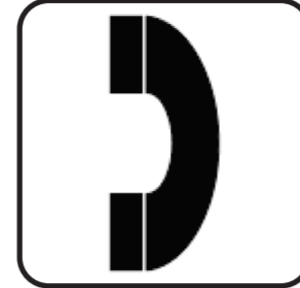


Today's Date: (Fecha)



Room#: (# de Cuarto):



Telephone #: (# de Telefono):



Nurse: (Enfermera):



Physician: (Al Médico):



Nursing Assistant:  
(Ayudante de la Enfermera):

Family Notes:

Today's Plan (plan de Cuidado para Hoy)

Pain Management is OUR GOAL!

Special Needs:

NURSE MANAGER: \_\_\_\_\_ EXT: \_\_\_\_\_