



SENTARA

Leigh Hospital

We improve health everyday



Room #:



Phone #:



Your Physician(s):



Your Care Team for this shift is:

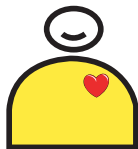
Nurse

Carepartner

Respiratory

Case Manager

Charge Nurse



Our goal for today:



What you have scheduled for today:



Your Special Precautions:

Fall Risk

Other

Isolation

Pressure Ulcer Risk

NPO-nothing by mouth

Special Diet

Family Initiated Rapid Response Safety Team

**FIRST: Dial 5-5555**

If You're Concerned, So Are We



Spokesperson:



Your Questions and/or comments:



Important Numbers

Dietary

Housekeeping




Education Channel

Case Manager




Your care is our highest priority. If you would not rate your care as excellent, please call the team leader of the unit.


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





 <p><b>SENTARA</b> Leigh Hospital <i>We improve health everyday</i></p>	 <p><b>Room #:</b> _____</p>	 <p><b>Phone #:</b> _____</p>	<p><b>Today's Date:</b> _____</p>
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### People Caring For Me This Shift

<p> <b>Nurse:</b> _____</p> <p> <b>Nursing Care Partner:</b> _____</p> <p><b>Case Manager:</b> _____</p>	<p> <b>Your Physician(s):</b> _____</p>
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 **My Special Considerations:**

<input type="checkbox"/> Fall Risk: UP with _____ staff. <b>Please Call, Don't Fall!</b>	<input type="checkbox"/> NPO-nothing by mouth
<input type="checkbox"/> Isolation _____	<input type="checkbox"/> Diet _____
<input type="checkbox"/> Skin Breakdown Risk	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____




<p> <b>My Plan of Care:</b> _____</p>	<p> <b>Tests &amp; Procedures:</b> _____</p>
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<p> <b>Symptom Management</b></p> <p><b>Medication:</b> _____</p> <p><b>Every:</b> _____</p> <p><b>Last Dose Given:</b> _____</p>	<p><b>My Pain Management Goal:</b> <input style="width: 40px;" type="text"/></p> <div style="text-align: center;"> <table style="margin: 0 auto;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td>NO PAIN</td><td>MILD</td><td>MODERATE</td><td>SEVERE</td><td>VERY SEVERE</td><td>WORST POSSIBLE</td> <td colspan="5"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="5"></td> </tr> </table> </div>	0	1	2	3	4	5	6	7	8	9	10	NO PAIN	MILD	MODERATE	SEVERE	VERY SEVERE	WORST POSSIBLE																
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<p> <b>My Notes and Questions:</b> _____</p>	<p> <b>Opportunity for Excellence:</b></p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> </ol>
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<p><b>Family Initiated Rapid Response Safety Team</b></p> <p><b>FIRIRST: Dial 5-5555</b></p> <p><b>If You're Concerned, So Are We</b></p>	<p><b>Washing hands prevents infections!</b></p> <div style="text-align: center;">  <p><b>If we forget, please ask- we encourage it!</b></p> </div>
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**Important Numbers**

<p> <b>Team Leader:</b> _____</p>	<p> <b>Spokesperson:</b> _____</p>	<p> <b>Dietary:</b> _____</p>
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**Date:** \_\_\_\_\_ **Charge Nurse:** \_\_\_\_\_ **Census:** \_\_\_\_\_

Room	Patient	Nurse	Doctor	Room	Patient	Nurse	Doctor
501				513			
502				514			
503				515			
504				516			
505				517			
506				518			
507				519			
508				520			
509				521			
510				522			
511				523			
512				524			







**Care Coord:** \_\_\_\_\_ **NCP:** \_\_\_\_\_ **Transport:** \_\_\_\_\_  
**Respiratory:** \_\_\_\_\_ **NCP:** \_\_\_\_\_ **ESD:** \_\_\_\_\_

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 <b>Date:</b>	 <b>Room #:</b>
 <b>Nurse:</b>	 <b>Doctor:</b>
<b>ED Tech:</b>	<b>Physician Assistant:</b>



<b>TESTS</b>	<b>Time Done</b>		<b>Time Done</b>
 <b>EKG</b>		 <b>X-Ray</b>	
 <b>Blood Work</b>		 <b>CT-Scan</b>	
 <b>Urine Sample</b>		 <b>Pain Meds</b>	

	<h2><b>PLAN OF CARE</b></h2>	
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<b>Are you comfortable, or are you in PAIN?</b>	
<b>Have we addressed all your ANXIETIES &amp; FEARS?</b>	
<b>Do you feel INVOLVED in your CARE?</b>	
<b>Have we answered your QUESTIONS clearly?</b>	
<b>Is there ANYTHING ELSE we can do for you?</b>	

