

**McLaren Print System Order**

**Order No: 56282 Reprint Previous Order No: 12318**  
**Order Date: 2020-08-25**  
**User: Lyna Havalda**  
**Phone: 3422203**

**Ship Location:**  
**401 S Ballenger Hwy**  
**Flint, Mi 48507**

**Forms**  
**Quantity: 100**  
**Paragon Dept No: 23012**  
**Dept Name: 2C**  
**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 FLMI

**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"/> <b>CATEGORY 1</b> Full support, including Cardio-Pulmonary Resuscitation (CPR)	Date and Physician Signature:
<input type="checkbox"/> <b>CATEGORY 2</b> Full support, <u>Excluding</u> Cardio-Pulmonary Resuscitation (Everything but CPR) INTUBATION: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Intubator is inserting a tube in order to help with breathing)</small>	Date and Physician Signature:
<input type="checkbox"/> <b>CATEGORY 3</b> 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"/> <b>CATEGORY 4</b> No Aggressive Management - COMFORT MEASURES ONLY	Date and Physician Signature:

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

**PHYSICIAN ORDERS AND  
 INSTRUCTIONS TO NURSE**

Page 1 of 1  
 Order Copy - Print  
 Revised 12/12/05  
 M - 1708 - 104



--	--