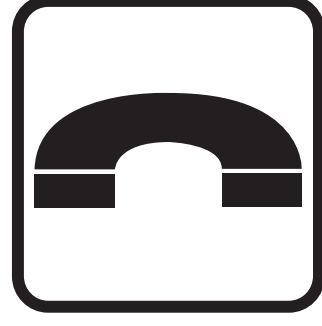


A1977-24x36-pf-rev-5-landscape.ai 2/11/2009 1:48:39 PM



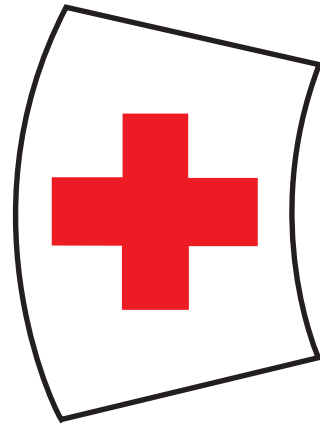
Telephone

213-4

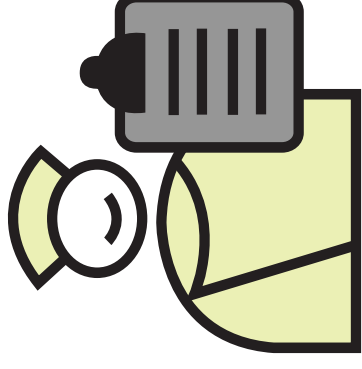
Ext:7

Mon Tue Wed

Thur Fri Sat Sun



Nurse:



Assistan

To

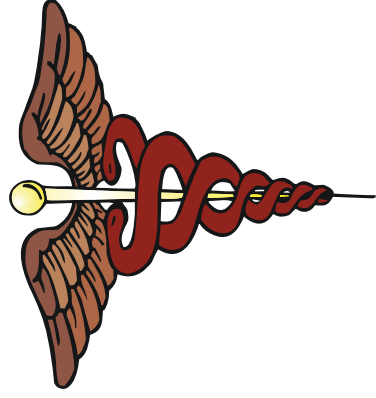
Today's Date:

Room #:

631

at Nurse:

Physician:



Communi

Hearing

Vision Im

Speech I

Primary Lang

Limb Precauti

Fall Precautio

Communication Alert:

Impaired

Impaired

Impaired

Usage: _____

ion: L R

on:

Your Plan O

of Care / Questions You Have / Fam

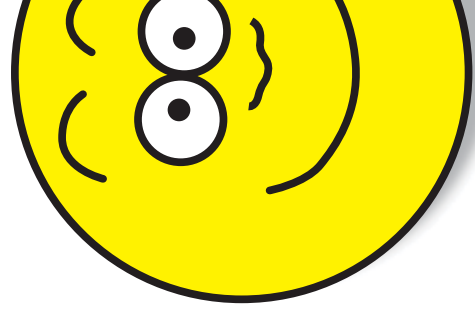
Family Contact Information:

