

McLaren Print System Order

Order No: 82196 Reprint Previous Order No: 78834
Order Date: 2024-01-08
User: Amanda Ruck
Phone: 8109893641

Ship Location: MCLAREN PORT HURON HOSPITAL-ATTN: 3 SOUTH-AMANDA RUCK
1221 PINE GROVE AVE
PORT HURON, MI 48060

Forms

Quantity: 500
Paragon Dept No: 30585
Dept Name: 3 South
Company Number: 480

Order Total Price: 70.80

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:
Misc Info: 11x17 Black Perf/Fold Half

Patient Label

MPH CODE BLUE RECORD

Date: _____ **Type of Event:** Cardiac Respiratory Witnessed Unwitnessed Trauma
Height: _____ (Estimated) **Weight:** _____ kg Estimated Actual

Pre-Hospital, if applicable, Time last observed: _____ **In Hospital, if applicable, Location:** _____

CPR Initiated at: _____ time
 EMS Bystander
Site: _____ **Gauge:** _____
Established ETT: Yes No **Combs tube:** Yes No
Site: _____ **Location at lip:** _____ cm
Verification of ETT on Arrival to ER:
 Visual ETCO₂ Auscultation
Other Notes: _____

Time last observed: _____
CPR Initiated at: _____ time
Existing ETT: Yes No **Site:** _____
Location at lip: _____ cm
Assist Device: N/A VDP Impella
Other Notes: _____

PROCEDURES PERFORMED

CPR Continued Yes No N/A
 Airway & Breathing SVM SVM vs ETT
Intubation Time: _____ **Site:** _____ **Location at lip:** _____ cm Secured Oral Nasal Cecal Trach
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: _____

New 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
 CBC Results: _____
 NG/OG Time: _____ Site: _____ By: _____ Auscultation
 I/O Tear: _____ Site: _____ By: _____
RN Recorder - Please print _____ Signature: _____

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Code Blue Record
108-0017 Form 4-08 Rev. 07/2023

Destination: Original to Dept
Copy Page 1 & 2 to 30585
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