

HOME HEALTH AIDE CARE PLAN

Patient:	MRN#:	SOC Date:
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	Bathing	Nutrition	Check Vital Signs
	Tub	Prepare Meal	Temp
	Shower	Set Up Meal	95-101
	Sink	Assist with Eating	Pulse
	Bed Bath	Encourage Fluids	50-110
	Partial	Fluids Restricted	Blood Pressure
	Full Bath	Activity	90-180/50-90
	Grooming	Ambulation	Respirations
	Shampoo	Cane	12-18
	Comb/Brush	Walker	Special Considerations
	Nail Care	Gait Belt	
	Oral Hygiene	Mechanical Lift	
	Dentures	Range of Motion	
	Shave Elec. Reg.	Assist with Transfer	
	Foot Soak	Environment	
	Skin Care	Change Linens/Make Bed	
	Lotion	Clean Work Area	
	Powder	Light Housekeeping	
	Back Rub	Personal Laundry	
	Moisture Barrier	Medication	
	Reposition	Reminders	
	Assess for Skin Changes	Oxygen Assist	
	Dressing	Nebulizer Assist	
	Dressing Assistance	Social	
	Support Hose	Orient Time/Place/Person	
	Hygiene	Encourage Conversation	
	Empty Catheter Bag	Other	
	Record Output ✓	Universal Precautions	
	Empty Ostomy	Apply Dry Dressing	
	Empty Bedside Commode	and:	
	Peri Care		
	Incontinence Care		

Precautions:

Clinician Signature

Date

Clinician Signature

Date

Clinician Signature

Date

Clinician Signature

Date