

**McLaren Print System Order**

Order No: 77853  
 Order Date: 2023-06-15  
 User: Kirsten Grass  
 Phone: 9892691566

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

**Forms**

Quantity: 100  
 Paragon Dept No: 4540  
 Dept Name: Emergency Department  
 Company Number: 530

Order Total Price: 23.40

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  
 Poster:  
 Misc Info: SS; 2 PART

**EMERGENCY DEPARTMENT RECORD-PHYSICIAN ORDER SHEET**

Lab: Radiology Cardio-Pulmonary- See CPCE Orders

<b>Nursing Orders</b> <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Orthostatic Vitals <input type="checkbox"/> Foley Cath-Inserting <input type="checkbox"/> Straight Cath <input type="checkbox"/> NG Tube <input type="checkbox"/> Intermittent <input type="checkbox"/> Cont. <input type="checkbox"/> Wound Cleanse <input type="checkbox"/> Dressing <input type="checkbox"/> NS <input type="checkbox"/> Suture Set up <input type="checkbox"/> Staples <input type="checkbox"/> Dressing <input type="checkbox"/> OBL, Ase Drl <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 _____Ankle  Consultations - <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"/> tPA Protocol Tenecteplase (TNK)  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	N: _____ ml Bolus then _____ ml/hr 2nd N: _____ ml/hr  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
--	---

Nursing Signature/Initials: \_\_\_\_\_

**Spec Info:**

Bedside Time: _____ <input type="checkbox"/> System <input type="checkbox"/> Observation <input type="checkbox"/> Ambulatory (one day surgery) <input type="checkbox"/> Discharge <input type="checkbox"/> AMA <input type="checkbox"/> CS, WBS Transfer to: _____ Accepting Dr: _____ Physician Signature: _____ Date: _____ Time: _____ Signature: _____ Room # _____ Tach/BN Initials: _____ Date: _____ Time: _____
--

www.mclaren.com 06/27/19 01