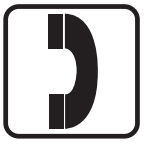
Kindred Hospital Bay Area

Today's Date: (Fecha):

Room#: (# de Cuarto):

SCU



Telephone #: (# de Telefono):

713-473-9700

ext.

Nurse: (Enfermera):

Nurse Assistant:
(Ayudante de la Enfermera):

Physician: (Al Médico):

Supervisor (Supervisor):

ext. _____

Team Conference:
(Conderencia de Equipo):

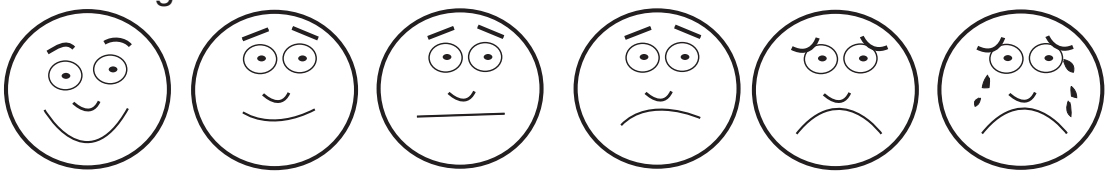
Case Manager:
(Trabajador Social):

Day: _____

Time: _____

ext. _____

Pain Management is OUR Goal! El Control Del Dolor Es Nuestra Meta!



0 1 2 3 4 5 6 7 8 9 10

goal ☐

To the Doctor and Nurse:

☐ If This Box is Checked, This Patient is a Limited English Proficiency Patient Who Speaks Only

_____

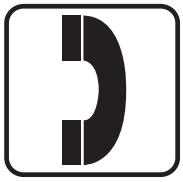
Please print the name of the language

* Clean only with soap & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or disinfectants! *

Kindred Hospital Indianapolis

Today's Date: (Fecha):

Room#: (# de Cuarto):



Telephone #: # de Telefono):

Nurse: (Enfermera):

Nurse Assistant:
(ayudante de la Enfermera):

Physician: (Al Medico):

RT:

PMV:

PT/OT:

SLP: _____

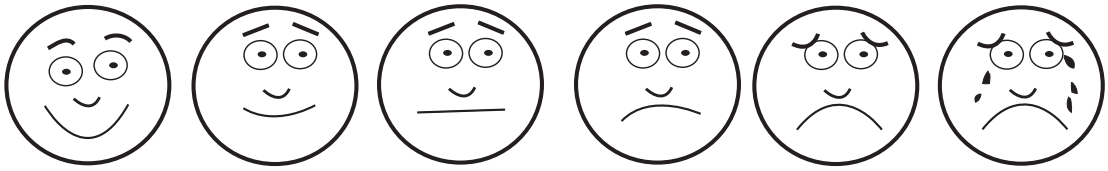
Feeding assistance_____

Method of getting OOB/Transfer _____

When patient can go back to bed_____

ADL assistance_____

Pain Management is OUR Goal! El Control Del Dolor Es Nuestra Meta.



goal ☐

To the Doctor and Nurse:

☐ If This Box is Checked, This Patient is a Limited English Proficiency Patient Who Speaks Only

_____

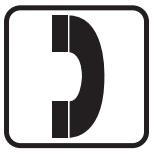
Pleaser print the name of the language

* Clean only with soap & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or disinfectants! *

Kindred Hospital Houston

Today's Date: (Fecha):

Room#: (# de Cuarto):



Telephone #: (# de Telefono):
713-790-0500
ext.

