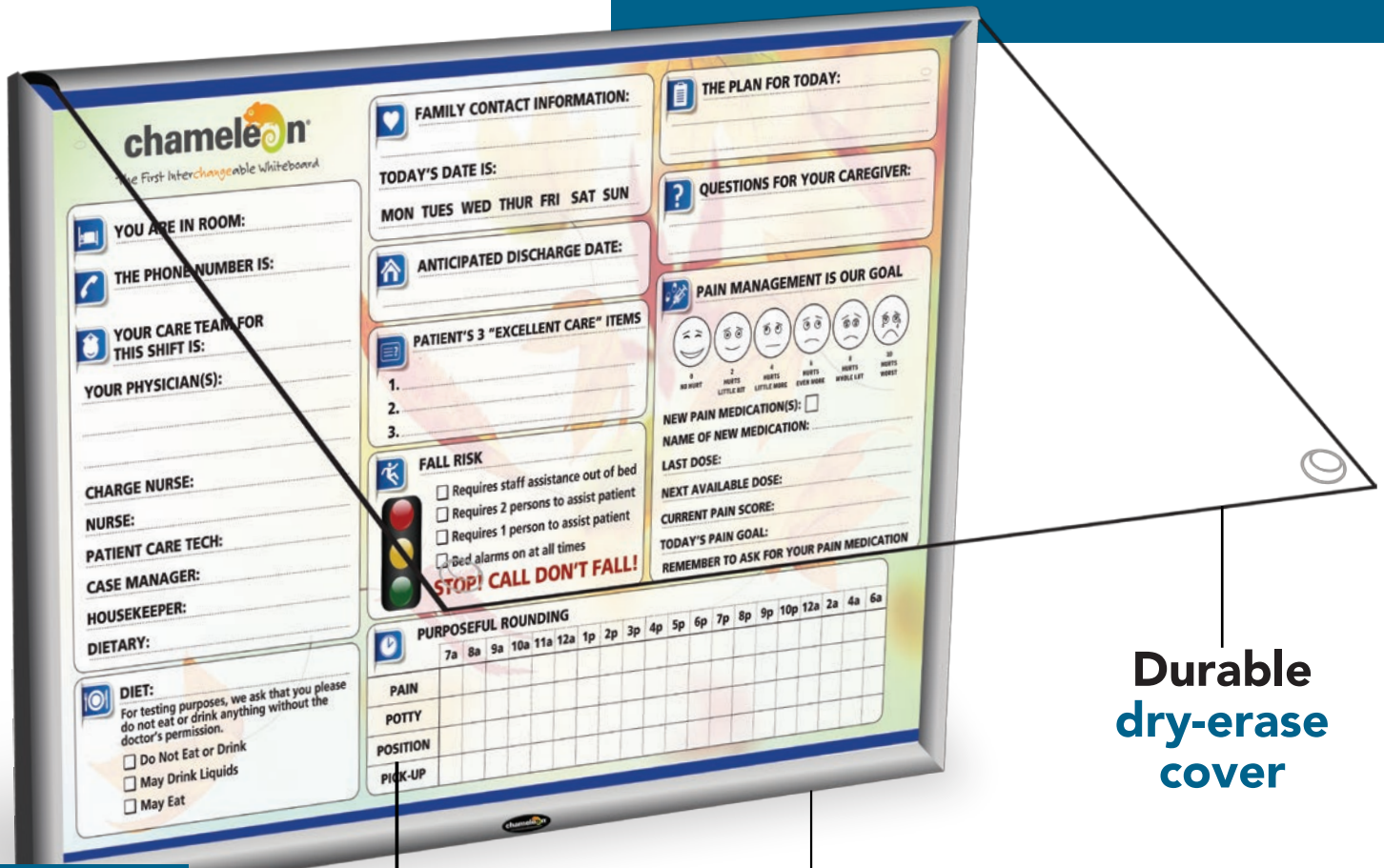




THE FIRST INTERCHANGEABLE WHITEBOARD.

- ✓ ELIMINATES staining, shadowing and ghosting seen with traditional and pre-printed boards
- ✓ DURABLE – Designed to last 15 -20 years
- ✓ PREVENTS the high cost of replacement
- ✓ ACTIONABLE – easy to use
- ✓ TRANSFORMABLE – Content can be easily updated for any reason at any time



Durable dry-erase cover

Your choice of attractive frames

Custom-designed inserts

DESIGNED FOR THE RIGOROUS NEEDS OF THE HEALTHCARE INDUSTRY. PERFECT FOR ANY BUSINESS.



