

McLaren Print System Order

Order No: 78894 Reprint Previous Order No: 78834
 Order Date: 2023-08-17
 User: Alicia Stevens
 Phone: 810-989-3827

Ship Location: McLaren Port Huron Inpatient Pharmacy Attn: Alicia Stevens
 1221 Pine Grove
 Port Huron, MI 48060

Forms

Quantity: 100
 Paragon Dept No: 26600
 Dept Name: Inpatient Pharmacy
 Company Number: 480

Order Total Price: 15.36

Item Number: MPH-048
 Item Description: Code Blue Record
 Revision Date: 07/2023
 Print: 2 sided black and white
 Paper: 60# White Text
 Size: 11 x 17
 Fold: Bi-Fold (1/2)
 Finish:
 Drill:
 Misc Info: 11x17 Black Perf/Fold Half

Patient Label

MPH CODE BLUE RECORD

Code: _____		Type of Event: <input type="checkbox"/> Cardiac <input type="checkbox"/> Respiratory <input type="checkbox"/> Witnessed <input type="checkbox"/> Unwitnessed <input type="checkbox"/> Trauma	
Height: _____ (Estimated)	Weight: _____ kg	<input type="checkbox"/> Estimated	<input type="checkbox"/> Actual
Pre-Hospital, if applicable, Time last observed: _____		In Hospital, if applicable, Location: _____	
CPR Initiated at _____ time		Time last observed: _____	
<input type="checkbox"/> EMS <input type="checkbox"/> Bystander		CPR Initiated at _____ time	
Site: _____ Gauge: _____	Existing ETT: <input type="checkbox"/> Yes <input type="checkbox"/> No Size: _____		
Established ETT: <input type="checkbox"/> Yes <input type="checkbox"/> No Combs tube: <input type="checkbox"/> Yes	Location at top: _____ cm		
Site: _____ Location at top: _____ cm	Assist Device: <input type="checkbox"/> N/A <input type="checkbox"/> VDP <input type="checkbox"/> Impella		
Verification of ETT on Arrival to ER: <input type="checkbox"/> Visual <input type="checkbox"/> ETCO ₂ <input type="checkbox"/> Auscultation		Other Notes: _____	
Other Notes: _____		_____	

PROCEDURES PERFORMED

CPR Continued Yes No N/A

Airway & Breathing BVM BVM vs ETT

Intubation Time: _____ Site: _____ Location at top: _____ cm Secured Oral Nasal Cecal Trach

Inserted by (Print Name): _____

Verification of ETT: ETCO₂ Color Change ETCO₂: _____ mmHg Auscultation Chest X-Ray

Existing IV Access:

#1: Location: _____ Gauge: _____ Infusion: _____

#2: Location: _____ Gauge: _____ Infusion: _____

New Access:

Venipuncture: Time: _____ Site and Gauge: _____ By: _____

Venipuncture: Time: _____ Site and Gauge: _____ By: _____

Intraosseous: Time: _____ Site and Gauge: _____ By: _____

Central Venous Catheter: Time: _____ Site: _____ Gauge: _____ By: _____

Additional Procedures

C&G Results: _____

NG/OG Time: _____ Size: _____ By: _____ Auscultation

IDC Time: _____ Size: _____ By: _____

RN Recorder - Please print _____ Signature: _____

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 Code Blue Record
 108-0017 / Rev 8-08-16 / 01000

Destination: Original to Dept
 Copy Page 1 & 3 to Inpatient Pharmacy
 Copy Page 1 & 3 to ICU/Stroke Mgt