Nurse: (Enfermera):

Ext:_____

Nurse Assistant:
(Ayudante de la Enfermera):
Ext:_____

Physician: (El Médico):

Supervisor (Supervisor):

Ext:_____

Case Manager: (Trabajador Social):

Name: _____ Ext:_____

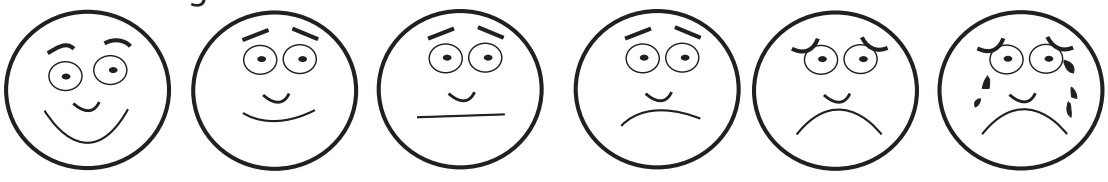
Respiratory Therapist: (Terapia Respiratoria):

Name: _____ Ext:_____

Rehabilitation: (Rehabilitación):

Name: _____ Ext:_____

Pain Management is OUR Goal! El Control Del Dolor Es Nuestra Meta!



0 1 2 3 4 5 6 7 8 9 10

goal ☐

To the Doctor and Nurse: Please check appropriate box

☐ Limited English:_____ ☐ Hearing Impaired ☐ Blind

Language

* Clean only with soap & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or disinfectants! *

Kindred Hospital New Orleans

Dedicated to Hope, Healing and Recovery

Today's Date: (Fecha):

Room#: (# de Cuarto):

Telephone #: (# de Telefono):

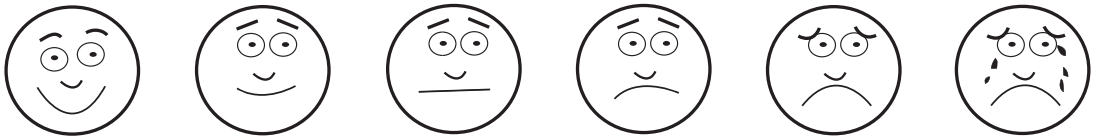
Nurse: (Enfermera):

Nursing Assistant/PCT: (ayudante de la Enfermera):

Physician: (Médico):

Today's Plan: (plan de Cuidado para Hoy):

No Pain — Moderate Pain — Severe Pain



0 1 2 3 4 5 6 7 8 9 10

Goal:

To the Doctor and Nurse:

☐ If This Box is Checked, This Patient has Special Needs.

_____

* Clean only with soap & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or disinfectants! * from ahutton.com

Kindred Hospital New Orleans

Dedicated to Hope, Healing and Recovery

Today's Date: (Fecha):

Room#: (# de Cuarto):

Telephone #: (# de Telefono):

Nurse: (Enfermera):

Nursing Assistant: (Enfermera):

Respiratory Therapist:
(Terapeuta respiratorio):

Today's Plan: (plan de Cuidado para Hoy):

Physician: (Médico):

Charge Nurse:

Phone #:

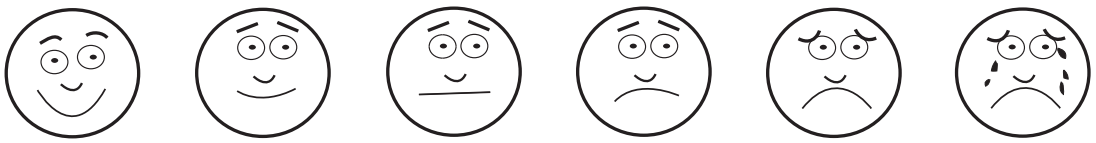
Manager:

Phone #:

No Pain
Sin dolor

Moderate Pain
Dolor moderado

Severe Pain
Dolor severo



0 1 2 3 4 5 6 7 8 9 10

To the Doctor and Nurse:

☐ If This Box is Checked, This Patient has Special Needs.

