

McLaren Print System Order

Order No: 7425
Order Date: 2014-12-02
User: Sandy Wright
Phone: 810-342-2401

Ship Location: McLaren Flint, 2 South/ Attn: Sandy Wright
401 S. Ballenger Highway
Flint, MI 48532

Forms

Quantity: 8000
Paragon Dept No: 31010
Dept Name: Emergency Department
Company Number: 60

Order Total Price: 960.00

Item Number: M-2742
Item Description: EMS Radio Report
Revision Date: 11/2014

Print:
Paper:
Size:
Fold:
Finish:
Drill:

Misc Info: Finish size: 8.5x11 inches; top sheet 8x11; 2 part (yellow, yellow); 3 hole drill left side



EMS RADIO REPORT

Date: ___/___/___ Time: ___:___ Agency/Unit #: _____
Pt Age: ___ Sex: M ___ F ___ Priority: I ___ R ___ III ___ IV ___
Chief Complaint: _____
History: _____ Medic: _____
Meds given: _____ Allergies: _____
Vitals: BP: ___/___ P: ___ R: ___ T: ___ GCS: ___
Blood Glucose: ___ MODL Room Air SA O2: ___% SA O2 W / O2: ___ CPAP: ___
IV # 1 Site: _____ Rate: ___ #2 Site: _____ Rate: ___

Cardiac

12 Lead ECG received Y ___ N ___ STEMI Y ___ N ___ Cardiac Rhythm: _____
ECG shown to DR: _____ at: ___:___ Time of Activation

Cardiologist: _____
Cath lab fax 23587

CVA Symptoms

Onset of symptoms: ___:___ Last known well time ___:___ Cincinnati
Scale

TRAUMA

Mechanism of injury: _____
C-Collar: ___ Back board: ___ LOC: Y ___ N ___ Minutes Extrication Y ___ N ___ Minutes: ___
Activation time: ___ Level: ___ Speed: ___ Fall Height: ___ Ft. GCS: ___

Staff taking report: _____ ETA: _____

