McLaren Business Products

McLaren Print System Order

Order No: 90381
Order Date: 2024-11-26
Order Request Date:
User: Pamela Steele
Phone: (989)894-3350

Ship Location: McLaren Bay Main Campus - 6 West
1900 Columbus Ave
Bay Ciy, MI 48708
Brochures
Quantity: 500
Paragon Dept No: 30060
Dept Name: Storefront
Company Number:

Order Total Price: 24.90

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	
[illegible]	
Pregnancy Test	

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

NOT A PERMANENT PART OF THE MEDICAL RECORD

Spec Info: Original Poster Size