

McLaren Print System Order

Order No: 45215
 Order Date: 2019-05-08
 User: jacqueline silva
 Phone: 810-342-2270

Ship Location: McLaren Flint- 10 South Attn: Tony
 401 south ballenger hwy
 flint, michigan 48532

Forms

Quantity: 500
 Paragon Dept No: 23040
 Dept Name: 10 south
 Company Number: 60

Order Total Price: 0.00

Item Number: M-1708-104
 Item Description: Patient Category Phys Order Form
 Revision Date: 12/2005
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

McLaren FLINT
**PATIENT CARE CATEGORY
 PHYSICIAN ORDER FORM**

Patient Care Category is assigned by the Physician's order. This decision is made based on medical facts, discussion with the family / patient advocate and/or the patient's wishes.

Check the box for the appropriate category. Date and sign the form.

<input type="checkbox"/> CATEGORY 1 Full support, including Cardio-Pulmonary Resuscitation (CPR)	Date and Physician Signature:
<input type="checkbox"/> CATEGORY 2 Full support, Excluding Cardio-Pulmonary Resuscitation (Everything but CPR) INTUBATION: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Intubation is inserting a tube in order to help with breathing)</small>	Date and Physician Signature:
<input type="checkbox"/> CATEGORY 3 No CPR and No Aggressive Management except: <input type="checkbox"/> Cardioversion - Applying electrical shock to the chest to change an abnormal heartbeat into a normal one. <input type="checkbox"/> Dialysis - Removal of waste products from the blood by machine upon kidney failure. <input type="checkbox"/> Pacemaker or ICD placement - Implanting a small electronic device to keep the heartbeat at an appropriate rate. <input type="checkbox"/> Vasopressors - Medication to support blood pressure. <input type="checkbox"/> Surgery <input type="checkbox"/> Blood Product Transfusion <input type="checkbox"/> Antibiotics <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Other: _____	Date and Physician Signature:
<input type="checkbox"/> CATEGORY 4 No Aggressive Management - COMFORT MEASURES ONLY	Date and Physician Signature:

Copy given to the patient's advocate, family member or significant other:

Spec Info:

**PHYSICIAN ORDERS AND
 INSTRUCTIONS TO NURSE**
Page 1 of 1
 Order Date: 05/08/2019
 Revised 12/12/05
 M - 1708 - 104



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