

**McLaren Print System Order**

**Order No: 72980 Reprint Previous Order No: 54291**  
**Order Date: 2022-10-13**  
**User: Kirsten Grass**  
**Phone: 9892691566**

**Ship Location: McLaren Thumb Region**  
**1100 S. Van Dyke Rd**  
**Bad Axe, MI 48413**

**Forms**

**Quantity: 1000**  
**Paragon Dept No: 4540**  
**Dept Name: Emergency Department**  
**Company Number: 530**

**Order Total Price: 224.00**

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

**EMERGENCY DEPARTMENT RECORD-PHYSICIAN ORDER SHEET**

<b>Lab/ Radiology/ Cardio-Pulmonary- See CPCE Orders</b> <input type="checkbox"/> Nursing Orders <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Orthostatic Vitals <input type="checkbox"/> Foley Cath-Indwelling <input type="checkbox"/> Straight Cath <input type="checkbox"/> NG Tube <input type="checkbox"/> Interm <input type="checkbox"/> Cont <input type="checkbox"/> Wound Care <input type="checkbox"/> (W/Sitem/ID) <input type="checkbox"/> Sutures <input type="checkbox"/> NS <input type="checkbox"/> Suture Set up <input type="checkbox"/> Staples <input type="checkbox"/> Dressing <input type="checkbox"/> OBL, Ate Oint <input type="checkbox"/> OOL, Splint Application: <input type="checkbox"/> Ace Wrap <input type="checkbox"/> Crutches <input type="checkbox"/> Walker	<input type="checkbox"/> Knee Immobilizer _____Knee <input type="checkbox"/> Air Cast _____AIRB <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <b>Consultations -</b> <input type="checkbox"/> Tele-Stroke 03014 / 6012874 <input type="checkbox"/> Tele-Psychiatry 03014 / 6012874 <input type="checkbox"/> Tele-Cardiology 03014 / 6012874 <input type="checkbox"/> Other _____
<b>Medication Orders</b> <input type="checkbox"/> Stroke Protocol Alteplase (TPA) <input type="checkbox"/> MI Protocol Tenecteplase (TNP) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Nr _____ ml Bolus then _____ ml/hr 2nd hr _____ ml/hr <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Nursing Signature Initials: _____	
<b>Discharge Time:</b> _____ <b>Disposition:</b> <input type="checkbox"/> Discharge <input type="checkbox"/> Observe <input type="checkbox"/> Critical <input type="checkbox"/> Isolated <input type="checkbox"/> Observation <input type="checkbox"/> Ambulatory (one day surgery) <input type="checkbox"/> Discharge <input type="checkbox"/> AMA <input type="checkbox"/> WBS	
Transfer to: _____ Accepting Dr: _____	
Physician Signature: _____ Date: _____ Time: _____	
Signature: _____ Room # _____ Tech/BN Initials: _____ Date: _____ Time: _____	

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