

Patient Communication Board to include the following information:



Patient Room #: \_\_\_\_\_ Patient Telephone #: \_\_\_\_\_

Date: \_\_\_\_\_ Day of the Week: \_\_\_\_\_

Nurse: \_\_\_\_\_ Patient Care Assistant (PCA): \_\_\_\_\_

Nurse Phone #: \_\_\_\_\_ PCA phone #: \_\_\_\_\_

Care Coordinator/Social Worker: \_\_\_\_\_ phone #: \_\_\_\_\_

Activity: \_\_\_\_\_

Physical Therapy Schedule: \_\_\_\_\_ AM \_\_\_\_\_ PM

Weight Bearing Status: \_\_\_\_\_

Incentive Spirometry (use every 1-2 hours while awake) Goal: \_\_\_\_\_

Oxygen: \_\_\_\_\_

Pain scale: ☹ 10-9 ☹ 8-7 ☹ 6-5 ☺ 4-3 ☺ 2-1

Pain Medication last given at: \_\_\_\_\_

Other:

**Compliments of *Auxiliary of Bethesda Hospital***