Hearing
L R

Sight

Speech

* Clean only with soap & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or disinfectants! * from ahutton.com

Kindred Hospital
New Orleans

Dedicated to Hope, Healing and Recovery

Today's Date: (Fecha):

Room#: (# de Cuarto):

Telephone #: (# de Telefono):

Nurse: (Enfermera):

Nursing Assistant: (Enfermera):

Respiratory Therapist:
(Terapeuta respiratorio):

Physician: (Médico):

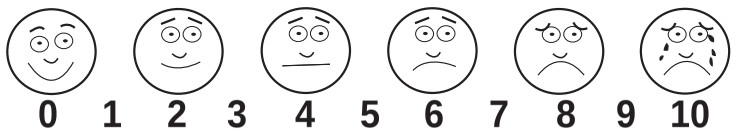
Today's Plan: (plan de Cuidado para Hoy):

Charge Nurse:

Phone #:

Manager:

Phone #:



To the Doctor and Nurse:

☐ If This Box is Checked, This Patient has Special Needs.

* Clean only with soap & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or disinfectants! * from ahutton.com

Kindred Hospital Indianapolis

AT WILKES-BARRE GENERAL HOSPITAL WE TREAT OUR PATIENTS LIKE FAMILY. **IT'S OUR GOAL TO:**

- Make you very satisfied
- Treat you with respect
- Make you feel safe and secure
- Control your pain
- Keep you informed
- Provide a clean and comfortable room
- Limit or explain any wait times
- Answer your call light promptly

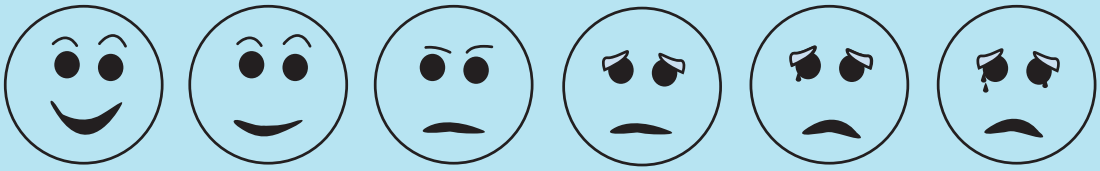
TODAY'S DATE

NURSE

NURSE ASST. / ED TECH

ED DOCTOR / PROVIDER

Pain Management is OUR Goal!



0	1	2	3	4	5	6	7	8	9	10
NO PAIN		MILD PAIN		MODERATE		QUITE A LOT		VERY BAD		WORST PAIN

Kindred Hospital Clearlake

Today's Date: *(Fecha)*

Room #: *(# de cuarto)*

Telephone #: *(# de télefono)*

281-316-7800

Ext:

Nurse: *(Enfermera)*

Ext:

Nurse Assistant:
(Ayudante de la enfermera)

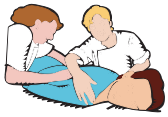
Ext:

Physician: *(Médico)*

Consultants: *(Consultores)*

Respiratory Therapist: *(Terapia respiratoria)*

Ext:



Rehabilitation: *(Rehabilitación)*

PT:

ST:

OT:

Case Manager: *(Trabajador social)*

Ext:

Notes from Family: *(Notas de familia)*

* Clean only with soap & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or disinfectants! *

Kindred Hospital Clearlake

Today's Date: *(Fecha)*

Room #: *(# de cuarto)*

Telephone #: *(# de télefono)*

281-316-7800

Ext:

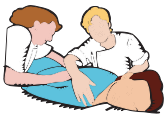
Nurse: *(Enfermera)*

Physician: *(Médico)*

Consultants: *(Consultores)*

Respiratory Therapist: *(Terapia respiratoria)*

Ext:



Rehabilitation: *(Rehabilitación)*

PT:

ST:

OT:

Case Manager: *(Trabajador social)*

Ext:

Notes from Family: *(Notas de familia)*

* Clean only with soap & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or disinfectants! *

Kindred Hospital
Kindred Wyoming Valley

Dedicated to Hope, Healing and Recovery

Today's Date:

Room #:

Telephone #:

Nurse:

Today's Plan:

☐ PUPP Program

Nursing Assistant:

