



Patient Name



Room #

Planned Discharge Date

/ /



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																				
1	Our Goal is to ALWAYS Manage Your Pain	Pain Medication(s)																		
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My Care Team		My Plan of Care
7	Nurse	Diet
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My Goal(s) of the Day

11

12

Our Goal is to ALWAYS Manage Your Pain		Pain Medication(s)																		
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