



Room Service #:

**41010**

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



Room #:



Phone #:

Dial '9' for outside line

**Your Care Team**



Nurse:



Physician:



PCT:

**Plan of Care**

**About You**

Diet:

Activity:

Care Priority:

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	12 AM	2 AM	4 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 \*