



Room #:

 **Your Care Team**



Nurse:



Physician:

 **Plan of Care**

You are waiting for:

<input checked="" type="checkbox"/>	Test or Treatment	Estimated Wait Time
<input type="checkbox"/>	Lab	30 - 60 minutes
<input type="checkbox"/>	CT Scan	60 minutes
<input type="checkbox"/>	X-Ray	45 minutes

You Can Eat or Drink: Yes No

Urine Sample Needed: Yes No


Notes:

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	11 PM	12 AM
1 AM	2 AM	3 AM	4 AM	5 AM	6 AM

My Pain Management:

NO PAIN MILD PAIN MODERATE PAIN MODERATE PAIN SEVERE PAIN WORST PAIN POSSIBLE



0 **2** **4** **6** **8** **10**

Current Pain Level:
 Acceptable Pain Level:
 Next Dose Available:

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 *