

McLaren Print System Order

Order No: 78156
 Order Date: 2023-07-03
 User: Tracy Hawk
 Phone: 810-342-4917

Ship Location: McLaren Flint /2N Attn: Tracy Hawk
 401 S. Ballenger Hwy
 Flint, MI 48532

Forms
 Quantity: 2
 Paragon Dept No: 35010
 Dept Name: Heart & Vascular
 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 N/A

Resuscitation: Spontaneous Agonal Apneic Resisted Existing ETT
 Oxygenation: OHC JET GEM JET JET JET JET JET JET
 Ventilation: ETT ETT Tracheostomy Suctioned Perforator Yes No
 Intubation: Time: _____ ETT: _____ mm _____ cm-ETP
 Circulation: ECG Detector Auscultation

Event Summary

Event Start Time: _____

Injured BMS Trauma
 Transfer to Unit Transfer to _____

Medical: DNR Family Code Blue (Event Completed)
 ECG Strip Attached

Name	Role	Signature	Actual
_____ Nurse	_____ Nurse	_____ Nurse	_____ Nurse
_____ Physician	_____ Physician	_____ Physician	_____ Physician
_____ Respiratory	_____ Respiratory	_____ Respiratory	_____ Respiratory

Peripheral Central Line Intracranial None; Crani-Coll # _____ IN 50

Dr: _____ (Dr) _____ (RN) _____ (N) _____ (ABO) _____

Step	Completed	Time	Notes
1. Initial Assessment	<input checked="" type="checkbox"/>	00:00	
2. Airway Management	<input checked="" type="checkbox"/>	00:05	
3. Breathing Support	<input checked="" type="checkbox"/>	00:10	
4. Circulation Support	<input checked="" type="checkbox"/>	00:15	
5. Defibrillation	<input checked="" type="checkbox"/>	00:20	
6. End-Tidal CO2 Monitoring	<input checked="" type="checkbox"/>	00:25	
7. Temperature Management	<input checked="" type="checkbox"/>	00:30	
8. Neurological Assessment	<input checked="" type="checkbox"/>	00:35	
9. Patient Handoff	<input checked="" type="checkbox"/>	00:40	
10. Documentation	<input checked="" type="checkbox"/>	00:45	

Spec Info: