

McLaren Print System Order

Order No: 8988
 Order Date: 2015-02-12
 User: Harold Johnson
 Phone: 22175

Ship Location: McLaren Flint/Dialysis
 401 South Ballenger Highway
 Flint, Michigan 48532

Forms
 Quantity: 500
 Paragon Dept No: 44010
 Dept Name: Dialysis
 Company Number: 60

Order Total Price: 61.00

Item Number: 3674
 Item Description: Acute Hemodialysis Assessment
 Revision Date: 5/2014
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: 5 Hole Top 3 Hole Side
 Misc Info:

MCLAREN FLINT
 FLINT, MICHIGAN 48532
ACUTE HEMODIALYSIS ASSESSMENT

HEMODIALYSIS ORDER Physician _____ Doctor _____, Suffix _____, APRN _____, CNS _____, NP _____ Date of Birth _____, Sex _____, Race _____ Social Security _____, Date of Birth _____, ID No. _____ Home Address _____, Home Phone _____, Mobile _____, Cell Phone _____ Fax (Optional) _____, Current Report _____ Additional Orders _____		PATIENT INFORMATION Name _____ Date _____, Medical Record # _____ Patient ID Number _____, Room # _____ Order Type Acute _____, Chronic Care _____ Outpatient _____, Inpatient _____	
CATHETER ACCESS Catheter _____, Type _____, Date _____ Catheter _____, Date _____, Catheter _____ Catheter _____, Date _____, Catheter _____ Location _____, Access Point _____, Catheter _____		ISOLATION Isolation _____, Type _____, Date _____, Isolation Type _____ Isolation _____, Type _____, Date _____, Isolation Type _____	
GENERAL ASSESSMENTS Large _____, Small _____, Moderate _____, Other _____ Weight _____, Height _____, Temperature _____, Pulse _____, Blood Pressure _____, SpO2 _____ Respiration _____, Heart Rate _____, Blood Glucose _____, Hemoglobin _____, Hematocrit _____ Creatinine _____, BUN _____, Creatinine _____, BUN _____, Creatinine _____, BUN _____		HEMODIALYSIS MACHINE SAFETY CHECKS - Before Each Treatment Machine _____, Access _____, Autoclave Test _____, Patient _____ Machine _____, Access _____, Autoclave Test _____, Patient _____ Machine _____, Access _____, Autoclave Test _____, Patient _____	
GENERAL ASSESSMENTS Large _____, Small _____, Moderate _____, Other _____ Weight _____, Height _____, Temperature _____, Pulse _____, Blood Pressure _____, SpO2 _____ Respiration _____, Heart Rate _____, Blood Glucose _____, Hemoglobin _____, Hematocrit _____ Creatinine _____, BUN _____, Creatinine _____, BUN _____, Creatinine _____, BUN _____		EDUCATION Patient Education _____, Catheter _____, Machine _____, Access _____, Autoclave Test _____, Patient _____ Patient Education _____, Catheter _____, Machine _____, Access _____, Autoclave Test _____, Patient _____ Patient Education _____, Catheter _____, Machine _____, Access _____, Autoclave Test _____, Patient _____	
GENERAL ASSESSMENTS Large _____, Small _____, Moderate _____, Other _____ Weight _____, Height _____, Temperature _____, Pulse _____, Blood Pressure _____, SpO2 _____ Respiration _____, Heart Rate _____, Blood Glucose _____, Hemoglobin _____, Hematocrit _____ Creatinine _____, BUN _____, Creatinine _____, BUN _____, Creatinine _____, BUN _____		POST TREATMENT Patient Education _____, Catheter _____, Machine _____, Access _____, Autoclave Test _____, Patient _____ Patient Education _____, Catheter _____, Machine _____, Access _____, Autoclave Test _____, Patient _____ Patient Education _____, Catheter _____, Machine _____, Access _____, Autoclave Test _____, Patient _____	

ACUTE HEMODIALYSIS ASSESSMENT



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