

CARE PLAN WORKSHEET

Name: _____

Date: _____

Independent (Yellow)	Verbal Cues (Green)	Assistance (Blue)	Dependent (Red)
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ORAL HYGIENE

Equipment: Basin Sink HS care Peri care

Bath Days: Sun. / Mon. / Tues. / Wed. / Thurs. / Fri. / Sat.

Bath Type:
 Bed Bath
 Standard Tub
 W/P
 Shower
 Other: _____

Dressing/Undressing:
 Tops
 Pants
 Dress
 Socks/Shoes
 Buttons/zippers

Laundry:
 In-house
 Home
 Other: _____

Oral Care:
 Own Teeth
 Dentures: U L
 Removed at hs and soaked in:
 Water
 Other: _____
 Adhesive used Type: _____

Grooming:
 Hair
 Shave
 Makeup

Devices used:
 Glasses
 Reading only
 Hearing aid
 R L
 Other: _____

Hair:
 Hair Washed: _____
 Hair Dresser: _____
 Shampoo: _____

Grooming:
 Hair
 Shave
 Makeup

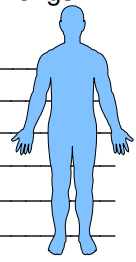
Devices used:
 Glasses
 Reading only
 Hearing aid
 R L
 Other: _____

OBSERVATIONS AND MEASUREMENTS
Vital Signs: Temp _____ P _____ R _____ Pain (0-10) _____
Blood Glucose: _____
SaO₂: _____
Other: _____

MEDICATIONS
 Whole Crushed
Mixed in: Jelly Juice Prune Lax
 Jam Other: _____

TREATMENTS AND PROCEDURES O₂ Rate: _____ L/min Mask Nasal Prongs

Dressings/Treatments/Procedures
 #1 - RN/LPN SCA
 #2 - RN/LPN SCA
 #3 - RN/LPN SCA
 #4 - RN/LPN SCA
 #5 - RN/LPN SCA
 #6 - RN/LPN SCA
 Physiotherapy Other: _____



TEACHING


ELIMINATION
 Toilet
 Commode
 Bed pan
 Urinal
 Ostomy

Bowel Regimen: Self
 Glycerin - q _____ days
 Dulcolax - q _____ days
 Fleet
 Microlax

Incontinent Aids:
 Day - _____
 Night - _____

Catheter: Leg Bag Bed Bag
 Size: _____
 Last Changed: _____

SAFETY
 Siderails: 1/2 Full
 Restraint: Belt Other: _____
 Wanderguard
 Other: _____




NUTRITION
Diet: _____

Devices used:
 Tube Feed Solution: _____
 Times: _____

Location:
 Breakfast _____
 Dinner _____
 Supper _____

PSYCHOSOCIAL
Communication: Language: _____
 Communication Board/Computer Gestures Other: _____
Sleep Pattern: Rises at: _____ Bed at: _____
 AM Rest PM Rest
Special Approaches:
Activities attends: _____



MOBILITY

Equipment:
 Sask-a-pole
 Cane - single 3 pt quad
 Walker - standard rollator
 W/C - standard electric
 Geri Chair

Transfers/Positioning
 Independent
 Routine _____

Devices used:
 Transfer Disc
 Transfer Board
 Slider Sheet
 Foot Rest - R L
 Head Rest
 Lap Board
 Cushions
 Splint: Leg Arm

TLR Logo: _____

Evacuation Method: _____ **Code Status:** _____ **Wandering Status:** _____