checkbox"/> Integrity of packaging OK <input type="checkbox"/> Circuit assembled correctly <input type="checkbox"/> Vacuum adjusted <input type="checkbox"/> Transfer packs labeled <input type="checkbox"/> Documentation correct Anticoagulation Checklist <input type="checkbox"/> Expiration dates checked <input type="checkbox"/> Bag labeled <input type="checkbox"/> Added to NS
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Procedure Documentation						
Procedure	Start	Stop	Start	Stop	Start	Stop
Total:						

Devices Used		
Manufacturer	Model #	Lot #

ATS Fluid Summary	
Total PI Volume =	ml
(-) Total Irrigation =	ml
- by ATS Circuit	ml
(-) Total Anticoagulation =	ml
(-) Total ATS EBL =	ml
Total ATS Volume =	ml

Comments: _____

 Signature: _____ ©4 _____

AUTOLOGOUS BLOOD RECORD
Form No. 0010


 2503