McLaren Business Products

McLaren Print System Order

Order No: 59489
Order Date: 2021-01-07
User: Tim Zurek
Phone: 9892699521

Ship Location: Mclaren Thumb Region Emergency Room Attn: Tim
1100 S. Van Dyke Rd.
Bad Axe, MI 48731
Forms
Quantity: 500
Paragon Dept No: 060
Dept Name: Emergency Room
Company Number: 530

Order Total Price: 117.00

Item Number: MTR-08
Item Description: EMERGENCY DEPART RECORD - PHYSICIAN ORDER SHEET
Revision Date: 6/2019
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; 2 PART

McLaren
THUMB REGION
1100 S. Van Dyke
Bad Axe, Michigan 48413
(989) 269-9521

EMERGENCY DEPARTMENT RECORD–PHYSICIAN ORDER SHEET

Lab/ Radiology/ Cardio-Pulmonary- See CPOE Orders

Nursing Orders
- ☐ Cardiac Monitor
- ☐ Orthostatic Vitals
- ☐ Foley Cath-Indwelling
- ☐ Straight Cath
- ☐ NG Tube
  - ☐ Intermit ☐ Cont.
- ☐ Wound Cleanse
  - ☐ Hibiclens/NS
  - ☐ Betadine ☐ NS
- ☐ Suture Set up
- ☐ Staples
- ☐ Dressing ☐ OBL Abx Oint
- ☐ OCL Splint

Application:_____
- ☐ Ace Wrap
  - ☐ Crutches
  - ☐ Walker

- ☐ Knee Immobilizer_____Knee
- ☐ Air Cast_____Ankle
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Consultations -
- ☐ Tele-Stroke Q3014 / 6012874
- ☐ Tele-Psychiatry Q3014 / 6012874
- ☐ Tele-Cardiology Q3014 / 6012874
- ☐ Other_____

Medication Orders
- ☐ Stroke Protocol Alteplase (TPA)
- ☐ MI Protocol Tenecteplase (TNK)
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

IV:_____ml Bolus
then_____ml/hr

2nd IV:_____ml/hr

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Nursing Signature/ Initials: _____ _____
_____ _____

Spec Info:

Disposition: ☐Stable ☐Fair ☐Guarded ☐Critical
☐ Inpatient ☐ Observation ☐Ambulatory (one day surgery) ☐ Discharge ☐ AMA ☐LWBS

Transfer to: _____Accepting Dr: _____

Physician Signature:_____Date:_____Time:_____

Diagnosis:_____Room #_____Tech/RN initials_____Date_____Time_____