

McLaren Print System Order

Order No: 62875
 Order Date: 2021-06-08
 User: Tim Zurek
 Phone: 9892699521

Ship Location: McLaren Thumb Region Emergency Room Attn: Tim
 1100 S. Van Dyke Rd.
 Bad Axe, MI 48731

Forms

Quantity: 500
 Paragon Dept No: 060
 Dept Name: Emergency Room
 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

Lab/ Radiology/ Cardio-Pulmonary- See CPCE Orders

<p>Nursing Orders</p> <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Orthostatic Vitals <input type="checkbox"/> Foley Cath-Indwelling <input type="checkbox"/> Straight Cath <input type="checkbox"/> NG Tube <input type="checkbox"/> Interm <input type="checkbox"/> Cont <input type="checkbox"/> Wound Care <input type="checkbox"/> (W/Sitem/ID) <input type="checkbox"/> Sutures <input type="checkbox"/> NS <input type="checkbox"/> Suture Set up <input type="checkbox"/> Staples <input type="checkbox"/> Dressing <input type="checkbox"/> OBL, Ate Oint <input type="checkbox"/> OOL, Splint Application: <input type="checkbox"/> Ace Wrap <input type="checkbox"/> Crutches <input type="checkbox"/> Walker	<input type="checkbox"/> Knee Immobilizer _____Knee <input type="checkbox"/> Air Cast _____AIRB <p>Consultations -</p> <input type="checkbox"/> Tele-Stroke Q3014 / 6012874 <input type="checkbox"/> Tele-Psychiatry Q3014 / 6012874 <input type="checkbox"/> Tele-Cardiology Q3014 / 6012874 <input type="checkbox"/> Other _____
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<p>Medication Orders</p> <input type="checkbox"/> Stroke Protocol Alteplase (TPA) <input type="checkbox"/> MI Protocol Tenecteplase (TNP) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	N/ _____ ml Bolus then _____ ml/hr 2nd hr _____ ml/hr <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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Nursing Signature Initials: _____

Spec Info:

Discharge Observation Discharge Discharge Discharge Discharge Discharge
 Discharge Discharge Discharge Discharge Discharge Discharge

Transfer to: _____ Accepting Dr: _____

Physician Signature: _____ Date: _____ Time: _____

Signature: _____ Date: _____ Time: _____

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