

McLaren Print System Order

Order No: 46095
 Order Date: 2019-06-10
 User: Renee Pifer
 Phone: 810-342-2325

Ship Location: McLaren Flint ICU / Renee Pifer
 401 S. Ballenger Hwy.
 Flint , Mi

Forms

Quantity: 100
 Paragon Dept No: 20010
 Dept Name: McLaren Flint ICU
 Company Number: 60

Order Total Price: 12.30

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 48903
ACUTE HEMODIALYSIS ASSESSMENT

HEMODIALYSIS ORDER Reorder # _____ Requester: _____ Date: _____ Initial Requester: _____ Floor: _____ Additional Orders: _____		PATIENT INFORMATION Name: _____ Patient ID: _____ SSN: _____ The Time Acute: _____ Changes: _____	
EMERGENCY ACCESS Home: _____ Cell: _____ Work: _____ Last Working Change: _____ Location: _____		SOBRIETY Alcohol: _____ Tobacco: _____ Cocaine: _____	
QUARTERMASTER ACCESS Access: _____ Location: _____ Access Point: _____ Length: _____		ALLERGIES Penicillin: _____ Shellfish: _____ Eggs: _____ Latex: _____ Medication: _____	
GENERAL ASSESSMENTS Vitals: _____ Weight: _____ Height: _____ Blood Pressure: _____ Heart Rate: _____ Oxygen Sat: _____ Temperature: _____ Respiratory: _____ Neurological: _____ Mental Status: _____		HEMODIALYSIS MACHINE SAFETY CHECKS Before Each Treatment: Machine: _____ Access Point: _____ Dialyzer: _____ Heparin: _____ Anticoagulant: _____ Water: _____	
EDUCATION Patient: _____ Family: _____ Staff: _____		POST TREATMENT Patient: _____ Family: _____ Staff: _____	

ACUTE HEMODIALYSIS ASSESSMENT
 7500