

McLaren Print System Order

Order No: 76024 Reprint Previous Order No: 42535  
Order Date: 2023-03-23  
User: Samantha Chene  
Phone: 8103422401

Ship Location: McLaren Flint-Emergency Department Attn: Jacob Moss  
401 S Ballenger Hwy  
Flint, MI 48532

Forms

Quantity: 1  
Paragon Dept No: 31010  
Dept Name: Emergency Department  
Company Number: 60

Order Total Price: 29.50

Item Number: M-1449  
Item Description: RESUSCITATION FLOW SHEET  
Revision Date: 10/2022  
Print:  
Paper:  
Size:  
Fold:  
Finish:  
Drill:  
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

Patient Status	
Date	Time
Witness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Rapid Response / Code Blue	Event Summary
Consent of Care <input type="checkbox"/> No <input type="checkbox"/> No Monitoring of Care <input type="checkbox"/> BCG <input type="checkbox"/> APC <input type="checkbox"/> APC	Event Start Time
Respiratory: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Agonal <input type="checkbox"/> Apneic <input type="checkbox"/> Assisted <input type="checkbox"/> Existing ETT	<input type="checkbox"/> Inpatient <input type="checkbox"/> PICU <input type="checkbox"/> ED
Cardiac: <input type="checkbox"/> CHA <input type="checkbox"/> ETT <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Seizure/Paroxysm <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Transfer to ICU <input type="checkbox"/> Transfer to OR
Medications: <input type="checkbox"/> CHA <input type="checkbox"/> ETT <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Seizure/Paroxysm <input type="checkbox"/> No <input type="checkbox"/> Yes	Notes: <input type="checkbox"/> CHA <input type="checkbox"/> ETT <input type="checkbox"/> Code Blue Status Completed
Intubation: Time _____ ETT _____ mm _____ cm/Sp _____	<input type="checkbox"/> ETT Size Method
Coordination: <input type="checkbox"/> ICU/ED/ICU <input type="checkbox"/> Assisted	Name _____ Role _____ Signature _____ Initial _____
<input type="checkbox"/> Peripheral <input type="checkbox"/> Central Line <input type="checkbox"/> Intravenous <input type="checkbox"/> None	Attender _____
Chest Coll # _____ IN _____	Physician _____
<input type="checkbox"/> Stroke Unit _____ <input type="checkbox"/> EMS _____ <input type="checkbox"/> L&A _____ <input type="checkbox"/> ABC _____	Academics _____
Printed _____	Registration _____

Time	Respiratory	Cardiac	Neuro	Med	Lab	Other	Notes
08:00	/	/	/	/	/	/	
08:05	/	/	/	/	/	/	
08:10	/	/	/	/	/	/	
08:15	/	/	/	/	/	/	
08:20	/	/	/	/	/	/	
08:25	/	/	/	/	/	/	
08:30	/	/	/	/	/	/	
08:35	/	/	/	/	/	/	
08:40	/	/	/	/	/	/	
08:45	/	/	/	/	/	/	
08:50	/	/	/	/	/	/	
08:55	/	/	/	/	/	/	
09:00	/	/	/	/	/	/	
09:05	/	/	/	/	/	/	
09:10	/	/	/	/	/	/	
09:15	/	/	/	/	/	/	
09:20	/	/	/	/	/	/	
09:25	/	/	/	/	/	/	
09:30	/	/	/	/	/	/	
09:35	/	/	/	/	/	/	
09:40	/	/	/	/	/	/	
09:45	/	/	/	/	/	/	
09:50	/	/	/	/	/	/	
09:55	/	/	/	/	/	/	
10:00	/	/	/	/	/	/	
10:05	/	/	/	/	/	/	
10:10	/	/	/	/	/	/	
10:15	/	/	/	/	/	/	
10:20	/	/	/	/	/	/	
10:25	/	/	/	/	/	/	
10:30	/	/	/	/	/	/	
10:35	/	/	/	/	/	/	
10:40	/	/	/	/	/	/	
10:45	/	/	/	/	/	/	
10:50	/	/	/	/	/	/	
10:55	/	/	/	/	/	/	
11:00	/	/	/	/	/	/	
11:05	/	/	/	/	/	/	
11:10	/	/	/	/	/	/	
11:15	/	/	/	/	/	/	
11:20	/	/	/	/	/	/	
11:25	/	/	/	/	/	/	
11:30	/	/	/	/	/	/	
11:35	/	/	/	/	/	/	
11:40	/	/	/	/	/	/	
11:45	/	/	/	/	/	/	
11:50	/	/	/	/	/	/	
11:55	/	/	/	/	/	/	
12:00	/	/	/	/	/	/	

McLaren  
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