**Needs Assessment and Record of Care**

**Home Care**

An assessed need to be met

* Flow sheet recording
  Initial if needs met, no written note required
  ✔ If needs met and written note required
  ✗ If needs not met therefore a written note is required

<table>
<thead>
<tr>
<th>Date (Y/M/D)</th>
<th>Arrived</th>
<th>Departed</th>
<th>Total Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time (24hr)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Personal Hygiene**

- Bath – dependent
  - assist
- Grooming
- Skin Care
- Oral Care
- Foot Care
- Dress – dependent
  - assist

**Elimination**

- Bowel
- Bladder
- Ostomy
- Catheter

**Nutrition**

- Feeding – dependent
  - assist

**Mobility**

- Mobilize – dependent
  - assist

**Oss and Measurements**

- Devices
- Vital signs
- Weight
- Blood Glucose
- Pain Assessment (0-10)
- Blood testing

**Medications**

- IV
- Medications
- Dressing Change
- Exercises/ROM
- PICC/CVAD care

**Teaching**

- Safety
- Emotional

**Behavior Management**

1
- 2
- 3