

Loving Family Home Care Incorporated
Weekly Patient Care Log – Home Health Aide

Audited By: _____

Variation: Yes No

Patient: _____
(Enter Full Name)

Week Ending: _____
(Saturday's Date)

Caregiver: _____

Due by Tuesday by 5 PM

Is the *Plan of Care* available at the patient's residence? Yes or No

Date	Day	Time Start	Time Stop	Duration	Caregiver Signature	Patient Signature
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Tasks Completed	Su	Mo	Tu	We	Th	Fr	Sa	Tasks Completed	Su	Mo	Tu	We	Th	Fr	Sa
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Codes: √, X or C=Completed, R=Refused, A=Already Completed

Shower								Supra pubic cath							
Tub Bath								Illeostomy Care							
Bed Bath								Pericare							
Chair Bath								Reposition every 2 hours							
Oral Care								Range of Motion / Exercises (circle)							
Shampoo hair								Dish washing							
Skin Care - Lotion skin								Clean Bathroom							
Check for pressure points								Clean Kitchen							
Foot Care								Sweep Carpets							
Nail Care								Dust							
Dressing								Clean out refrigerator							
Prepare a meal								Wipe down inside windows							
Encourage Fluid intake								Wipe Wheelchair/Walker/cane (circle)							
Feeding								Make bed each shift							
Medication Reminder								Change bed linen							
Toileting Assistance								Laundry							
Colostomy Care								Rinse Oxygen Filter							
Foley Care								Weight							
Personal Care								Homemaking							
Variations Reported Per Procedure								Maintain Fall Precautions							
Take out Trash								Maintain Standard Precautions							

Be certain to write in additional tasks completed above and call the Plan of Care Variations phone line at **888-469-2178 ext 81 during your visit** to report anything you did differently than was in the Plan of Care.