

McLaren Print System Order

Order No: 90322
 Order Date: 2024-11-24
 User: Jessica Sweet
 Phone: 810-342-3300

Ship Location: McLaren-Flint-4c Att Mindy 4 CENTRAL SCU
 401 Ballenger Hwy
 Flint, MI 48532

Forms
 Quantity: 2
 Paragon Dept No: 6026010
 Dept Name: SCU
 Company Number: 60

Order Total Price: 59.00

Item Number: M-1449
 Item Description: RESUSCITATION FLOW SHEET
 Revision Date: 10/2022
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: 100 sets; 3 part; 8.5x11 page 3 is 2 sided

McLaren Resuscitation Flow Sheet

Rapid Response
 Rapid Response to Code Blue
 Code Blue

Date: _____ Time: _____ Location: _____ Witness: Yes No
 Reason for Rapid Response (Code Blue): _____
 Conscious at Onset: Yes No; Working at Onset: YES NO SPICE APOC

Event Summary
 Event Start Time: _____
 Injured BMS Trauma
 Transport Transfer To: _____

Resuscitation: Spontaneous Agonal Apneic Resuscitated Escorted ETT
 Oxygenation: OHC _____ Jm OHC _____ Jm OHC _____ Jm OHC _____ Jm
 Ventilation: OHC _____ Jm OHC _____ Jm OHC _____ Jm OHC _____ Jm
 Intubation: Time _____ ETT _____ mm _____ cm-EP
 Circulation: ECG Detector Auscultation

Medical: DNR Family Code Blue (Event Completed)
 ECG Strip Attached

Name: _____ Title: _____ Signature: _____ Actual: _____

Resuscitator: _____
 Patient ID: _____
 A/C Unit: _____
 Physician: _____
 Anesthetist: _____
 Respiratory: _____

Step	Completed	Time	Notes
1. Assess	<input checked="" type="checkbox"/>	00	
2. Call for help	<input checked="" type="checkbox"/>	01	
3. Position airway	<input checked="" type="checkbox"/>	02	
4. Ventilate	<input checked="" type="checkbox"/>	03	
5. Circulate	<input checked="" type="checkbox"/>	04	
6. Monitor	<input checked="" type="checkbox"/>	05	
7. Reassess	<input checked="" type="checkbox"/>	06	
8. Document	<input checked="" type="checkbox"/>	07	
9. Transport	<input checked="" type="checkbox"/>	08	
10. Handoff	<input checked="" type="checkbox"/>	09	
11. Debrief	<input checked="" type="checkbox"/>	10	
12. Restock	<input checked="" type="checkbox"/>	11	
13. Clean	<input checked="" type="checkbox"/>	12	
14. Report	<input checked="" type="checkbox"/>	13	
15. Discharge	<input checked="" type="checkbox"/>	14	
16. Follow-up	<input checked="" type="checkbox"/>	15	
17. Review	<input checked="" type="checkbox"/>	16	
18. Sign	<input checked="" type="checkbox"/>	17	
19. Store	<input checked="" type="checkbox"/>	18	
20. Audit	<input checked="" type="checkbox"/>	19	

Spec Info: