

McLaren Print System Order

Order No: 82032
 Order Date: 2024-01-03
 User: Angie Rigda
 Phone: 22031

Ship Location: McLaren Flint - ICU
 401 S Ballenger Highway
 Flint, MI 48532

Forms
 Quantity: 2
 Paragon Dept No: 30190
 Dept Name: ICU
 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; Working at: Direct SPOB SPOC SPOD

Staffing: Sportsman Agonal Agonal Agonal Resuscitated Existing ETT

Resuscitation: CMC JEM JEM JEM JEM JEM JEM JEM

Ventilation: EMT EMT Technician Certified Provider Yes No

Intubation: Time: _____ ETT: _____ mm _____ cm-EP: _____

Coordination: EMT/Resuscitation Resuscitation

Event Summary

Event Start Time: _____

Injured BMS Trauma

Transfer to Unit Transfer to _____

Medical: DOP Pains Code Blue (Event Completed)

EOB (Event Method)

Name	Role	Signature	Initial
Resuscitor			
Witness			
Physician			
Respiratory			

Peripheral Central Line Intravenous None

Chest Coll # _____ IN 50

Dr: _____

Procedure time: _____

Result: _____

Step	Completed	Time	Initials
1. Assess	<input checked="" type="checkbox"/>		
2. Call for help	<input checked="" type="checkbox"/>		
3. Airway	<input checked="" type="checkbox"/>		
4. Breathing	<input checked="" type="checkbox"/>		
5. Circulation	<input checked="" type="checkbox"/>		
6. Disability	<input checked="" type="checkbox"/>		
7. Exposure	<input checked="" type="checkbox"/>		
8. Re-evaluate	<input checked="" type="checkbox"/>		
9. Document	<input checked="" type="checkbox"/>		
10. Handoff	<input checked="" type="checkbox"/>		
11. Debrief	<input checked="" type="checkbox"/>		
12. Restock	<input checked="" type="checkbox"/>		
13. Clean	<input checked="" type="checkbox"/>		
14. Report	<input checked="" type="checkbox"/>		
15. Review	<input checked="" type="checkbox"/>		
16. Discharge	<input checked="" type="checkbox"/>		
17. Follow-up	<input checked="" type="checkbox"/>		
18. Patient Safety	<input checked="" type="checkbox"/>		
19. Quality Improvement	<input checked="" type="checkbox"/>		
20. Feedback	<input checked="" type="checkbox"/>		

Spec Info: