

## HOME HEALTH AIDE VISIT NOTE

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

**Precautions:**

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Home Health Aide

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Arrival Time

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Departure Time

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Patient/Caregiver Signature

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Mileage