## **WEEKLY FOCUS & QUESTIONS**



**THANK YOU FOR CHOOSING SENTARA INDEPENDENCE ED**

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# Acute Rehab

## Therapists



**PT:**



**OT:**



**SLP:**



**RT:**

## Patient Info



**Team Conference:**



**Family Training:**



**Anticipated Discharge Date:**

## Transfers

**MODI**

**SBA**

**MIN**

**MOD**

**MAX**

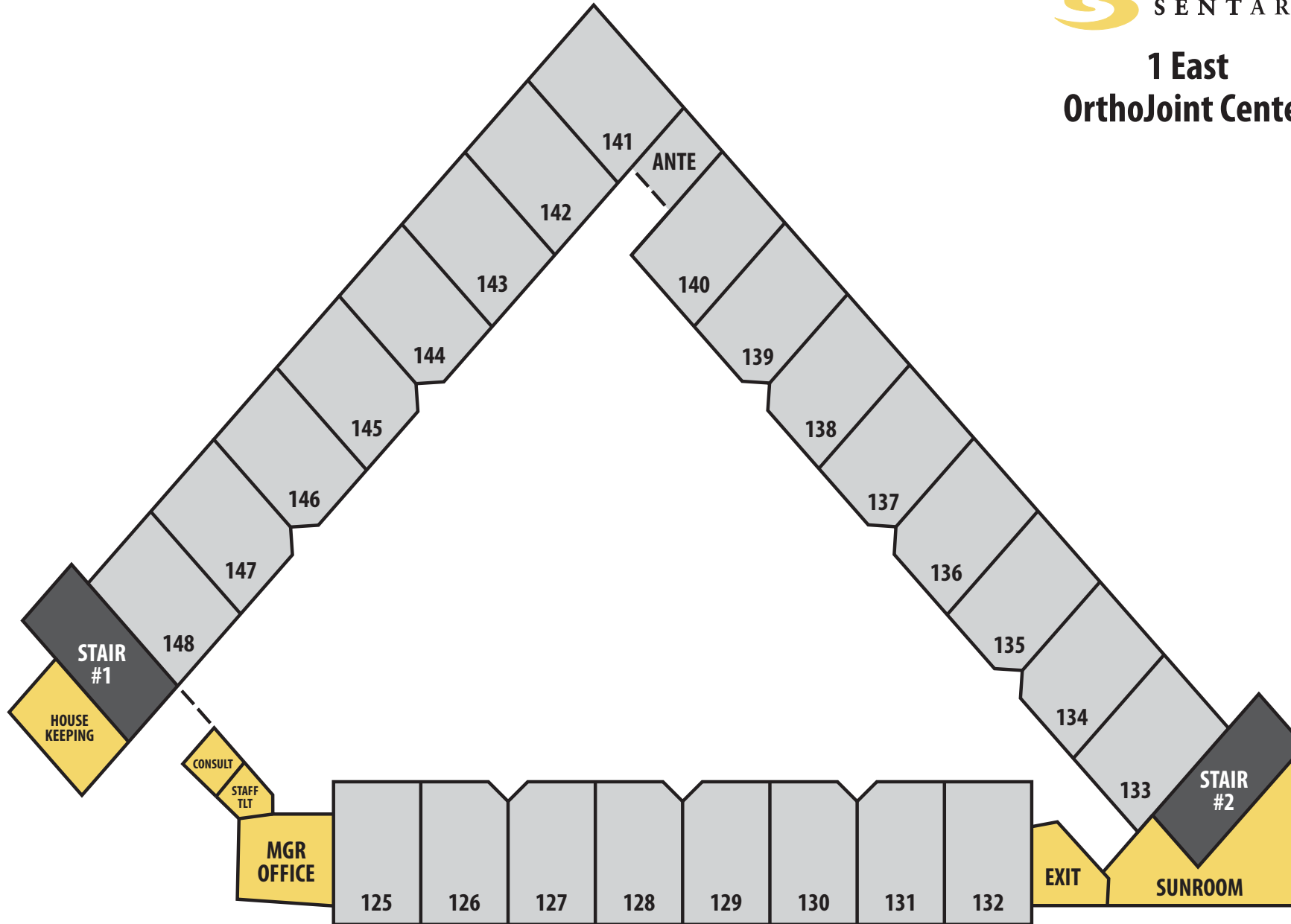
## Evening / Weekend Goals

## Speech

## Comments



# 1 East OrthoJoint Center



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