McLaren Business Products

**McLaren Print System Order**

**Order No: 90329**
**Order Date: 2024-11-25**
**Order Request Date:**
**User: Torri Lorencz**
**Phone: 989-894-3632**

**Ship Location: McLaren Bay East Campus 3 East Nurses Station. ATTN: Torri Lorencz**
**1900 Columbus Ave**
**Bay City, MI 48708**
**Brochures**
**Quantity: 100**
**Paragon Dept No: 30025**
**Dept Name: 3 East**
**Company Number:**

**Order Total Price: 4.98**

**Item Number: BAY-117 (NS-1347)**
**Item Description: TICKET TO RIDE Form**
**Revision Date: 11/2024**
**Print: 2 sided black and white**
**Paper: 20# Yellow Text**
**Size: 8.5 x 11**
**Fold:**
**Finish: None**
**Drill: None**
**Poster:**
**Misc Info: 8.5x11 Black DS Yellow**

McLaren
BAY REGION

TICKET TO RIDE AND SURGICAL/PROCEDURAL CHECKLIST

Isolation
MDRO _____ Active/Hx
☐ Contact
☐ Contact Plus
☐ Droplet (mask on pt)
☐ Airborne (mask on pt)

Code Status
☐ Full
☐ DNR 2
☐ Comfort Measures only

☐ Diabetic
☐ Asthma
☐ Seizure Precautions

Mode of Transportation
☐ Wheelchair
☐ Cart
☐ Bed
☐ Other: _____

Activity
☐ Bedrest
☐ Ambulatory
☐ Up w/assist
☐ Assistive Device Required

☐ HOH/Deaf
☐ Blind
☐ Amputee

Attending Dr. _____
Consulting Dr. _____
_____

Equipment
☐ Oxygen @_____/m
☐ IV infusing/pumps

Belongings Sent with Patient:
☐ Hearing Aides ☐ Phone
☐ Dentures ☐ _____

Fall Risk Score: _____
☐ Hot Foot ☐ Confused
☐ Impulsive

Surgical Pre-Op Checklist
☐ Consent on Chart
☐ H&P on Chart
☐ NPO Since _____
☐ Height _____/Weight _____
☐ CHG Bath 1) _____ 2) _____
☐ Clearance _____

☐ Clip Prep Complete
☐ Pre-op IV Access (18 or 20 gauge)
☐ Pre-op Antibiotics with or on Chart
☐ Pre-op Meds Given _____
☐ Pregnancy Test done if applicable

Cardiac Cath and Interventional Radiology Checklist
Allergies _____ BP _____ P _____ RR _____ O2 _____ T _____
_____

Health HX
☐ HTN ☐ Stroke/TIA ☐ Depression ☐ CHF
☐ CAD ☐ COPD ☐ Anxiety ☐ CABG
☐ MI ☐ Asthma ☐ Arthritis
☐ PPM/CD ☐ GERD ☐ Cancer
☐ Arrhythmia ☐ Diabetes

Miscellaneous
☐ CXR completed
☐ Consent on Chart
☐ H&P on Chart
☐ CHG Bath Completed

| Lab Work | Results/Date |
|---|---|
| PT/INR/PTT | |
| WBC | |
| PLT | |
| HGB/HCT | |
| K+ | |
| BUN | |
| Creat | |
| Pregnancy Test | |

| Medications | Dose | Last Dose Date/Time |
|---|---|---|
| ASA | | |
| Plavix/Prasugrel/Effient/Brilinta | | |
| Heparin | | |
| Lovenox # of doses | | |
| Coumadin/Xarelto/Eliquis | | |
| Integrilin | | |
| Potassium | | |
| Betablocker | | |
| Metformin | | |
| Antibiotics | | |
| Last Pain Med | | |

NOT A PERMANENT PART OF THE MEDICAL RECORD

**Spec Info: Original Poster Size**