**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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |