

HOSPICE AIDE DAILY ACTIVITY SHEET

Patient Name: _____
 Patient ID#: _____ Telephone: _____
 Address: _____

HA NAME:																				
HA AGENCY:	HA signature	Patient/Caregiver signature	HA signature	Patient/Caregiver signature	HA signature	Patient/Caregiver signature	HA signature	Patient/Caregiver signature	HA signature	Patient/Caregiver signature	HA signature	Patient/Caregiver signature	HA signature	Patient/Caregiver signature	HA signature	Patient/Caregiver signature	HA signature	Patient/Caregiver signature	HA signature	Patient/Caregiver signature

SIGN, DATE, TIME FOR EACH DAY WORKED	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
	Date:			Date:			Date:			Date:			Date:			Date:			Date:		
	Time In/Out :			Time In/Out :			Time In/Out :			Time In/Out :			Time In/Out :			Time In/Out :			Time In/Out :		

Always Use STANDARD PRECAUTIONS and GOOD HANDWASHING TECHNIQUE	Self	Assist	Total	Self	Assist	Total	Self	Assist	Total	Self	Assist	Total	Self	Assist	Total	Self	Assist	Total	Self	Assist	Total
--	------	--------	-------	------	--------	-------	------	--------	-------	------	--------	-------	------	--------	-------	------	--------	-------	------	--------	-------

PERSONAL CARE																					
Bed/Sponge Bath																					
Tub Bath																					
Shower																					
Mouth Care																					
Hair Care																					
Shampoo																					
Nails																					
Shave																					
Dressing																					
Routine Skin Care																					
Foot Care																					
Patient draping for privacy																					

TOILETING																					
Incontinent																					
Toilet																					
Commode																					
Bedpan or Urinal																					
Bowel Movement																					

CATHETER CARE																					
Foley Catheter Care																					
External Catheter Care																					

MOBILITY																					
Bedbound, Turn & Position																					
Bed Rails Up																					
Transfer to chair/wheelchair																					
Assist with Ambulation																					
Up as tolerated																					
Take Outdoors																					
Stair Climbing																					
Walker/cane/wheelchair, other																					

NUTRITION																					
DIET:																					
Meal Preparation																					
Feeding																					
Offer foods/fluids																					

ACTIVITIES																					
Light Laundry for Patient																					
Clean /tidy patients environment																					
Socialization																					
Remind patient to take meds prepared by family/PCG/Nurse																					
Clean soiled equipment with 1:10 bleach solution																					
Shopping																					
Other:																					