At-Home Aid Care Plan

Patient's Name (last, first)			Week of:
Street Address:			
City:	State:	Zip:	

	Aid Hours (to be completed by Aid)							By signing below, the patient or guardian is verifying that these hours and services provided are correct.	
	Date	Time In	Time Out	Total Hours	Mileage	Bus Fare	other	*Patient Signature*	*Date*
Sun									
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									

Code: A = Home Aid to complete, P= Patient able to assist Home Aid

Check box below when care is completed

DX:	**Code**	**Personal Care:**	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
		[ ] take temperature							
		[ ] bed bath [ ] sponge bath by sink							
		[ ] tub [ ] shower							
		[ ] groom hair [ ] shampoo							
Additional Instructions:		[ ] mouth care [ ] denture care							
		[ ] nail care [ ] foot care							
		[ ] special skin care:							
		[ ] bedsore A:							
		B:							
		C:							
		[ ] special tube care:							
		[ ] dressing assistance							
		[ ] assist with medicines [ ] crush all pills							
		[ ] toileting assist							
		[ ] record bowel movements							
		[ ] daily weight - record on calendar							
		[ ] urine catheter. empty drainage bag							
		[ ] observe for physical / mental changes							
		[ ] provide emotional support							
		[ ] encourage conversation							
Use Universal Precautions!		[ ] other							
Dietary Functions:		[ ] meal planning and preparation							
Diet_____		[ ] feed patient - complete assist / partial assist							
		[ ] trouble swallowing [ ] puree food							
		[ ] appetitie - note							
		Additional Instructions:							
Patient Activities:		[ ] assist with ambulation [ ] don artifical limb							
		[ ] crutches [ ] stairs							
		[ ] cane [ ] walker							
		[ ] patient transfer [ ] hoyer lift							
		[ ] positioning / bedrest [ ] ROM to:_____							
		[ ] assist with exercises							
		[ ] follow-up therapy instructions: PT - OT - ST							
		Additional Instructions:							
Household Services:		[ ] change linens [ ] make bed							
		[ ] light cleaning per instructions							
		[ ] essential laundering							
		[ ] marketing [ ] errands							
		Additional Instructions:							