

NAME:

CARE PLAN WORKSHEET

Allergies:

Date:

Independent(Orange)	Verbal Cues (Green)	Assistance (Blue)	Dependent (Red)
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PERSONAL HYGIENE

AM Care: 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:



Hair Washed: _____
 Hair Dresser: _____
 Shampoo: _____

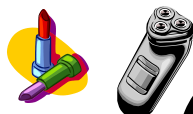
Dressing/Undressing:

- Tops
- Pants
- Dress
- Socks/Shoes
- Buttons/zippers



Grooming:

- Hair
- Shave
- Makeup



Devices used:

- Glasses
 - Reading only
- Hearing aid
 - R L
- Other:



Isolation Precautions:

- Contact Droplet Contact/droplet Airborne

OBSERVATIONS AND MEASUREMENTS

See resident's chart

Other: _____
 Other: _____
 Other: _____

MEDICATIONS

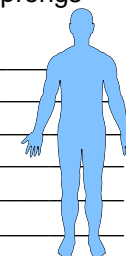
See MAR Mixed in: Thickened fluids Prune Lax
 Jam Other: _____

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 - _____ Size: _____
 Night - _____
 Last Changed: _____

Catheter Leg Bag Bed Bag

SAFETY

Siderails: 1/2 Full
 Restraint: Belt Other: _____
 Underguard
 Other: _____



NUTRITION

Diet: _____

Devices used:



- Thickened fluids
- Food preparation assist
- Verbal cues
- Feed

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:
Likes: _____ **Dislikes:** _____



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: