McLaren Business Products

McLaren Print System Order

Order No: 78925
Order Date: 2023-08-20
User: Tim Zurek
Phone: 9892699521

Ship Location: Mclaren Thumb Region Emergency Room Attn: Tim
1100 S. Van Dyke Rd.
Bad Axe, MI 48731
Forms
Quantity: 1000
Paragon Dept No: 060
Dept Name: Emergency Room
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
Poster:
Misc Info: SS; 2 PART

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

EMERGENCY DEPARTMENT RECORD–PHYSICIAN ORDER SHEET

Lab/ Radiology/ Cardio-Pulmonary- See CPOE Orders

Nursing Orders
☐ Cardiac Monitor
☐ Orthostatic Vitals
☐ Foley Cath-Indwelling
☐ Straight Cath
☐ NG Tube
☐ Intermit ☐ Cont.
☐ Wound Cleanse
☐ Hibiclens/NS
☐ Betadine ☐ NS
☐ Suture Set up
☐ Staples
☐ Dressing ☐ OBL Abx Oint
☐ DCL Splint
Application:_____
☐ Ace Wrap
☐ Crutches
☐ Walker

☐ Knee Immobilizer_____Knee
☐ Air Cast_____Ankle
☐ _____
☐ _____
☐ _____
☐ _____
Consultations -
☐ Tele-Stroke G3014 / 6012874
☐ Tele-Psychiatry G3014 / 6012874
☐ Tele-Cardiology G3014 / 6012874
☐ Other_____

Medication Orders
☐ Stroke Protocol Alteplase (TPA)
☐ MI Protocol Tenecteplase (TNK)
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

IV:_____ml Bolus
then_____ml/hr
2nd IV:_____ml/hr
☐ _____
☐ _____
☐ _____
☐ _____

Nursing Signatures/ Initials: _____ _____
_____ _____

Decision Time:_____Disposition: ☐Stable ☐Fair ☐Guarded ☐Critical
☐ Inpatient ☐ Observation ☐Ambulatory (one day surgery) ☐ Discharge ☐ AMA ☐LWBS

Transfer to: _____Accepting Dr: _____

Physician Signature:_____Date:_____Time:_____

Diagnosis:_____Room #_____Tech/RN initials_____Date_____Time_____

Spec Info: