

Room # \_\_\_\_\_

Phone Ext. \_\_\_\_\_

Discharge Date: \_\_\_\_\_

**Self Care**

**Transfer & Mobility**

**Eating & Swallowing**

**Special Equipment**

Today Is: \_\_\_\_\_

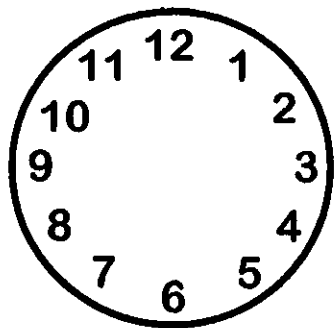
Your Nurse Is: \_\_\_\_\_

**Comfort Rounds**

Pain, Positioning, Elimination Needs, Environmental Scan

(a minimum of every 2 hours)

**A NURSE WILL BE BACK AT APPROXIMATELY:**



Pass: Weekend or Day Pass \_\_\_\_\_

**8:00am** \_\_\_\_\_

8:30am \_\_\_\_\_

**9:00am** \_\_\_\_\_

9:30am \_\_\_\_\_

**10:00am** \_\_\_\_\_

10:30am \_\_\_\_\_

**11:00am** \_\_\_\_\_

11:30am \_\_\_\_\_

**12:00pm** \_\_\_\_\_

12:30pm \_\_\_\_\_

**1:00pm** \_\_\_\_\_

1:30pm \_\_\_\_\_

**2:00pm** \_\_\_\_\_

2:30pm \_\_\_\_\_

**3:00pm** \_\_\_\_\_

3:30pm \_\_\_\_\_

**4:00pm** \_\_\_\_\_

4:30pm \_\_\_\_\_

**Evening**

**Weekend**

**Your Rehab Team:**

MRP: \_\_\_\_\_

PT: \_\_\_\_\_

OT: \_\_\_\_\_

Rec Therapy: \_\_\_\_\_

Speech Pathologist: \_\_\_\_\_

Rehab Physician: \_\_\_\_\_

Psychologist: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Dietitian: \_\_\_\_\_

**Attendance at Therapy is Expected**