

**Date:** 6/6/16

**Patient Name:** David Jones

**Nurse:** Nancy

**PCA:** Peter

**Doctor:** Dr. Smith

**Anticipated Discharge Date:** 6/19/16

**Goal for the Day:**

Walk to the bathroom.

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**Question(s) for your Care Team:**

Will my doctor be into see me today?

**Hourly Safety Rounding**

7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM
✓	✓		✓	✓	✓	✓					
7PM	8PM	9PM	10PM	11PM	12AM	1AM	2AM	3AM	4AM	5AM	6AM



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