

McLaren Print System Order

Order No: 79111
 Order Date: 2023-09-01
 User: Susan Hillger
 Phone: 248-866-2048

Ship Location: Acute Rehab Unit (Attn: Susan Hillger)
 416 Connable Ave
 Petoskey, MI 49770

Forms

Quantity: 100
 Paragon Dept No: 27800-1225
 Dept Name: McLaren Northern - Acute Rehab Unit
 Company Number: 410

Order Total Price: 0.00

Item Number: MHCC-636-MNM
 Item Description: SBAR Form
 Revision Date: 04/2023
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Poster:
 Misc Info: DS, Black

SBAR

Patient Sticker	
Room # _____	CLOZARIL Patients: First CBC with manual diff done and enrollment packet filed: Date/Time/Initial: _____
Diagnosis: _____	WEEKLY CBC WITH MANUAL DIFF:
Psychiatrist: _____	1. Date: _____ Faxed: _____ Result: _____
CAFV DINW CDEF OOD OITT signed _____	2. Date: _____ Faxed: _____ Result: _____
Reasons for Admissions	3. Date: _____ Faxed: _____ Result: _____
_____	4. Date: _____ Faxed: _____ Result: _____
_____	Depakote Level: 1. _____ 2. _____ 3. _____
_____	Lithium Level: 1. _____ 2. _____ 3. _____
_____	Allergies: _____
_____	Procedures/Notes: _____
_____	Abnormal Labs/Tests: _____
_____	Out Score/Reasons/Why: _____
Psych HOC: _____	Medical HOC: _____
_____	_____
_____	_____
Legal Issues/Jail Hold: _____	Medical Consult: _____ Date Seen: _____
_____	Family DR: _____
_____	Consulting DR: _____
_____	Reason: _____
Check Off:	Discharge Plan: _____
Profile Completed <input type="checkbox"/>	_____
Home Medications Verified <input type="checkbox"/>	_____
Admission Labs Checked:	_____
CBC, CMP, UA, UDS, ETOH, Lipids, TSH, Free T4 <input type="checkbox"/>	_____
Additional Information: _____	

Spec Info: