

**McLaren Print System Order**

Order No: 63827  
 Order Date: 2021-07-24  
 User: Sandie Hintze  
 Phone: 810-342-2616

Ship Location: McLaren Flint - 9 South  
 401 S. Ballenger Hwy  
 Flint, MI 48532

**Forms**

Quantity: 2500  
 Paragon Dept No: 20410  
 Dept Name: McLaren Flint - 9 South  
 Company Number: 60

Order Total Price: 75.50

Item Number: M-13032  
 Item Description: Nurse Shift to Shift Report (9 South)  
 Revision Date: 8/2014  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

MCLAREN FLINT  
 9 SOUTH  
 NURSE SHIFT TO SHIFT REPORT

|                             |                       |                    |                               |                      |                      |
|-----------------------------|-----------------------|--------------------|-------------------------------|----------------------|----------------------|
| DR:                         |                       | WOUNDS:            |                               | NAME:                |                      |
| PR:                         |                       | DRESSING:          |                               |                      |                      |
| ALLERGIES:                  |                       | LAST CHANGED:      |                               |                      |                      |
| CODE STATUS:                |                       | BATH COMPLETE:     |                               |                      |                      |
| CONSULTS:                   |                       | SET UP:            |                               |                      |                      |
|                             |                       | DONE Y/N:          |                               |                      |                      |
|                             |                       | PRECAUTIONS:       |                               |                      |                      |
| Daily Wt:                   | ADL: SB<br>SNP<br>SBC | AMBULATE:          | YES<br>NO                     | PROCEDURES:          |                      |
|                             |                       |                    | ASSET                         | CONSENT SIGNED Y/N   |                      |
| DIET: MPO<br>REG            | RENAL<br>CARDIAC      | ADA: FR            | IM<br>IS                      | PROTOCOL: CHF<br>ACS | COLONIA<br>PNEUMONIA |
|                             |                       |                    |                               |                      | HEPATIC<br>CVA       |
| DATE NURSE: _____ DAY SHIFT |                       |                    | DATE NURSE: _____ NIGHT SHIFT |                      |                      |
| INTAKE _____ OUTPUT _____   |                       |                    | INTAKE _____ OUTPUT _____     |                      |                      |
| FOLEY: Y/N _____            |                       |                    | FOLEY: Y/N _____              |                      |                      |
| AO X<br>OCCL                |                       | SB<br>LAST BM      | AO X<br>OCCL                  |                      | SB<br>LAST BM        |
| LUNGS: TRACH: Y/N _____     |                       | SIZE: _____        | LUNGS: TRACH: Y/N _____       |                      | SIZE: _____          |
| VENT:                       |                       |                    | VENT:                         |                      |                      |
| RHYTHM:                     | NSR<br>SB<br>ST       | AFIB<br>OTHER      | RATE:                         | RHYTHM:              | NSR<br>SB<br>ST      |
| GLUCE:                      | q _____ iv _____      | 1100 _____         | ACHR: _____                   | GLUCE:               | q _____ iv _____     |
|                             |                       | 1700 _____         | Other: _____                  |                      |                      |
| VITALS:                     | 800 _____             |                    |                               | VITALS:              | 2000 _____           |
|                             | 1200 _____            |                    |                               |                      | 2400 _____           |
|                             | 1600 _____            |                    |                               |                      | 400 _____            |
| IV SITE:                    | _____ WIP _____       |                    |                               | IV SITE:             | _____ WIP _____      |
|                             | _____ WIP _____       |                    |                               |                      | _____ WIP _____      |
| DRUGS:                      | Heparin _____         | Min _____          |                               | DRUGS:               | Heparin _____        |
|                             | Cardiazem _____       | SI _____           |                               |                      | Cardiazem _____      |
|                             | Naloxon _____         | Other _____        |                               |                      | Naloxon _____        |
|                             | Diapomine _____       | MAN IV<br>TUBING   |                               |                      | Diapomine _____      |
| LABS:                       | PTT _____ HGB _____   | TRCP _____         |                               | LABS:                | PTT _____ HGB _____  |
|                             | INR _____ WBC _____   | BUN _____ CR _____ |                               |                      | INR _____ WBC _____  |
|                             | K+ _____ RBC _____    | OTHER _____        |                               |                      | K+ _____ RBC _____   |
| COMMENTS:                   |                       |                    | COMMENTS:                     |                      |                      |

NURSE SHIFT TO SHIFT REPORT 8-100-0114