

McLaren Print System Order

Order No: 83960 Reprint Previous Order No: 83725
Order Date: 2024-03-21
User: Danielle Anderson
Phone: 517-975-7154

Ship Location: McLaren Greater Lansing 5E ICU Attention: Danielle
2900 Collins Road
Lansing, MI 48910,

Forms

Quantity: 100
Paragon Dept No: 30271
Dept Name: 5E ICU
Company Number: 160

Order Total Price: 22.34

Item Number: MGL-702
Item Description: Resuscitation Flow Sheet
Revision Date: 02/2024
Print: 2 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: 8.5x11 Black DS

Resuscitation Flow Sheet

Rapid Response
 Rapid Response to Code Blue
 Code Blue

Date	Time	Location	Witness <input type="checkbox"/> Yes <input type="checkbox"/> No	Event Summary			
Reason for Rapid Response (Code Blue) Conscious at Onset <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unfamiliar at Onset <input type="checkbox"/> ECG <input type="checkbox"/> BPO <input type="checkbox"/> Apriori				Event End Time	Event		
Breathing: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Apneic <input type="checkbox"/> Apneic <input type="checkbox"/> Assisted <input type="checkbox"/> Existing ETT Oxygenation: <input type="checkbox"/> O2 <input type="checkbox"/> SpO2 <input type="checkbox"/> O2 <input type="checkbox"/> SpO2 <input type="checkbox"/> O2 <input type="checkbox"/> SpO2 <input type="checkbox"/> O2 <input type="checkbox"/> SpO2 <input type="checkbox"/> O2 <input type="checkbox"/> SpO2 <input type="checkbox"/> O2 <input type="checkbox"/> SpO2 <input type="checkbox"/> O2 <input type="checkbox"/> SpO2				Notified <input type="checkbox"/> ED <input type="checkbox"/> Family <input type="checkbox"/> Code Blue Orders Completed <input type="checkbox"/> ECG Strips Attached	Team		
Ventilation: <input type="checkbox"/> BVM <input type="checkbox"/> ETT <input type="checkbox"/> Suctioning <input type="checkbox"/> Suctioning/Paralytic <input type="checkbox"/> Yes <input type="checkbox"/> No Inhalation: <input type="checkbox"/> ETT <input type="checkbox"/> SpO2 <input type="checkbox"/> SpO2 <input type="checkbox"/> SpO2 <input type="checkbox"/> SpO2				Recorder	Prior	Signature	Arrival
Confirmation: <input type="checkbox"/> ECG Detector <input type="checkbox"/> Resuscitation				Patient P/B	M/S P/B	Physician	Anesthesia
<input type="checkbox"/> Peripheral <input type="checkbox"/> Central Line <input type="checkbox"/> Intravenous <input type="checkbox"/> None Crash Cart # _____ 06:55							Respiratory
<input type="checkbox"/> Glucose time Result mg/dL				<input type="checkbox"/> EKG	<input type="checkbox"/> CAB	<input type="checkbox"/> NIBP	

Time	Stroke Pressure	Heart Rate	Pulse ϕ or "	SpO ₂	Respirations	BP	CPM, Manual (RR, Cuff, SL)	Depth, Rate, SpO ₂ , Alveol (S)	Endotracheal 1 mg	Arterial Pressure (SBP/DBP) mg	Aspiration 1 mg	Bicarbonate (mEq, pH, pKa) mg	Calcium Chloride 3g	Regenerative Buffering 3g	End-tidal Bicarbonate (pH, mmHg)	Decontamination (pH, mmHg)	Resuscitation (pH, mmHg)	Amblyopia Drug (mg/kg)	
12:00	/	80	-	95%	0														
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Patient Sticker