

McLaren Print System Order

Order No: 9746
 Order Date: 2015-03-11
 User: Renee Pifer
 Phone: 810-342-2325

Ship Location: McLaren Flint ICU / Renee Pifer
 401 S. Ballenger Hwy.
 Flint , Mi

Forms

Quantity: 100
 Paragon Dept No: 20010
 Dept Name: McLaren Flint ICU
 Company Number: 60

Order Total Price: 0.00

Item Number: 17473-R
 Item 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
 Misc Info:

McLaren Flint
 Flint, Michigan

**PULMONARY/CRITICAL CARE PROGRESS NOTE
 INTENSIVE CARE UNIT**

Date: ___/___/___ Time: _____ CODE STATUS: _____

Patient Name: _____ ICU Day #: _____
 Subjective Patient Course Past 24 hours: _____

Vitals: Temp _____ / _____ (Treat) Pulse Range _____ Respiratory Range _____ Blood Pressure _____ / _____
 O₂ _____ O₂ _____ CVP _____ Oxygen Support: FIO₂ _____ Oxygen Saturation _____
 (If Mechanical Vent Support) AC IMV CPAP Total volume _____ Rate _____ PEEP _____ Day #: _____

Diets: _____ Telometry: _____ Glucose checks: _____

MEDICATIONS: _____
 IV rates: _____

OBJECTIVE EXAMINATION:

GENERAL	<input type="checkbox"/>	Wheezing	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	SO of feet	<input type="checkbox"/>
NECK	<input type="checkbox"/>	elevated JVP	<input type="checkbox"/>
LEGS	<input type="checkbox"/>	Apparent	<input type="checkbox"/>
HEART	<input type="checkbox"/>	gross no-flow	<input type="checkbox"/>
ABDOMEN	<input type="checkbox"/>	constricts	<input type="checkbox"/>
EXTREMITIES	<input type="checkbox"/>	GI prophylaxis	<input type="checkbox"/>
NEUROLOGIC	<input type="checkbox"/>	PVT prophylaxis	<input type="checkbox"/>

GENITOURINARY _____
 RETAIN POLE FOR: FIBRO IN HEMIF

SOB _____

ARTICULAR ACCESS SITES:

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

ANTIBIOTIC: 1. _____ Day # _____
 2. _____ Day # _____
 3. _____ Day # _____
 4. _____ Day # _____

LABS:

See Co: _____ ABC's: _____
 Wp: _____ CR: _____
 P: _____

CPE: _____

Blood Culture: _____
 Urine Culture: _____
 Other Culture: _____

Date: ___/___/___ Time: _____

100