

Please use this form for your daily charting. If you are the only caregiver in the home you can use each section below as a separate day. If you are one of two or more caregivers in the home then each of you should use a separate section and chart/initial separately for each shift. Please be specific in your charting and chart if you offered care but the patient refused.

Initials	Start of Shift Checklist		Exercise	Initials	Date:	Shift:
	Arrived on time		Exercise/PT/OT			
	Reviewed Service Plan		ROM			10 min break for every 4 hours
	Reviewed MAR		Daily walk			Yes
	Checked Mediset					No Explain:
	Reviewed PRN meds		Nutrition			
	Reviewed Flow Sheets		Meal Planning			
	Read past weeks' charting		Assist with Feeding			Meal Period 30 consecutive minutes for shifts longer than 6 hours
	Wash hands before care		Prepare/Serve Meals			
			Offer/Encourage Fluids			Yes
	Personal Care		Snacks			No Explain:
	Assist with Ambulation		Appetite Poor/Fair/Good			
	Assist with transfers					Signature:
	Use gait belt		Activities:			Initials:
	Stand by assist					Date: Shift:
	Side rails up					
	Turn reposition q 2 hours					10 min break for every 4 hours
	Clean glasses					Yes
	Hearing Aids __Both __Left __Right		Home Care			No Explain:
	Bath/shampoo		Make/Change Beds			
	Lotion/skin care		Laundry			
	Assist with dressing		Clean Bathrooms			Meal Period 30 consecutive minutes for shifts longer than 6 hours
	Mouth care		Clean Kitchen:			
			Wipe Counters			Yes
	Shave		Clean Stove			No Explain:
	Incontinent care		Wash Sink			
	Record BM **		Wipe Appliances			Signature:
	Call office if over 3 days Since last BM		Wash Dishes			Initials:
	Catheter care**		Sweep/Mop Floor			Date: Shift:
	Oxygen **		Living/Dining rooms			
	Blood pressure **		Vacuum/sweep			10 min break for every 4 hours
	CBG **		Dust			Yes
	Wound care **		Clear Pathways			No Explain:
	Weigh **		Empty wastebaskets at end of shift			
			Garbage Pick-up day _____			
	Medication Assistance		Errands:			Meal Period 30 consecutive minutes for shifts longer than 6 hours
	Remind & assist:					
	Morning		Wash hands after care			Yes
	Noon		Sanitize all Equipment			No Explain:
	Dinner		Report timeline within 30 min of end of shift			
	Bedtime		Report changes to Office			Signature:
			Maintain clean & safe environment			Initials:
	PCA administers meds		Check glove supply			

** See Flow Sheet

Psycho/Social Symptoms: *Drug/alcohol* abuse, marked change in *mood/behavior*, Increase in *confusion* or *memory loss*, Loss of family member or close friend, A change in the way the client *interacts* with you, Change in clients *financial* status, Signs of *exploitation/abuse*. **ANYTHING** that is different from the Service Plan.

[illegible]

Signature:	Initials:	Date:

[illegible]