

McLaren Print System Order

Order No: 82684
Order Date: 2024-01-30
User: Sarah James
Phone: 810-989-3155

Ship Location: McLaren Port Huron / EC- Attn: Sarah James
1221 Pine Grove Ave
Port Huron, Mich 48060

Forms

Quantity: 100
Paragon Dept No: 21620
Dept Name: Emergency Center
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: _____	Expiring ETT: <input type="checkbox"/> Yes <input type="checkbox"/> No Size: _____	
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	
Size: _____ 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: _____ Size: _____ 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: _____

NG/OG Time: _____ Size: _____ By: _____ Auscultation

IOC Time: _____ Size: _____ By: _____

BN Recorder - Please print _____ Signature: _____

Spec Info:

