



Room #:



Phone #:

Dial '9' for outside line

**Your Care Team**



Nurse:



Surgeon:



Anesthesia Provider:

**Plan of Care**

Scheduled Surgery Time:

Anticipated Discharge Time:



Additional Phone #'s:

ACU: **651-404-1710**

Manager: **651-404-1750**

Who is your ride home?



Fall Precautions  
**PLEASE CALL...  
DON'T FALL!**

**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:**

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

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: CavilWipes, E-Pop, Isopropyl alcohol, soap & water and disinfectants OK with 6-year warranty from www.ahutcon.com