



Date: / /

S M T W T F S

**Best Outcome for Every Patient Every Time**

**My Healthcare Team**



**Nurse:**



**Doctor:**



**CNA:**



**Case Manager:**



**Other:**



**Other:**



**CALL... DON'T FALL!**



**My Plan of Care**



**My Goals Today:**



**Today's Tests & Treatments:**



**Discharge Plans:**

**Special Instructions:**



**Diet:**



**Activity:**

**Other:**

NO PAIN	MILD PAIN	MODERATE PAIN	MODERATE PAIN	SEVERE PAIN	WORST PAIN POSSIBLE					
0	1	2	3	4	5	6	7	8	9	10

<b>Pain Goal</b>	/ 10
<b>Pain Med Last Given</b>	: AM / PM
<b>Next Dose Available</b>	: AM / PM

**Important Communications**



**Patient & Family Questions:**

**What's important for us to know about you as we care for you?**

- 1.
- 2.
- 3.

**Contacts:**

Name	Relationship	Contact #
*		



\* Use only non-abrasive cleaners. CaviWipes, Expo, isopropyl alcohol, soap & water and disinfectants OK with 6-year warranty from www.ahutton.com\*