**ELEON HEALTHCARE, INC.**

**CAREGIVER ACTIVITY RECORD**

Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date** | **Time In** | **Time Out** | **Employee Signature** | **Patient Signature** |
| **Monday** |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |
| **Friday** |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Care Tasks** |  |  |  |  |  |  |  | **Nutrition tasks** | | | |  |  |  |  | |  | |  | |  | |
| **Days to be performed** | **M** | **T** | **W** | **Th** | **F** | **Sa** | **Su** | **Days to be performed** | | | | **M** | **T** | **W** | **Th** | | | **F** | | **Sa** | | **Su** |
| 1. Total bed bath |  |  |  |  |  |  |  | 27. Prepare meal  € B  L € D  Snack | | | |  |  |  |  | | |  | |  | |  |
| 1. 2. Assist bed bath |  |  |  |  |  |  |  | 28. Total feed | | | |  |  |  |  | | |  | |  | |  |
| 1. 3. Assist shower |  |  |  |  |  |  |  | 29. Assist with feeding | | | |  |  |  |  | | |  | |  | |  |
| 1. 4. Assist tub |  |  |  |  |  |  |  | 30. Restrict fluids:  Amount for 24 hours: | | | |  |  |  |  | | |  | |  | |  |
| 1. 5. Sponge bath |  |  |  |  |  |  |  | **Mobility tasks** | | | | **M** | **T** | **W** | **Th** | | | **F** | | **Sa** | | **Su** |
| 1. 6. Shampoo |  |  |  |  |  |  |  | 31. Bedrest; Turn q hr | | | |  |  |  |  | | |  | |  | |  |
| 1. 7. Conditioner |  |  |  |  |  |  |  | 32. Assist to transfer | | | |  |  |  |  | | |  | |  | |  |
| 1. 8. Comb/brush hair |  |  |  |  |  |  |  | 33. Assist to ambulate | | | |  |  |  |  | | |  | |  | |  |
| 1. 9. Brush teeth |  |  |  |  |  |  |  | 34. Wheelchair | | | |  |  |  |  | | |  | |  | |  |
| 1. 10. Clean dentures |  |  |  |  |  |  |  | 35. Walker | | | |  |  |  |  | | |  | |  | |  |
| 1. 11. Apply lotion to skin |  |  |  |  |  |  |  | 36. Cane | | | |  |  |  |  | | |  | |  | |  |
| 1. 12. Dress |  |  |  |  |  |  |  | 37. Crutches | | | |  |  |  |  | | |  | |  | |  |
| 1. 13. Shave:   € safety razor  electric |  |  |  |  |  |  |  | 38.  Exercise   Range of motion | | | |  |  |  |  | | |  | |  | |  |
| 1. 14. Nail care:    clean € file |  |  |  |  |  |  |  | **Precautions** | | | | **M** | **T** | **W** | **Th** | | | **F** | | **Sa** | | **Su** |
| 1. 15. Medications   € remind € assist with self-administered meds |  |  |  |  |  |  |  | 39. Infection control: Hand washing; Standard Precautions | | | |  |  |  |  | | |  | |  | |  |
| 1. 16. Apply: |  |  |  |  |  |  |  | 40. Choking | | | |  |  |  |  | | |  | |  | |  |
| 1. 17. Remove: |  |  |  |  |  |  |  | 41. Bleeding | | | |  |  |  |  | | |  | |  | |  |
| **Toilet/Elimination tasks** | **M** | **T** | **W** | **Th** | **F** | **Sa** | **Su** | 42. Oxygen safety | | | |  |  |  |  | | |  | |  | |  |
| 18. Urinal |  |  |  |  |  |  |  | 43. Fall prevention | | | |  |  |  |  | | |  | |  | |  |
| 19. Bedpan |  |  |  |  |  |  |  | **Support Service task** | | | | **M** | **T** | **W** | **Th** | | | **F** | | **Sa** | | **Su** |
| 20. Commode |  |  |  |  |  |  |  | 44. Clean client areas | | | |  |  |  |  | | |  | |  | |  |
| 21. Toilet |  |  |  |  |  |  |  | 45. Change bed linens | | | |  |  |  |  | | |  | |  | |  |
| 22. Incontinence brief |  |  |  |  |  |  |  | 46. Make client bed | | | |  |  |  |  | | |  | |  | |  |
| 23. Incontinence care |  |  |  |  |  |  |  | 47. Client laundry | | | |  |  |  |  | | |  | |  | |  |
| 24. Empty urinary bag |  |  |  |  |  |  |  | 48. Shopping for: | | | |  |  |  |  | | |  | |  | |  |
| **Special Instructions** | **M** | **T** | **W** | **Th** | **F** | **Sa** | **Su** | 49. Transportation to: | | | |  |  |  |  | | |  | |  | |  |
| 25. Vitals signs   Temp € Pulse   Resp. € B/P |  |  |  |  |  |  |  | 50. Other | | | |  |  |  |  | | |  | |  | |  |
| 26. Weigh |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |