

**McLaren Print System Order**

Order No: 82462  
Order Date: 2024-01-19  
User: Kirsten Grass  
Phone: 9892691566

Ship Location: McLaren Thumb Region Attn:ER  
1100 S. Van Dyke Rd  
Bad Axe, MI 48413

**Forms**

Quantity: 500  
Paragon Dept No: 4540  
Dept Name: Emergency Department  
Company Number: 530

Order Total Price: 117.00

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 48413  
(989) 269-9521

**EMERGENCY DEPARTMENT RECORD-PHYSICIAN ORDER SHEET**

Lab: Radiology Cardio-Pulmonary- See CPCE Orders

<p><b>Nursing Orders</b></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"/> Debride/MS</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><b>Consultations -</b></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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<p><b>Medication Orders</b></p> <p><input type="checkbox"/> Stroke Protocol Alteplase (TPA)</p> <p><input type="checkbox"/> tPA Protocol Tenecteplase (TNK)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p>NI: _____ ml Bolus</p> <p>then _____ ml/hr</p> <p>2nd NI: _____ ml/hr</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
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Nursing Signature/Initials: \_\_\_\_\_

**Spec Info:**

<p>Residence Type: _____</p> <p><input type="checkbox"/> Disposition: <input type="checkbox"/> Discharge <input type="checkbox"/> Discharge <input type="checkbox"/> AMA <input type="checkbox"/> CS, WBS</p> <p><input type="checkbox"/> Observation <input type="checkbox"/> Ambulatory (one day surgery) <input type="checkbox"/> Discharge <input type="checkbox"/> AMA <input type="checkbox"/> CS, WBS</p> <p>Transfer to: _____</p> <p>Physician Signature: _____ Date: _____ Time: _____</p> <p>Signature: _____ Room # _____ Tele/EN Initials: _____ Date: _____ Time: _____</p>
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