

McLaren Print System Order

Order No: 60724
 Order Date: 2021-03-02
 User: Abby Gucwa
 Phone: 989-269-1503

Ship Location: **MCLAREN THUMB REGION**
 1100 S VAN DYKE RD
 BAD AXE, MI 48413,

Forms

Quantity: 500
 Paragon Dept No: 21600
 Dept Name: PURCHASING
 Company Number: 530

Order Total Price: 117.00

Item Number: MTR-08
 Item Description: EMERGENCY DEPART RECORD - PHYSICIAN ORDER SHEET
 Revision Date: 6/2019
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: SS; 2 PART

EMERGENCY DEPARTMENT RECORD-PHYSICIAN ORDER SHEET

<p>Lab/ Radiology/ Cardio-Pulmonary- See CPCE Orders</p> <p>Nursing Orders</p> <p><input type="checkbox"/> Cardiac Monitor</p> <p><input type="checkbox"/> Orthostatic Vitals</p> <p><input type="checkbox"/> Foley Cath-Indwelling</p> <p><input type="checkbox"/> Straight Cath</p> <p><input type="checkbox"/> NG Tube</p> <p><input type="checkbox"/> Interm <input type="checkbox"/> Cont</p> <p><input type="checkbox"/> Wound Care</p> <p><input type="checkbox"/> (W/Sitem/ID)</p> <p><input type="checkbox"/> Sutures <input type="checkbox"/> NS</p> <p><input type="checkbox"/> Suture Set up</p> <p><input type="checkbox"/> Staples</p> <p><input type="checkbox"/> Dressing <input type="checkbox"/> OBL, Ate Oint</p> <p><input type="checkbox"/> OOL, Splint</p> <p>Application _____</p> <p><input type="checkbox"/> Ace Wrap</p> <p><input type="checkbox"/> Crutches</p> <p><input type="checkbox"/> Walker</p>	<p><input type="checkbox"/> Knee Immobilizer _____ Knee</p> <p><input type="checkbox"/> Air Cast _____ AirCast</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Consultations -</p> <p><input type="checkbox"/> Tele-Stroke 03014 / 6012874</p> <p><input type="checkbox"/> Tele-Psychiatry 03014 / 6012874</p> <p><input type="checkbox"/> Tele-Cardiology 03014 / 6012874</p> <p><input type="checkbox"/> Other _____</p>
<p>Medication Orders</p> <p><input type="checkbox"/> Stroke Protocol Alteplase (TPA)</p> <p><input type="checkbox"/> MI Protocol Tenecteplase (TNP)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Nr _____ ml Bolus</p> <p>Per _____ ml/hr</p> <p>2nd Nr _____ ml/hr</p> <p>_____</p> <p>_____</p> <p>_____</p>

Nursing Signature Initials: _____

Spec Info: ER

Disposition: Discharge Observe Critical

Isolated Observation Ambulatory (one day surgery) Discharge AMA WBS

Transfer to: _____ Accepting Dr: _____

Physician Signature: _____ Date: _____ Time: _____

Diagnosis: _____ Room # _____ Tech/BN Initials: _____ Date: _____ Time: _____

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