US Patent No. 8672687  
US Patent No. 9039422  
US Patent No. 9481199

# THE CHAMELEON® SYSTEM

Inserts **custom designed** for each client with your logo and branding.

Frame can hold up to **three pre-printed single or double sided interchangeable durable inserts** to quickly switch between languages or communication needs.

Its **dry-erase plexiglass cover** is uniquely designed to protect both the white magnetic board and your custom interchangeable Insert(s), and erases perfectly clean, eliminating the need for replacement.

**Easy to install** and compatible with a variety of wall surfaces. Installation services also available.

Available in both **wood and metal finishes** in a variety of sizes and colors, as well as **frameless** designs.

**Magnetic surface** works with or without magnetic name badges.



## CUSTOMIZATION OPTIONS INCLUDE:

### Frame styles:

#### METAL



Satin



Anodized black

#### WOOD STAIN



Natural



English Chestnut



Dark Walnut



Cherry



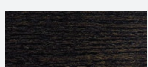
Other/Custom



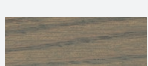
Golden Oak



Pickled Oak



Ebony



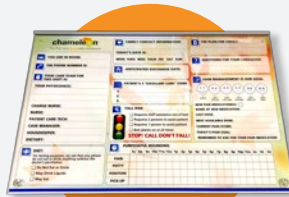
Classic Gray

Additional wood stains are available to match any decor or wood stain preference.

### Locking options:

- Magnetic locks
- Threaded locks
- Security locks

### Frameless Whiteboards



### Standard frame sizes include:

- 13"x15" vertical
- 15"x13" horizontal
- 18"x24" vertical
- 24"x18" horizontal
- 24"x24" square
- 24"x36" vertical
- 36"x24" horizontal
- 30"x30" square
- 36"x48" vertical
- 48"x36" horizontal
- 60"x48" vertical
- 72"x48" horizontal
- 96"x48" horizontal

# THE CHAMELEON® SYSTEM



Whatever you need to communicate...  
**WE'VE GOT YOU COVERED.**

## CHOOSING CHAMELEON WILL...

- ✓ FACILITATE effective communication, messaging and branding
- ✓ IMPROVE patient/consumer satisfaction
- ✓ POSITIVELY IMPACT patient/consumer survey scores, CAHPS scores etc...
- ✓ INCREASE brand awareness, recommendations and loyalty
- ✓ PROMOTE facility/organizational consistency



## Optional Accessories and Additions

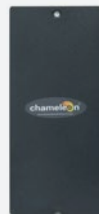
- Alternate languages
- Additional inserts
- Double-sided printing (alternate language on back)
- Pre-printed room and phone numbers
- Custom sizes to fit any wall space



Patented Eraser/Marker Combo Packs

Satin & Black rolling stands

Metal Wall Plates



Durable Trays



Cork and Porcelain Sideboards



Custom-designed inserts for any department or any industry.

**Tennova Healthcare**  
Our goal is to provide exceptional care to every patient, every encounter, every day.  
Rapid Response Team DIAL EXT. 2911

Preferred Name: \_\_\_\_\_ Room #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Physician: \_\_\_\_\_ Name: \_\_\_\_\_  
Nurse: \_\_\_\_\_ Name: \_\_\_\_\_  
Tech: \_\_\_\_\_ Name: \_\_\_\_\_  
Charge Nurse: \_\_\_\_\_ Name: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ Name: \_\_\_\_\_

**Activity**  
Diet:  Not eat or drink  Not eat  Not have liquids  
 Not have to sleep  Not have fluids

**Family Contact:**  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Next Pain Med Due: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Side Effects: \_\_\_\_\_

**Pain Control is our Goal**  
Pain Level: \_\_\_\_\_  
Next Pain Med Time: \_\_\_\_\_

**Plan of Care**  
Going Home: \_\_\_\_\_  
List Director Phone #: \_\_\_\_\_

**YOUR COMMUNICATION BOARD**  
chameleon  
DATE: \_\_\_\_\_  
S M T W T F S

CARE UNIT: \_\_\_\_\_ ROOM #: \_\_\_\_\_ NURSE: \_\_\_\_\_  
DIRECTOR: \_\_\_\_\_ TECH: \_\_\_\_\_  
DOCTORS: \_\_\_\_\_ CHARGE NURSE: \_\_\_\_\_  
CASE MANAGER: \_\_\_\_\_

**DAILY ACTIVITY**  
ACTIVITY: \_\_\_\_\_  
DYSPHAGIA SCREEN:  PENDING  COMPLETE  
BATH: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_  
TESTS/PROCEDURES: \_\_\_\_\_  
ISOLATION: NO YES

