



Start of Shift Procedure

It is everyone's responsibilities to ensure the best care for every client. The following procedure will help meet this goal by making certain that every caregiver has the most up to date information for their client.

- 1. Arrive for your shift on time** to allow the outgoing caregiver to give you a good report and to count controlled substances if in use
- 2. Review the Service Plan** at the beginning of each shift. Note sleeping and eating schedules. These will help you plan your day. Note items such as hearing aids, glasses, and other assistive devices that need to be used
- 3. Review the Medication Administration Record (MAR)** at the beginning of every shift if in use. Note what times medications are to be given. Check the mediset slots for your entire shift against the MAR. Doing this early in the shift will prevent administration delays and last minute phone calls for incorrect/missing medications. Sign and initial the bottom of the MAR if this is your first visit to the house that month
- 4. Review the PRN medications** at the beginning of each shift. Looking over these will give you a better understanding of your client's medical status and will prepare you for medical complications such as chest pain, shortness of breath, or constipation. Sign and initial the bottom of the sheet if this is your first visit to the house that month
- 5. Review all flow sheets** at the beginning of each shift and note what times procedures are to be done. If the Service Plan indicates that we chart bowel movements (BM), note the last time the client had a BM. Sign and initial the bottom of the sheets if this is your first visit to the house that month
- 6. Review the daily charting notes** for the past week or since your last shift (whichever is shorter). These notes will tell you how the client is doing, if there are problems or concerns to be aware of, and if there are any planned activities
- 7. Wash hands before performing client care.** By thoroughly washing hands with soap and warm water, we significantly reduce to the risk spreading infectious illness.

I have reviewed the Start of Shift Procedure and a copy has been provided to me for use at client homes. I understand that I am responsible for following the procedure and for reporting changes to my supervisor immediately.

Caregiver Signature: _____ Date: _____

Printed Name: _____