**Day Shift
Report**

2 PM

9 PM

**Pain
Control
is
Our Goal**



8 AM

9 AM

10 AM

11 AM

3 PM

4 PM

5 PM

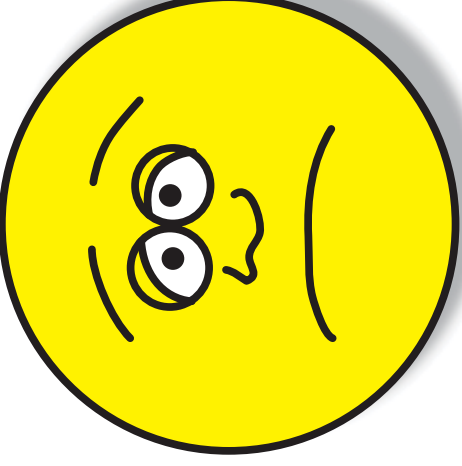
6 PM

10 PM

12 AM

2 AM

4 AM



1

2

3

4

5

6

7



PATIENT TURN SCHEDULE

1 PM

12 PM

AM

8 PM

Night Shift
Report

PM

6 AM

AM



8

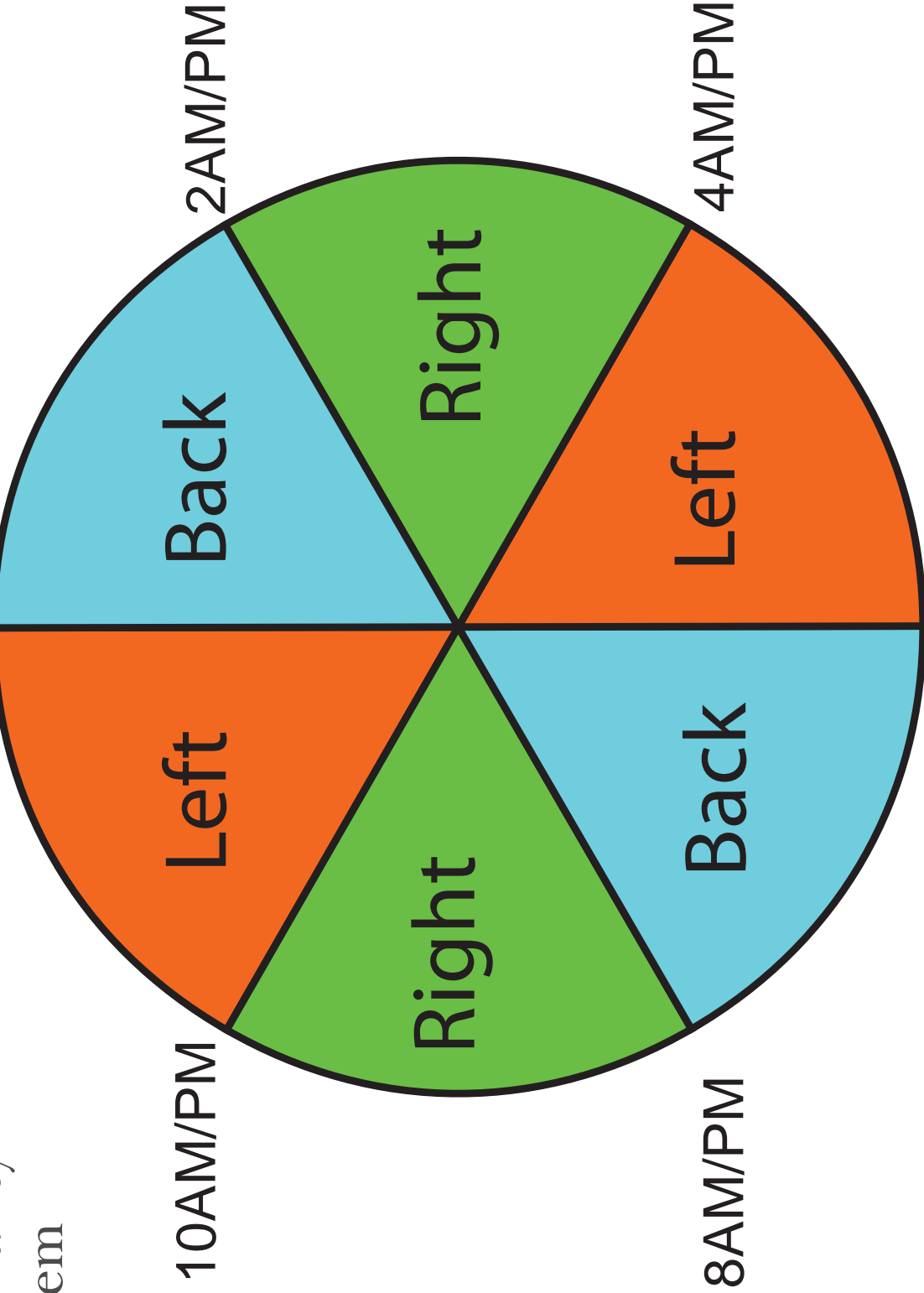


9

10

Goal

Thank you for
Please take the t
Survey you will
For any commen



choosing St Vincent Medical Center.
time to complete the Patient Satisfaction
receive at your home after discharge.

nts please

* Clean only with soap

o & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or c

disinfectants! from ahutton.com *

For any comments
call the Nursing

its please

Manager at: