

McLaren Print System Order

Order No: 90378
 Order Date: 2024-11-26
 User: Kelly Morrison
 Phone: 5864932372

Ship Location: Kelly Morrison McLaren Macomb ED
 1000 Harrington BLVD
 Mt Clemens , MI 48043

Form
 Quantity: 5
 Paragon Dept No: 216001175
 Dept Name: ED
 Company Number:

Order Total Price: 110.00

Item Number: MAC-23
 Item Description: Trauma Flowsheet
 Revision Date: 02/2024
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: Pkg of 100 11x17 Half Fold 70# Offset Color



Room Number	Arrival Time	Patient Arrival Time	Level 1	Level 2	Transfer to
Title	Name	Arrival Time	Title	Name	Arrival Time
Trauma Surgeon			Trauma Resident		
ED Attending			ED Resident		
Scribe Nurse			Primary Nurse		
Ortho Ultrasound			Neuro Surgeon		
Anesthesia	LEVEL 3 ACTIVATION		Respiratory		

Mode of Arrival: EMS Police Walk in Other

MECHANISM OF INJURY
 INJURY DATE: _____ TIME: _____ LOCATION: _____

MOTOR VEHICLE VS _____ SPEED _____ with Impact: Front Driver side Passenger side Rear
 Intrusion _____ Extrusion Time: _____ min. Driver Passenger Front Back
 Seatbelt Air Bag Child seat Unrestrained Unknown Follower Ejected/Found _____ ft from Vehicle

FALL: Stair:R _____ Height: _____ Landed on: _____
 OTHER _____

TREATMENT FROM TO ARRIVAL:

AN AIRWAY Patent Gurgling Obstructed Other _____
 INTERVENTION: _____

BREATHING Unlabored Labored Shallow Splinted Agonal Absent
 INTERVENTION: _____

CIRCULATION Central Pulse: Present Absent CRT Cap/RRR < 3sec > 3sec Hemorrhage: _____
 INTERVENTION: _____

Spec Info: Original Poster Size

