



Room Service #:
41010

Room Service Hours:
7:00am - 6:00pm



Room #:



Phone #:

Dial '9' for outside line

Your Care Team



Nurse:



Physician:



Pediatrician:



Support Person:

Plan of Care

- | | |
|---|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Instituting Sacred Hour |
| <input type="checkbox"/> Bili / NBS / CCHD | <input type="checkbox"/> Education Booklet |
| <input type="checkbox"/> Rhogam | <input type="checkbox"/> Discharge Instructions |
| <input type="checkbox"/> Hep B | <input type="checkbox"/> Newspaper Pictures |
| <input type="checkbox"/> Birth Certificate Complete | <input type="checkbox"/> Bath |
| <input type="checkbox"/> MMR / Tdap / Flu | |

About You and Your Baby

- Mom's Name: _____ Breast
 Formula
- Baby's Name: _____
- Birth Date: _____ Weight: _____
- Delivery Time: _____ Length: _____

Hourly Rounding:

7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM
2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM
9 PM	10 PM	12 AM	2 AM	4 AM	6 AM	

My Pain Management:

NO PAIN	MILD PAIN	MODERATE PAIN	MODERATE PAIN	SEVERE PAIN	WORST PAIN POSSIBLE	Current Pain Level: <input type="text"/>
						Acceptable Pain Level: <input type="text"/>
0	2	4	6	8	10	Next Dose Available: <input type="text"/>

Have you washed your hands?

It's Okay to Ask

Do you want to check my name band?

For Emergencies, Please Call Ext. 41911

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