

Welcome to Avera



Patient Name

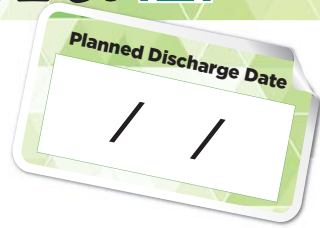


Room #



Day & Date

Support Person



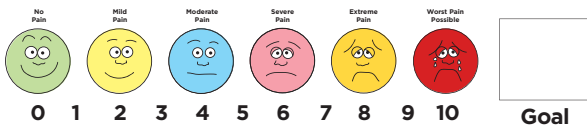
My Care Team My Plan of Care

7	Nurse	Diet
8	Physician	Activity
9	Tech/Aide	Other
10		

My Goal(s) of the Day

11	
12	

Our Goal is to ALWAYS Manage Your Pain



Pain Medication(s)

: AM : PM	: AM : PM
Last Dose	Next Dose
: AM : PM	: AM : PM
Last Dose	Next Dose
: AM : PM	: AM : PM
Last Dose	Next Dose

Welcome Baby!

3	Name	Physician	Discharge Planning
4	Birth Day	Nurse	<input type="checkbox"/> Newborn Screen
5	Birth Time	Feeding Plan	<input type="checkbox"/> Birth Certificate
6			<input type="checkbox"/> CCHD (Heart) Screen
			<input type="checkbox"/> Hearing Screen
			<input type="checkbox"/> Other