

McLaren Print System Order

Order No: 81081
Order Date: 2023-11-10
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

1100 S. Van Dyke
Bad Axe, Michigan 48731
(989) 269-9521

EMERGENCY DEPARTMENT RECORD-PHYSICIAN ORDER SHEET

Lab: Radiology Cardio-Pulmonary- See CPCE Orders

<p>Nursing Orders</p> <p><input type="checkbox"/> Cardiac Monitor</p> <p><input type="checkbox"/> Orthostatic Vitals</p> <p><input type="checkbox"/> Foley Cath-Inserting</p> <p><input type="checkbox"/> Straight Cath</p> <p><input type="checkbox"/> NG Tube</p> <p><input type="checkbox"/> Intermittent <input type="checkbox"/> Cont.</p> <p><input type="checkbox"/> Wound Cleanse</p> <p><input type="checkbox"/> Betadine <input type="checkbox"/> NS</p> <p><input type="checkbox"/> Suture Set up</p> <p><input type="checkbox"/> Staples</p> <p><input type="checkbox"/> Dressing <input type="checkbox"/> OBL, Ase Drl</p> <p><input type="checkbox"/> OOL, Splint</p> <p>Application _____</p> <p><input type="checkbox"/> Ace Wrap</p> <p><input type="checkbox"/> Crutches</p> <p><input type="checkbox"/> Walker</p>	<p><input type="checkbox"/> Knee Immobilizer _____Knee</p> <p><input type="checkbox"/> Air Cast _____Ankle</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Consultations -</p> <p><input type="checkbox"/> Tele-Stroke 03014 / 6012874</p> <p><input type="checkbox"/> Tele-Psychiatry 03014 / 6012874</p> <p><input type="checkbox"/> Tele-Cardiology 03014 / 6012874</p> <p><input type="checkbox"/> Other _____</p>
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Medication Orders

Stroke Protocol Alteplase (TPA)

tPA Protocol Tenecteplase (TNK)

NR _____ ml Bolus

then _____ ml/hr

2nd NR _____ ml/hr

Nursing Signature/Initials: _____

Spec Info:

Residence Type: _____	Disposition: <input type="checkbox"/> Discharge <input type="checkbox"/> Transfer <input type="checkbox"/> Quoted <input type="checkbox"/> Critical
<input type="checkbox"/> System <input type="checkbox"/> Observation <input type="checkbox"/> Ambulatory (see 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 # _____	Tech/EN Initials: _____ Date: _____ Time: _____

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