

DAY OF THE MONTH	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
YEAR	MONTH													
SHIFT	D = 8A- 8P N = 8 P – 8 A		D	N	D	N	D	N	D	N	D	N	D	N
PERSONAL CARE														
	Assisted = A Supervised = S Independent = I													
Bath	Tub Bath = B Shower = S Bed-BB partial = p Complete = c Sitz Bath = Sb													
Teeth	Brush/Floss = B Dentures cleaned = Dc													
Hair	Shampoo = S Brushed-B Combed = C Hairdresser = H													
Skin	Normal=N, Dry = D, Red = R Rash = Ra. Open Sore = S Massage = M													
Dressing	Self = S Assist = A													
Fingernails	Cleaned = C Cut = Cu													
Shave	Electric – E / Razor - R													
ELIMINATION														
Bladder	Voided = V x # of times Incontinent = I x # of times													
Catheter	Foley = F/ Condom = C Intermittent Catheter = I/C													
Output = Amount														
Bowel	None = 0 Normal = N x # times Constipated = C x # times Diarrhoea = D x # of times Incontinent = I x # of times													
Peri Care	= P x # of times													
Ostomy Care	Skin care =Sc Bag changed=Bc													
ACTIVITY & MOBILITY														
Bed rest	Br Turn and Position Q--H													
Transfer	Full weight Bear = FWB Partial Weight Bear = PWB Assisted = A, Transfer Belt= Tb Hoyer Lift = H													
Ambulation	Up in chair = C Self = S, Assist = A, Cane=Ca Walker = W, Wheelchair = WC													
NUTRITION														
Meals	Full-F, 1/2, 1/4, Refused-R Fluids only-FL Supplements – S													
Snack	x # of times													
Fed	Independent-I, Assisted-A													
Weight	pounds													

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SHIFT	D = 8A- 8P N = 8 P - 8 A	D	N	D	N	D	N	D	N	D	N	D	N	D	N
SLEEP															
Sleep	Soundly = S, Difficulty falling asleep = Ds Frequent Waking = W														
Nap	Morning-M Afternoon-A														
ASSISTIVE DEVICES															
Glasses	G														
Hearing Aid	H														
BEHAVIOUR															
	Cooperative-C; Resistive-R Agitated-A, Wanders-W														
ACTIVITIES															
	Vistors														
	Out for walk = W, Shopping = S														
	TV = TV , Cards = C, Music =M														
HOME MANAGEMENT															
Laundry	✓														
Cleaning / Dusting	✓														
Vacuum	✓														
Grocery Shopping	✓														
VITAL SIGNS															
	Temperature														
	Pulse														
	Respiration														
	Blood Pressure														
	O2 Saturation														
	<i>Caregiver Initials</i>														
EQUIPMENT CHECK															
	BP Cuff & Stethoscope														
	Routine Equipment Check Minimum Q6W														

CARE PROVIDER PRINT FULL NAME	INITIAL	SIGNATURE AND DESIGNATION