

McLaren Print System Order

Order No: 72935
 Order Date: 2022-10-11
 User: Jessica Sweet
 Phone: 810-342-3300

Ship Location: McLaren-Flint-4c Att Mindy 4 CENTRAL SCU
 401 Ballenger Hwy
 Flint, MI 48532

Forms
 Quantity: 2
 Paragon Dept No: 6026010
 Dept Name: SCU
 Company Number: 60

Order Total Price: 59.00

Item Number: M-1449
 Item Description: RESUSCITATION FLOW SHEET
 Revision Date: 10/2022
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: 100 sets; 3 part; 8.5x11 page 3 is 2 sided

McLaren Resuscitation Flow Sheet

Rapid Response
 Rapid Response to Code Blue
 Code Blue

Date: _____ Time: _____ Location: _____ Witness: Yes No

Reason for Rapid Response (Code Blue): _____

Consent to Care: Yes No; Monitoring at Scene: YES NO SPOC Agency

Resuscitation: Spontaneous Agonal Apneic Resisted Existing ETT
 Oxygenation: OHC _____ Jm OHC _____ Jm OHC _____ Jm OHC _____ Jm
 Ventilation: OHC _____ Jm OHC _____ Jm OHC _____ Jm OHC _____ Jm
 Circulation: Time _____ ETT _____ Jm _____ Jm
 Coordination: ETT Detector Apneustic

Peripheral Central Line Intracranial None; Crash Cart # _____ IN 911

Primary Care _____ EMS _____ D/4 _____ A&E _____

Step	Completed	Time	Initials
1. Confirm Code Blue	<input type="checkbox"/>		
2. Assess Patient	<input type="checkbox"/>		
3. Call for Help	<input type="checkbox"/>		
4. Obtain Consent	<input type="checkbox"/>		
5. Position Patient	<input type="checkbox"/>		
6. Assess Airway	<input type="checkbox"/>		
7. Provide Ventilation	<input type="checkbox"/>		
8. Assess Breathing	<input type="checkbox"/>		
9. Provide Oxygenation	<input type="checkbox"/>		
10. Assess Circulation	<input type="checkbox"/>		
11. Provide Circulation	<input type="checkbox"/>		
12. Assess Neurological Status	<input type="checkbox"/>		
13. Document Resuscitation	<input type="checkbox"/>		
14. Transport to ICU	<input type="checkbox"/>		
15. Handoff to ICU	<input type="checkbox"/>		

Spec Info: