

McLaren Print System Order

Order No: 6229
 Order Date: 2014-10-03
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Ship Location: McLaren Flint - 2 Central
 401 S. Ballenger Hwy.
 Flint , MI

Forms

Quantity: 100
 Paragon Dept No: 23012
 Dept Name: McLaren Flint - 2 Central
 Company Number: 60

Order Total Price: 0.00

Form Number: 17473-R
 Form Description: Pulmonary / Critical Care Progress Note (Intensive Care Unit)
 Revision Date: 11/2013
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None

McLaren Flint
 Flint, Michigan
PULMONARY/CRITICAL CARE PROGRESS NOTE
 INTENSIVE CARE UNIT

Date: ___/___/___ Time: _____ CODE STATUS: _____
 Patient Number: _____ ICU Day #: _____
 Subjective Patient Course Past 24 Hours: _____

Vitals: Temp ___/___/___ (Trend) Pulse Range ___-___ Respiration Range ___-___ Blood Pressure ___/___/___
 FiO₂ ___% CVP: _____ Oxygen Support FIO₂ _____ Oxygen Saturation _____
 (If Mechanical Vent Support) AC IMV CPAP Total volume: _____ Rate: _____ PEEP: _____ Day #: _____

Diets: _____ Enteral: _____ Glucose: _____

REMEDICATIONS: _____
 IV rate: _____

OBJECTIVE EXAMINATION:

GENERAL: _____
 HEENT: _____
 NECK: _____
 LUNGS: _____
 HEART: _____
 ABDOMEN: _____
 EXTREMITIES: _____
 NEUROLOGIC: _____

GENITOURINARY: _____
 RETAIN CATHETER FOR: RESUSIT IRENEFF

SIQS: _____

ARTICULAR ACCESS SITES:

1.	Day #
2.	Day #
3.	Day #
4.	Day #

ANTIBIOTICS:

1.	Day #
2.	Day #
3.	Day #
4.	Day #

LABS:

Am Co: _____
 Mg: _____
 P: _____

ABG's: _____
 CXR: _____

CPAP: _____
 Blood Culture: _____
 Tissue Culture: _____
 Other Culture: _____

Date: ___/___/___ Time: _____

100