




CUSTOM PRINTED PATIENT WHITE BOARDS

Our Custom Printed Patient White Boards are available as magnetic and non-magnetic surfaces. Available in any size and are full color. White boards are warranted for five years as a dry erase surface. The warranty requires that only commercially available DRY ERASE markers be used on the board. Accessory kits with DRY ERASE markers, eraser and cleaning solution are available for purchase from Innersource.

1 Acute Rehab Patient White Board 36" h x 24" w

 Our goal is to provide care that exceeds your expectations.			
Today's Date	Shift	Telephone 330-480-5501	Room/Bed 5501A
Expected Date of Discharge	Room Service 3438 (DIET)	Housekeeping 6677	
Your Nursing Team RN _____ LPN _____ HCA _____		Your Physician _____	
ADL's Grooming _____ Bathing _____ UE Dressing _____ LE Dressing _____		Diet _____	
Hourly Rounding Log Midnight _____ Noon _____ 0100 _____ 1300 _____ 0200 _____ 1400 _____ 0300 _____ 1500 _____ 0400 _____ 1600 _____ 0500 _____ 1700 _____ 0600 _____ 1800 _____ 0700 _____ 1900 _____ 0800 _____ 2000 _____ 0900 _____ 2100 _____ 1000 _____ 2200 _____ 1100 _____ 2300 _____		I & O Transfers Commode _____ Sit ↔ Stand _____ Sit ↔ Supine _____ Stand ↔ Pivot _____	
Ambulation _____			
Speech _____			
Patient Working On/Goals			
Patient/Family Questions			
Patient is <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Other _____ Patient's Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
Please have family take all valuables home. St. Elizabeth Health Center is not responsible for personal items.			

2 General Patient White Board 36" h x 24" w

 Our goal is to provide care that exceeds your expectations.			
Today's Date	Shift	Telephone 330-480-4264	Room/Bed 4214B
Expected Date of Discharge	Room Service 3438 (DIET)	Housekeeping 6677	
Your Nursing Team RN _____		Your Physician _____	
Pain Rating Scale 			
Today's Goal/Communication			
Next Pain Medication Time:			
Hourly Rounding Log Midnight _____ Noon _____ 0100 _____ 1300 _____ 0200 _____ 1400 _____ 0300 _____ 1500 _____ 0400 _____ 1600 _____ 0500 _____ 1700 _____ 0600 _____ 1800 _____ 0700 _____ 1900 _____ 0800 _____ 2000 _____ 0900 _____ 2100 _____ 1000 _____ 2200 _____ 1100 _____ 2300 _____			
Patient/Family Questions			
Patient is <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Other _____ Patient's Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
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Accessory Kit Includes

- Two Expo dry erase markers
- One eraser
- One spray bottle of cleaning solution
- A light weight container to hang contents on wall next to your white board

- ARCHITECTURAL SIGNAGE
- INTERIOR/EXTERIOR
- WAYFINDING/CONSULTING
- ADA COMPLIANT

3 OB Patient White Board
 36" h x 24" w

Our goal is to provide care that exceeds your expectations.																										
Today's Date <input type="text"/>	Telephone 330-480-7259	Room/Bed 7209B																								
Expected Date of Discharge <input type="text"/>	Room Service 3438 (DIET)	Housekeeping 6677																								
Your Nursing Team RN _____		Your Physicians OB/GYN _____ Pediatrician _____																								
Pain Rating Scale 		Morning Blood Labs Due? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
Next Pain Medication Time: <input type="text"/>		Video Channel _____																								
Hourly Rounding Log <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Midnight _____</td> <td style="width: 50%;">Noon _____</td> </tr> <tr> <td>0100 _____</td> <td>1300 _____</td> </tr> <tr> <td>0200 _____</td> <td>1400 _____</td> </tr> <tr> <td>0300 _____</td> <td>1500 _____</td> </tr> <tr> <td>0400 _____</td> <td>1600 _____</td> </tr> <tr> <td>0500 _____</td> <td>1700 _____</td> </tr> <tr> <td>0600 _____</td> <td>1800 _____</td> </tr> <tr> <td>0700 _____</td> <td>1900 _____</td> </tr> <tr> <td>0800 _____</td> <td>2000 _____</td> </tr> <tr> <td>0900 _____</td> <td>2100 _____</td> </tr> <tr> <td>1000 _____</td> <td>2200 _____</td> </tr> <tr> <td>1100 _____</td> <td>2300 _____</td> </tr> </table>			Midnight _____	Noon _____	0100 _____	1300 _____	0200 _____	1400 _____	0300 _____	1500 _____	0400 _____	1600 _____	0500 _____	1700 _____	0600 _____	1800 _____	0700 _____	1900 _____	0800 _____	2000 _____	0900 _____	2100 _____	1000 _____	2200 _____	1100 _____	2300 _____
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Patient's Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____																										
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4 ED White Board
 18" h x 24" w

Our goal is to provide care that exceeds your expectations.		
Pain Rating Scale 	Do not eat or drink anything until the nurse checks with the physician.	
To maintain confidentiality and privacy, please limit the number of visitors to 1 per room.		
Your Nurse <input style="width: 100%;" type="text"/>	Your Tech <input style="width: 100%;" type="text"/>	Your Physician <input style="width: 100%;" type="text"/>
Keeping you informed You are waiting for: <input type="checkbox"/> Lab Results <input type="checkbox"/> X-Ray Results <input type="checkbox"/> CT Results <input type="checkbox"/> Ultrasound Results <input type="checkbox"/> Room Assignment <input type="checkbox"/> Other _____	Keeping us informed We need from you: <input type="checkbox"/> Urine Sample <input type="checkbox"/> Stool Sample <input type="checkbox"/> Sputum Sample <input type="checkbox"/> Other _____	Patient/Family Questions <input style="width: 100%;" type="text"/>
RN Communication Patient is <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Other _____ Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
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- ARCHITECTURAL SIGNAGE
- INTERIOR/EXTERIOR
- WAYFINDING/CONSULTING
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5 ED Physicians On Call White board
 45" h x 46" w

2.5" h x 4" w
 Changeable Magnets

SEPT.	ED DR:		TRIAGE RN:		
5	CHARGE RN:		THRUCARE RN:		
BED	DR/PA	PATIENT	COMMENTS	PRIVATE PHYSICIAN	TEAM
E1					
E2					
E3					
E4					
E5					
E6					
E7					
E8					
E9					
E10					
E11					
E12					
E14					
E15					
E16					
E17					

Accessory Tray

6 Magnetic White Board With Aluminum Frame
 17-3/4" h x 13-3/4" w

Includes Changeable Magnets
 pieces for the day of the week.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY