

## McLaren Print System Order

Order No: 42565  
 Order Date: 2019-02-04  
 User: kerifoster  
 Phone: 810-342-2175

Ship Location: McLaren Flint-Acute Dialysis 4C attn:Keri  
 401 S. Ballenger Highway  
 flint, MI 42532

### Forms

Quantity: 500  
 Paragon Dept No: 44010  
 Dept Name: Acute Dialysis  
 Company Number: 60

Order Total Price: 61.50

Item Number: 3674  
 Item Description: Acute Hemodialysis Assessment  
 Revision Date: 4/2018  
 Print: 1 sided black and white  
 Paper: 2 Part (White, Yellow)  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: 5 Hole Top 3 Hole Side  
 Misc Info:

MCLAREN FLINT  
 FLINT MICHIGAN 48931  
**ACUTE HEMODIALYSIS ASSESSMENT**

<b>HEMODIALYSIS ORDER</b> Reorder # _____ Requester: R. _____ Ca. No. _____ Initial Requester: _____ Floor/Dept/Chair: _____ Additional Orders: _____		<b>PATIENT INFORMATION</b> Name: _____ Patient ID/Bed # _____ SSN: _____ C/O: _____ C/O: _____ C/O: _____	
<b>EXAMINER ACCESS</b> C/Name: _____ C/Room: _____ C/Access: _____ C/ID: _____ C/Access: _____ C/Access: _____ Location: _____		<b>SOBILITY</b> C/Can: _____ C/Can: _____ C/Can: _____ C/Can: _____	
<b>QUIP/ARTERIAL ACCESS</b> C/Type: _____ C/Type: _____ Location: _____ Access Point: _____ Size/Type: _____		<b>ASSISTANCE</b> C/Type: _____ C/Type: _____ C/Type: _____ C/Type: _____	
<b>GENERAL ASSESSMENTS</b> C/Type: _____ C/Type: _____ C/Type: _____ C/Type: _____ C/Type: _____ C/Type: _____		<b>HEMODIALYSIS MACHINE SAFETY CHECKS</b> C/Type: _____ C/Type: _____ C/Type: _____ C/Type: _____	
<b>CARDIAC</b> C/Type: _____ C/Type: _____ C/Type: _____ C/Type: _____		<b>EDUCATION</b> C/Type: _____ C/Type: _____ C/Type: _____ C/Type: _____	
<b>SKIN</b> C/Type: _____ C/Type: _____ C/Type: _____ C/Type: _____		<b>POST TREATMENT</b> C/Type: _____ C/Type: _____ C/Type: _____ C/Type: _____	
<b>SHARPS</b> C/Type: _____ C/Type: _____ C/Type: _____ C/Type: _____		<b>DATE/TIME</b> Date: _____ Time: _____ Signature: _____	

ACUTE HEMODIALYSIS ASSESSMENT  
 7500