**FALLS RISK**  
**STOP! CALL DON'T FALL**  
 Requires staff assistance out of bed  
 Requires 2 persons to assist patient  
 Requires 1 person to assist patient  
 Bed alarms on at all times

**PAIN MANAGEMENT**  
PAIN GOAL: \_\_\_\_\_  
LEVEL: \_\_\_\_\_ TIME: \_\_\_\_\_  
NEXT REASSESSMENT TIME: \_\_\_\_\_  
NEXT PAIN MED TIME: \_\_\_\_\_

**CONTACT INFORMATION**  
FAMILY CONTACT: \_\_\_\_\_  
FAMILY PHONE: \_\_\_\_\_  
FAMILY NOTES: \_\_\_\_\_

**NEW MEDICATIONS**  
REASON: \_\_\_\_\_  
SIDE EFFECTS: \_\_\_\_\_

**GOALS FOR TODAY:**  
CORE MEASURES (PRIORITY CARE):  
 Ventilator Management  Foley (Catheter)  
 Prevention of blood clots  Central Line  
 Patient Education  Other: \_\_\_\_\_

**Patient Safety and Quality Care is our Goal!**

**North Alabama Healthcare**  
WELCOME TO THE INTENSIVE CARE UNIT  
TODAY'S DATE: \_\_\_\_\_ ROOM #: 555  
S M T W T F S PHONE #: (212) 555-1212

**CARE TEAM CONTACT**  
NURSE: \_\_\_\_\_  
ATTENDING PHYSICIAN: \_\_\_\_\_  
PHYSICIAN CONSULTS: \_\_\_\_\_  
THERAPIST: \_\_\_\_\_  
OTHER: \_\_\_\_\_

**CARE TEAM NOTES**  
Activity Level: Assist  x1  x2  MAX  (NA)  
# Days on Vent: \_\_\_\_\_  
Special Considerations:  
 Hard of Hearing  Blind  Other: \_\_\_\_\_

**PAIN CONTROL**  
Working together to control your pain.  
PAIN LEVEL: \_\_\_\_\_  
NEXT PAIN MED: \_\_\_\_\_

**PATIENT INFORMATION**  
Patient Preferred Name: \_\_\_\_\_  
Primary Contact Phone Number(s): \_\_\_\_\_  
Primary Language Non-English: \_\_\_\_\_

**CARE TEAM INFORMATION**  
Goal / Plan / Procedures for Today: \_\_\_\_\_

**FALL PREVENTION**  
 Low Fall Risk  Medium Fall Risk  High Fall Risk  
 Bed Alarms on at All Times

**STOP! CALL DON'T FALL! CALL FOR HELP TO GET UP!**

**PAIN MANAGEMENT IS OUR GOAL**  
Pain Level: \_\_\_\_\_  
Next Pain Med Time: \_\_\_\_\_

**WHAT IS IMPORTANT TO ME TODAY?**  
Patient Nutrition: \*1550  
 Do not eat or drink  
Diet: \_\_\_\_\_  
Housekeeping: \*1580  
Your room was cleaned at: \_\_\_\_\_

**ANTICIPATED TRANSFER/DISCHARGE PLAN**  
 Today  1-2 Days  Other  
Discharge Planner: \_\_\_\_\_

**Rapid Response Team**  
If your family member's condition is worsening, call your nurse or call the Rapid Response Team at "CALL #555"

**Thank you for allowing us to care for you today. Your safety is our priority. Do not hesitate to ask caregivers to sanitize their hands.**

**Deacon Community Hospital**  
Our goal is to provide Exceptional Care  
WELCOME TO THE EMERGENCY ROOM  
Please silence your cell phone

Date: \_\_\_\_\_  
Room #: \_\_\_\_\_  
Physician: \_\_\_\_\_  
Nurse: \_\_\_\_\_  
Tech: \_\_\_\_\_

**TREATMENT PLAN**  
ORDERED: \_\_\_\_\_  
 Labs 60-90 minutes  
 X-Rays 45-90 minutes  
 Ultrasound 60-90 minutes  
 CT Scan 60-180 minutes  
 Doctor to Review  
 Will be Admitted  
 Medication

**PAIN MANAGEMENT**  
PAIN LEVEL: \_\_\_\_\_  
NEXT PAIN MED: \_\_\_\_\_

**DIET**  
 NPO  
 Solid Sample  
 Spontum  
 Blood Sample  
 Other: \_\_\_\_\_

**WHAT WE NEED FROM YOU**  
 Urine Sample  Stool Sample  
 Sputum  Blood Sample  
 Other: \_\_\_\_\_

**PLEASE DO NOT EAT OR DRINK ANYTHING WITHOUT THE DOCTOR'S PERMISSION.**  
 Do not eat or drink  
 May drink liquids  
 May eat

**SPEAK UP FOR CLEAN HANDS! CALL DON'T FALL!**

**STAFF COMMUNICATION**

Thank you for allowing us to care for you today. Patient safety and quality care is our goal.

HEALTHCARE: INPATIENT / MED-SURG / ICU

EMERGENCY ROOM

**Room #** \_\_\_\_\_ **Room phone #** \_\_\_\_\_

Today's date: \_\_\_\_\_

Preferred language: \_\_\_\_\_  
Support person: \_\_\_\_\_  
Care team: \_\_\_\_\_  
Provider(s): \_\_\_\_\_  
Nurse: \_\_\_\_\_  
CNA / Tech: \_\_\_\_\_  
Other: \_\_\_\_\_

**Activity**  
 I can get up by myself  I need help when I am out of bed  
 I need a wheelchair  Playroom activity

**Precautions**  
 Fall risk  Allergy  
 Chemo  Isolation  
 Feeding  Seizure

**Pain management**  
Pain goal: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Time given: \_\_\_\_\_  
Next available: \_\_\_\_\_

**Diet**  
I can eat \_\_\_\_\_  
Browslow color: \_\_\_\_\_

**Goals of care / Messages**  
What is your goal today? \_\_\_\_\_

**Next steps**  
Estimated date of discharge: \_\_\_\_\_

**chameleon**  
Expected Discharge Date: \_\_\_\_\_ Discharge Class: \_\_\_\_\_  
I prefer to be called: \_\_\_\_\_ My Care Partner is: \_\_\_\_\_  
I speak: Insign Spanish Russian Other: \_\_\_\_\_  
Your Nursing Assistant: \_\_\_\_\_  
MC Certified Nurse Midwife: \_\_\_\_\_  
Intensive Care Nurse: 4888  
What's important to me? \_\_\_\_\_

**Falls Risk / Activity**  
 NO RISK  
 Low Risk  
 High Risk  
Call Nurse for help getting out of bed  
Call Nurse for help getting into bed

**Diet**  
Room Service #: 888-4000-3888  
 May have normal diet  
 May drink clear liquids  
 Do not eat or drink

**The Plan for Today:**  
 Shower  Warm packs  
 Bed  Cold packs  
 Procedure  
 Lab

**Newborn Care Plan**  
 Breastfeed  Feed/Threaten  
 Sleep/Feed  Car seat safely  
 Burp/Feed  Circumcision  
 Bath/Wash  Photograph  
 New/Binding  
 Newborn Information  Discharge

**Managing Your Pain**  
Today's pain goal: \_\_\_\_\_  
Next available dose: \_\_\_\_\_

**Children's Medical Center**  
Room #: ES03-2 Phone #: 644-2903  
Today's Date: \_\_\_\_\_

**THINGS ABOUT ME**  
I would like to be called: \_\_\_\_\_

**MY CARE TEAM**  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Patient Care Technician: \_\_\_\_\_  
Attending Physician: \_\_\_\_\_  
Child Life: \_\_\_\_\_  
Care Team Members: \_\_\_\_\_

**ACTIVITY**  
Child Life: \_\_\_\_\_

**DIET**  
PAIN MANAGEMENT: \_\_\_\_\_  
Last dose of pain medication: \_\_\_\_\_  
Next available dose: \_\_\_\_\_

**FAMILY COMMUNICATIONS**  
Name / Phone: \_\_\_\_\_  
Name / Phone: \_\_\_\_\_

**CARE TEAM COMMUNICATIONS**

Welcome to 5 North Trauma & Specialty Surgery  
Our goal is to exceed your expectations.

Room #: \_\_\_\_\_ Hospital Phone #: \_\_\_\_\_

**YOUR CARE TEAM**  
NURSE: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
CNV: \_\_\_\_\_  
ATTENDING PHYSICIAN: \_\_\_\_\_  
TEAM: \_\_\_\_\_  
TURN PT TIME: \_\_\_\_\_  
Diet: \_\_\_\_\_

**TODAY IS:**  
PATIENT'S PREFERRED NAME: \_\_\_\_\_  
PAIN MANAGEMENT IS OUR GOAL  
PAIN LEVEL: \_\_\_\_\_  
NEXT PAIN MED: \_\_\_\_\_

**FAMILY NAME:** \_\_\_\_\_ **FAMILY PHONE #:** \_\_\_\_\_

**VITAL SIGNS**  
T: \_\_\_\_\_  
P: \_\_\_\_\_  
R: \_\_\_\_\_  
SPO2: \_\_\_\_\_  
CHEMISTRIES: \_\_\_\_\_  
0600 \_\_\_\_\_  
1000 \_\_\_\_\_  
1400 \_\_\_\_\_  
2000 \_\_\_\_\_

**PLAN FOR THE DAY**  
AMBULATION: \_\_\_\_\_ AM MID DAY PM  
UP IN CHAIR

**FALLS RISK**  
**STOP! CALL DON'T FALL**  
 Requires staff assistance out of bed  
 Requires 2 persons to assist patient  
 Requires 1 person to assist patient  
 Bed Alarms  On  Off  2  
 Contact Nurse before leaving patient

WOMEN'S CARE AND PEDIATRICS

TRAUMA AND SURGERY

**Home Health Partners (615) 656-3280**

NURSE	SUN	MON	TUE	WED	THU	FRI	SAT
AIDE							
THERAPY							
OTHER							

**YOUR MEDICATIONS**  
Prescription: \_\_\_\_\_  
Use: \_\_\_\_\_  
Instructions: \_\_\_\_\_  
Prescription: \_\_\_\_\_  
Use: \_\_\_\_\_  
Instructions: \_\_\_\_\_  
Prescription: \_\_\_\_\_  
Use: \_\_\_\_\_  
Instructions: \_\_\_\_\_  
Prescription: \_\_\_\_\_  
Use: \_\_\_\_\_  
Instructions: \_\_\_\_\_

**NEXT APPOINTMENT**  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Your local pharmacy number is: (214) 287-6059

**CHI St. Vincent ED HUDDLE BOARD** Year: \_\_\_\_\_

Quality Metrics	Goals	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Falls	0												
Pt. Disposition to Admission	≤ 30 min												
Inpatient ADC	12												
Volume	-												
Door to ED Bed	≤ 20 min												
Door to Provider	≤ 30 min												
Bed to Provider	≤ 10 min												
ALOS (DC Pts)	≤ 120 min												
ALOS (Transferred Pts)	≤ 240 min												
# of Admits	-												
Transfer %	< 7%												
LWBS	< 2%												

Huddle Topic of the Week: \_\_\_\_\_  
Quality Measure to Focus On: \_\_\_\_\_

**Rehabilitation Care Unit Care Board**

My Care Team is:  
Name: \_\_\_\_\_  
Patient Care Tech (PCT): \_\_\_\_\_  
Physician: \_\_\_\_\_

**Managing My Pain:**  
Pain Management: \_\_\_\_\_  
Pain Scale: \_\_\_\_\_

**My Plan of Care:**  
Current Status: \_\_\_\_\_  
Bed Mobility: \_\_\_\_\_  
Transfer: \_\_\_\_\_  
ADL: \_\_\_\_\_  
Talking: \_\_\_\_\_  
Patient Goals: \_\_\_\_\_

**Precautions:**  
 Weight Bearing  
 Serial Precautions  
 Central Precautions  
 No Precautions  
 Other: \_\_\_\_\_

**My Diet:**  
Diet: \_\_\_\_\_  
Allergen Restrictions: \_\_\_\_\_  
Discharge Plan: \_\_\_\_\_

**Additional Contacts:**  
Client Name Manager: \_\_\_\_\_  
Case Manager: \_\_\_\_\_  
Specialist: \_\_\_\_\_

**MATHER STEP-DOWN**  
Room #226-2  
Phone: 631-473-1320 ext. 2262

**YOUR CARE TEAM**  
Registered Nurse: \_\_\_\_\_  
Nursing Assistant: \_\_\_\_\_  
Admitting Doctor: \_\_\_\_\_  
Intensivist: \_\_\_\_\_  
Specialist: \_\_\_\_\_  
Social Worker: \_\_\_\_\_  
Respiratory Therapist: \_\_\_\_\_

**TODAY'S DAY AND DATE**

**QUESTIONS**

**GOAL FOR TODAY**  
Pending Tests: \_\_\_\_\_  
Required Specimens:  Yes  No

**PAIN MANAGEMENT**  
Last Dose: \_\_\_\_\_  
PAIN LEVEL: \_\_\_\_\_

**DIET**  
 Nothing by mouth  
 Aspiration Precautions

**ACTIVITY**

**CONTACT NUMBERS**  
Nurse Manager: 5247 Assistant Nurse Manager: 5335  
TV & Phone Service: 4492

COUNT BOARDS

NURSING HUDDLE BOARDS

REHABILITATION

STEP-DOWN

...and many more. Let us know how we can help you.