Client Name:							\A/= - !	do D = "	h. Niet	DATE:					
Client Name: Order#:							- weel	kiy Dail	y Notes:	DAIE:					
					enden		y Hor	me <b>C</b> a	re						
Insert correct Initia	als in t	he appro							Client is in charge n day / shift and				ease draw	a line (/)	through
Week:		Sun	Mon	Tue	Wed	Thu	Fri	Sat			Daily Careg	ver Notes			
Date:															
	am														
Medication Reminder:	pm														
Kemmaer.	am														
ВР															
Pulse															
Temp															
Oral Care:															
Bath/Showe	r														
Skin care															
Hair care															
Nail care															
Shave															
	am														
Repositioning in bed (aka:	pm														
rotation)	am														
Assist w/ dressi	ing:														
Upper Exercise (R	ON4).														
Lower Exercise (R Assist In/out Veh					+										
Assist In-out of	am														
Bed:	pm				-										
D 61 1	am														
Power Chair Walker					-										
Hoyer Lift					-										
Hoyer Lift															
Meal/Snacks	am														
(Record 0-100%)	pm														
	am														
	am														
Fluid Intake:	pm														
	am														
	am														
Urine Output:	pm														

am

						_ We	ekly Daily
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
am							
pm							
am							
		leves Ke	in - D				
	LL. F	louse Ke	eeping D	uties:	Ι	Τ	
om:				+			
m 1:				+			
m 2:							
en							
om							
n							
pm							
				+			
pm				+		+	
am							
pm							
am							
	Care	giver Sig	nature				Inte
	am pm am en: dry om: m 1: m 2: n om am pm am pm am pm	sun  am  pm  am  Lt. F  en:  dry  om:  n 1:  n 2:  n  om  am  pm  am  pm  am  pm  am  pm  am  pm  am  pm  am  a	Sun Mon  am	Sun Mon Tue  am pm lam lam lam lam lam lam lam lam lam la	Sun Mon Tue Wed  am	Sun Mon Tue Wed Thu  am	Sun Mon Tue Wed Thu Fri  am