

McLaren Print System Order

Order No: 7489
 Order Date: 2014-12-04
 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 _____ Patient Name _____ Date of Birth _____ Room Number _____ Unit _____ Additional Orders _____		PATIENT INFORMATION Name _____ Date _____ Patient ID Number _____ Other ID Number _____ Other ID Number _____ Other ID Number _____	
CATHETER ACCESS Catheter _____ Catheter _____ Catheter _____ Catheter _____ Catheter _____		ISOLATION Isolation _____ Isolation _____ Isolation _____ Isolation _____	
GENERAL ASSESSMENTS Lung _____ Heart _____ Neuro _____ GI _____ GU _____ MSK _____ Skin _____ Other _____		HEMODYNAMICS BP _____ HR _____ RR _____ SpO2 _____ Temp _____ Weight _____ Height _____	
LABS BUN _____ Creatinine _____ Potassium _____ Calcium _____ Phosphorus _____ Bicarbonate _____ Hemoglobin _____ Hematocrit _____ Hemoglobin A1c _____ Ferritin _____ TSH _____ T4 _____ T3 _____ T3u _____ T4u _____ T3u/T4u _____ T4u/T4u _____ T3u/T3u _____ T4u/T4u _____ T3u/T3u _____ T4u/T4u _____		POST TREATMENT Patient Response _____ Catheter Response _____ Access Site Response _____ Other Response _____	

ACUTE HEMODIALYSIS ASSESSMENT



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