

McLaren Print System Order

Order No: 82151
Order Date: 2024-01-05
User: Deanna Raab
Phone: 810-989-3542

Ship Location: McLaren Port Huron 2S ICU attn: Deanna Raab
1221 Pine Grove Ave
Port Huron, MI 48060

Forms

Quantity: 100
Paragon Dept No: 0
Dept Name: ICU
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:
Poster:
Misc Info: 11x17 Black Perf/Fold Half



MPH CODE BLUE RECORD

| | | |
|---|--|--|
| Date: _____ | 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 _____ site | Time last observed: _____ time | |
| <input type="checkbox"/> EMS <input type="checkbox"/> Bystander | CPR Initiated at: _____ time | |
| Site: _____ Gauge: _____ | Existing ETT: <input type="checkbox"/> Yes <input type="checkbox"/> No Site: _____ | |
| Site: _____ Gauge: _____ | Location at top: _____ cm | |
| Established ETT: <input type="checkbox"/> Yes <input type="checkbox"/> No Comb. tube: <input type="checkbox"/> Yes | Assist Device: <input type="checkbox"/> N/A <input type="checkbox"/> VASP <input type="checkbox"/> Impella | |
| Site: _____ Location at top: _____ cm | Other Notes: _____ | |
| Verification of ETT on Arrival to ER: <input type="checkbox"/> Visual <input type="checkbox"/> ETCO ₂ <input type="checkbox"/> Auscultation | | |
| Other Notes: _____ | | |

PROCEDURES PERFORMED

CPR Continued Yes No N/A

Airway & Breathing S/M S/M vs ETT

Insulator Time: _____ Site: _____ Location at top: _____ cm Secured Oral Nasal Circuit Trash

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: _____

Other IV 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: _____

NO₂O Time: _____ Site: _____ By: _____ Auscultation

iOC Time: _____ Site: _____ By: _____

BN Recorder - Please print _____ Signature: _____

Spec Info:

