



Instructions: Check (✓) off all completed tasks. Complete all tasks which are either checked or noted on patient Plan of Care

Employee's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Employee # \_\_\_\_\_ Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

<b>1. USE BLACK INK ONLY</b> 2. Fill this form out every day you visit this patient. 3. You and the patient must sign daily. 4. In case of a patient emergency, call 911 and then notify Agency at <b>718-627-0300</b> . 5. <b>Mail, email or bring this form to your Agency every Friday.</b>	Day	Date	VISITS		Total hours worked	Patient's signature	Employee's signature
			Time arrived in patient's home	Time left patient's home			
	Saturday	/					
	Sunday	/					
	Monday	/					
	Tuesday	/					
	Wednesday	/					
	Thursday	/					
Friday	/						

#	Personal care	S	S	M	T	W	T	F	#	Activity	S	S	M	T	W	T	F	
100	Bath - Tub								300	Transferring								
101	Bath - Shower <input type="checkbox"/> Shower Chair <input type="checkbox"/> With Back <input type="checkbox"/> Shower Bench <input type="checkbox"/> Backless								301	Assist with walking								
102	Bath-bed								302	Assistive Devices <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair								
103	Patient requires Total care								305	Assist with home exercise program								
106	<input type="checkbox"/> Mouth care <input type="checkbox"/> Denture care								306	Range of Motion Exercises								
107	Hair Care - Comb								311	Turning and Positioning (at least Q2)								
108	Hair Care - Shampoo								<i>Treatment / Special Needs</i>									
109	Grooming - Shave with Electric Razor								400	Take Temperature <input type="checkbox"/> Record								
110	Grooming - Nails - <b>DO NOT CUT</b>								403	Take Pulse <input type="checkbox"/> Record								
111	Dressing <input type="checkbox"/> Assist <input type="checkbox"/> Complete								404	Take Respirations <input type="checkbox"/> Record								
112	Skin Care <input type="checkbox"/> Apply Lotion								405	Take Blood Pressure <input type="checkbox"/> Record								
113	Foot care + Check Feet Daily								406	Weight Patient <input type="checkbox"/> Record								
114	Toileting: <input type="checkbox"/> Diapers <input type="checkbox"/> Pads								407	Record Output <input type="checkbox"/> Urine <input type="checkbox"/> BM								
115	Toileting - Commode								408	Assist with catheter care								
116	Toileting: <input type="checkbox"/> Bedpan <input type="checkbox"/> Urinal								409	Empty Foley Bag								
117	Toileting - Toilet								410	Assist with ostomy care								
<i>Nutrition</i>										411	Remind to take medication							
201	Patient is on a prescribed diet								412	Assist with treatment								
529	Diet - Regular								<i>Patient Support Activities</i>									
530	Diet - Low Salt / No Added Salt								500	Change Bad Linen								
531	Diet - 2gm Sodium								501	Patient Laundry Machine Wash Only								
532	Diet - Low fat								502	Light Housekeeping								
533	Diet - Low Cholesterol								505	Clean Patient Care Equipment								
534	Diet - No Concentrated Sweets								506	Do Patient shopping and errands								
535	Diet - ADA Calories								508	Accompany to appointments								
536	Diet - Renal								509	Diversional Activities - Speak/Read								
537	Diet - Fluid Restriction								511	Monitor Patient Safety								
538	Other Diet								539	Fall Precautions <input type="checkbox"/> H/O Falls								
202	Prepare Breakfast								540	Seizure Precautions								
203	Prepare Lunch								541	Bleeding Precautions								
204	Prepare Dinner								542	Standard Precautions								
205	Prepare Snack								543	Oxygen Safety Precautions								
206	Assist with feeding								544	Observation of Skin Condition								
207	Record intake - Food								By my signature I certify that I have been oriented to this patient's plan of care. I have reviewed the Aide Care Plan for any changes or updates and that this client received the services checked above. The information documented here is true and correct.									
208	Record intake - Fluid																	