



Welcome To St Vincent Medical Center
 Providing **Very Good Care**
 With Compassionate Service

Mon Tue Wed
 Thur Fri Sat Sun

Today's Date: _____
 Room #: **631**



Telephone #: **213-484-7111**
Ext:7631



Nurse: _____
 Housekeeping: Ext. 5720
 Maintenance: Ext. 7152
 Food Service: Ext .7123



Assistant Nurse: _____
 Physician: _____



Communication Alert:

- Hearing Impaired
- Vision Impaired
- Speech Impaired

Your Plan Of Care / Questions You Have / Family Contact Information:

Primary Language: _____

Limb Precaution: L R

Fall Precaution:

Rounding To Meet Your Personal Needs

Day Shift Report	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM
2 PM	3 PM	4 PM	5 PM	6 PM	Night Shift Report	8 PM
9 PM	10 PM	12 AM	2 AM	4 AM	6 AM	

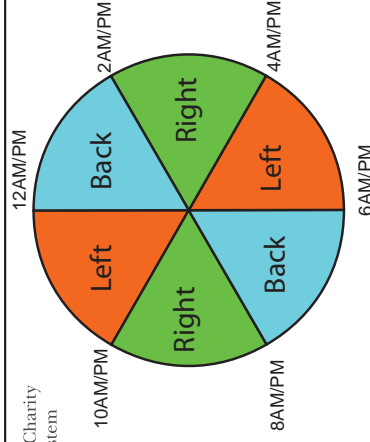
Pain Control is Our Goal

 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Goal



PATIENT TURN SCHEDULE



Thank you for choosing St Vincent Medical Center.
 Please take the time to complete the Patient Satisfaction Survey you will receive at your home after discharge.
 For any comments please call the Nursing Manager at:

* Clean only with soap & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or disinfectants! from ahutton.com *