404.12 Documentation of Care AM & PM SHIFTS

CLIENT NAME:_____

404.12

****If there are no PM shifts, please leave blank.**

******Please make sure that you fill out, comparing to Master Plan of Care and initial at the bottom.**

DATE														
Assist With The Following:	**Saturday**		**Sunday**		**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**	
COMPANIONSHIP	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**
Taking Walks/Exercise Program														
Friendly Conversation/Correspondence														
TRANSPORTATION ARRANGEMENTS														
Errands														
Grocery Shopping														
Appointments/Doctor's Visits														
Church														
Social Activities/Dining Out														
LIGHT HOUSEKEEPING														
Kitchen														
Bathroom														
Living Room														
Bedroom														
Change Bed Linens														
Laundry														
FLOORS Mop Vacuum														
TRASH Empty Bins To Curb														
MEALS														
BREAKFAST Prepare Serve Assist														
LUNCH Prepare Serve Assist														
DINNER Prepare Serve Assist														
Special Diet/ Encourage Fluids/Other														
PERSONAL ASSISTANCE														
BATHING: Sponge Tub Shower														
SHAMPOO: Wash Set Salon														
SHAVING: Electric/Razor or Facial Care														
SKIN CARE: Lotion Powder														
DENTAL CARE: Teeth Dentures														
HAIR CARE: Comb Brush														
Assist with Dressing														
NAIL CARE: Clean File														
UNDERGARMENT:Depends/Briefs/Pads														
PERI CARE ROUTINE														
Urination or Catheter														
Bowel Movements														
Turn/Re-position client														
Assist with Ambulation														
Medication Reminders														
Infection Control/ Handwashing														
OTHER														
RN Delegated Tasks														
Pet Care														
Monitor Home														
Other														
Initial at End of Your Shift														

*****Care Sheets due at Noon Monday Every 2 weeks*****

CAREGIVER'S First and Last Name _____ _____ _____ _____