Therapy:

Respiratory Therapist:

Getting OOB / Transfer Method:

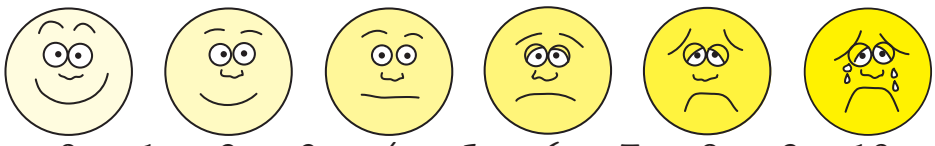
Physician:

Diet:

Case Manager:

☐ Feeding Assist

☐ Aspiration Precaution



0 1 2 3 4 5 6 7 8 9 10

No Pain — Moderate Pain — Severe Pain

☐ Fall Precaution ☐ Skin Precaution ☐ HOB Precaution

☐ Isolation Precaution ☐ Decannulation Precaution

* Clean only with soap & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or disinfectants! * - from ahutton.com

Su Mo Tu We Th Fr Sa	Date:	Room No:
Room Phone:		
Patient's Preffered Name:		

Our Commitment To You

- Frequent Communication
- Including You in Nurse Shift Report
- Clean, Quite Environment
- Keeping You Safe
- Timely Response
- Washing Our Hands

Care Team

RN:	
Physician:	Discharge Planner:

Family Communications

Today's Plan

What do I need to do to be involved in my care:

Why is it important:

Excellent Care for Me means:

Anticipated Discharge Plan, Date, & Time:

Please tell us if you hurt

0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst

Goal for Pain Scale

Kindred Hospital
Houston Northwest

Our goal is for you to ALWAYS be VERY SATISFIED.

- Treat you with courtesy and respect
- Control your pain
- Listen to you carefully
- Check on you frequently
- Provide a clean and quiet environment
- Answer your call light promptly
- Explain medications and procedures
- Keep you informed

Mon Tue Wed
Thur Fri Sat Sun

Today's Date:

Room #: ???-A

Phone #: 281-517-???B

Nurse:

Today's Plan:

CNA:

Case Manager:

Interdisciplinary Team Conference will be held on

Respiratory:

Precautions:

- ❑ Fall Precaution
- ❑ Skin Precaution
- ❑
- ❑
- ❑
- ❑

❑ Isolation Precaution:

Diet Consistency:

Rehab Schedule:

PT:

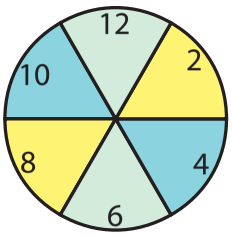
OT:

Speech:

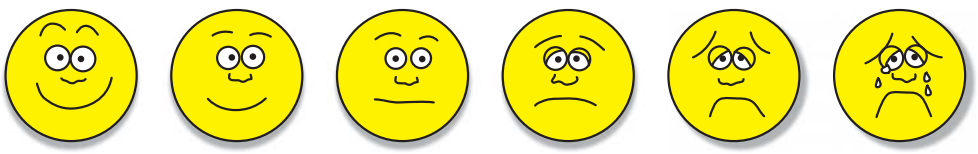
Ambulation	Assist Devices	Transfer Devices
Yes / No	Glide sheet	Stand Assist
Walker	Hovermatt	Mechanical Lift
Gait belt	Other	Other
Other		

Partial weight bearing ☐ Non-weight bearing ☐

Turning Schedule



Pain Management is OUR Goal!



0 1 2 3 4 5 6 7 8 9 10

Thank you for allowing us the privilege of taking care of you and your family member.
Our goal is to provide you with VERY GOOD care. I hope we were able to accomplish that goal.

If your call bell has not been answered within 10 minutes, **please call 713-569-8769.**
A supervisor will assist you with your needs.

* Clean only with soap & water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaners or disinfectants! from ahutton.com*