

## McLaren Print System Order

Order No: 47390  
 Order Date: 2019-07-31  
 User: Stacy LaForest  
 Phone: 810-342-2065

Ship Location: McLaren Flint 12 South  
 401 S. Ballenger Hwy.  
 Flint, MI 48532,

### Forms

Quantity: 1000  
 Paragon Dept No: 23060  
 Dept Name: 12 South  
 Company Number: 60

Order Total Price: 0.00

Item Number: M-1390  
 Item Description: McLaren Flint Report Sheet  
 Revision Date: 4/2019  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info:

McLaren Flint Report Sheet Date: \_\_\_\_\_ RN: \_\_\_\_\_  
 SMC 1A-10/19-18

Age: \_\_\_\_\_ Code Status: \_\_\_\_\_ POOR \_\_\_\_\_ Fall History Y/N  
 Allergies: \_\_\_\_\_ Falls Score: \_\_\_\_\_  
 Attending/Consults: \_\_\_\_\_ Above OR/DIP

|  |  |  |
|--|--|--|
| <b>Past Medical History:</b><br>Diabetes: _____<br>D/C Plan: _____<br>Restraints: _____<br>Defecate: _____<br>Stroke Protocol: Y/N | <b>Isolation:</b><br>Contact Isolation: _____<br>Droplet: _____<br>Airborne: _____<br>Protective: _____<br>Precaution: _____<br>Other: _____ | <b>Events this admit:</b><br>Consent signed: Y/N<br>SSI: _____<br>Falls: _____<br>Voids: _____<br>Stool: _____<br>Urine: _____<br>Cath: _____<br>NG/OG: _____<br>Last BM: _____<br>Diet: _____ |
| <b>IV Sites:</b><br># _____<br>Run/Day: _____  | <b>IV Tanks/Drugs:</b><br># _____<br>Run/Day: _____  | <b>Wounds:</b><br>Location: _____<br>Description: _____<br>Dressing Change: _____<br>Drains: _____<br>Wound Care: _____  |
| <b>Cardiovascular:</b><br>Vitals: _____<br>ECG: _____<br>BP: _____<br>HR: _____<br>RR: _____<br>SpO2: _____                        | <b>Respiratory:</b><br>Lung Sounds: _____<br>CXR: _____<br>ABG: _____<br>Sputum: _____<br>Water Seal: _____                                  | <b>POA/Activity/Status:</b><br>PAIN: _____<br>SCOR: _____<br>Activity: _____<br>Status: _____  |
| <b>Lab/Specimens:</b><br>CBC: _____<br>BMP: _____<br>TROP: _____<br>CRP: _____<br>LFT: _____<br>A/B: _____<br>PT/INR: _____        | <b>Other:</b><br>Urine: _____<br>Stool: _____<br>Sputum: _____<br>Water Seal: _____  | <b>Notes:</b><br>_____<br>_____<br>_____   |

Med: 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 00 01 02 03 04 05 06

NOTES:

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