Rock of Aged Retirement Home

Daily Care Plan for (Resident) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Room\_\_\_\_\_

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| * CVTECH Training Purposes Only **•**
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| Task | Assistance / Preference |
| Wake Time |  No Preference |
| Nap Time |  No Preference  |
| Bed Time |  No Preference |
|  |
| Dining | First Session Second Session In Room |
| Diet |  |
| Diabetic | No Yes **IF YES, NURSE TO PERFORM TOE NAIL CARE** |
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| Liquids | Regular Thickened - Consistency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluid Restriction |
|  |
| Devices | Glasses Dentures Natural Teeth Hearing Aids |
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| Safety Devices | Body Alarm Body Alarm with Short String Low BedPSP Alarm Concave MattressSafety Mat Next To Bed (Floor)Safety Mat Next To Bed (Wall side)Direct / Redirect To Common Areas |
|  |
| Observations | Fall Precautions Elopement Risk Wander GuardAspiration Precautions Seizure Precautions |
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| Locomotion | Wheelchair Ambulate Cane Walker Geri Chair |
|  |
| Weight Bearing | Full Partial None |
| Transfer | Stand- By X 1 Assist X 2 Assist Gait Belt Mechanical Lift |
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| Positioning | Carrot / Hand Rolls Heel Protectors Elbow ProtectorsFloat Heels Cushion In Chair Pommel Cushion In Chair |
|  |  |
| Toileting | Self Calls for AssistScheduled Toileting - Every Two HoursCheck For Incontinence - Every Two Hours |
| Bladder | Continent Incontinent Foley Urostomy |
| Bowel | Continent Incontinent Foley Colostomy |
| IncontinentBriefs | None Wears During Day Wears At All Times (Day & Night) |
|  |
| Bathing | Shower Shave Bed Bath Whirlpool Hospice |
| Bath Time |  (Days Scheduled)A.M. P.M. No Preference |
|  Completed By: Date: |
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| Intake (mL) | Output (mL) | Vital Signs |
| Time | Oral | Urine | Feces | Height (inches): |
|  |  |  |  | Weight (lbs): |
|  |  |  |  | Temp: |
|  |  |  |  | HR: |
|  |  |  |  | BP: |
|  |  |  |  | RR: |

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