

McLaren Print System Order

Order No: 91446
 Order Date: 2025-01-11
 Order Request Date:
 User: Susan Hillger
 Phone: 248-866-2048

Ship Location: Acute Rehab Unit (Attn: Sue Hillger)
 416 Connable Ave
 Petoskey, MI 49770

Brochures
 Quantity: 500
 Paragon Dept No: 30435-1225
 Dept Name: McLaren Northern - Rehab
 Company Number:

Order Total Price: 22.40

Item Number: MNM-101
 Item Description: TICKET TO RIDE Form
 Revision Date: 12/2024
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Poster:
 Misc Info: 8.5x11 Black DS

Place sticker here

PATIENT TRANSPORT TICKET TO RIDE	
S	Transport to: _____ Patient Room #: _____
	Reason/Procedure: _____
	Report called to: _____
<input type="checkbox"/> Correct ID band on <input type="checkbox"/> Correct chart	
RN name: _____ RN phone: _____	
B	Isolation <input type="checkbox"/> Contact, MRSA, ESBL, VRE, Other <input type="checkbox"/> Contact, C-diff <input type="checkbox"/> Protective/Neutropenic <input type="checkbox"/> Airborne
	Code Status _____
	Communication Barriers <input type="checkbox"/> Other Language _____ <input type="checkbox"/> Legally blind <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Other
A	IV / Tubes / Drains <input type="checkbox"/> IV <input type="checkbox"/> Foley <input type="checkbox"/> NG <input type="checkbox"/> Chest Tube <input type="checkbox"/> Other
	Transport Mode: <input type="checkbox"/> Bed <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher
	Mobility Limitations: <input type="checkbox"/> Independent <input type="checkbox"/> Assist of _____ <input type="checkbox"/> Unable to stand <input type="checkbox"/> Assist device <input type="checkbox"/> Amputee <input type="checkbox"/> Altered Weight bear status Left: _____ Right: _____
R	Altered Mental Status: <input type="checkbox"/> Confused <input type="checkbox"/> Developmental <input type="checkbox"/> Other
	O₂ @ _____ L Precautions: <input type="checkbox"/> Aspiration (HOB 30) <input type="checkbox"/> High Fall Risk <input type="checkbox"/> Safety Companion <input type="checkbox"/> Hip precaution <input type="checkbox"/> Other
Spec Info: Original Poster Size	