

HOME HEALTH AIDE DUTY SHEET

Instructional: Check (✓) off all completed tasks. Complete all tasks which are either checked or noted on patient Plan of Care.

Emp. Name _____ Agency _____ Coord _____ SS # _____ Emp. # _____				Pt. Name _____ Address _____ Phone _____ Year _____ PT ID # _____											
<p>1. USE BLACK INK ONLY.</p> <p>2. Fill this form out everyday that you visit this patient.</p> <p>3. You and the patient must sign daily.</p> <p>4. In case of emergency, call 911, and then notify 718-537-2000</p> <p>5. Mail or bring this form to your agency every Monday.</p>	PUT DATE VISITED ↓ IN EACH BOX →		SAT	SUN	MON	TUE	WED	THUR	FRI						
	TIME ARRIVED IN PATIENT'S HOME														
	TIME LEFT PATIENT														
	TOTAL HOURS WORKED														
PERSONAL CARE	S	S	M	T	W	T	F	TREATMENTS/SPECIAL NEEDS	S	S	M	T	W	T	F
BATH <input type="checkbox"/> TOTAL CARE <input type="checkbox"/> ASSIST								TAKE TEMPERATURE: (400) <input type="checkbox"/> ORAL <input type="checkbox"/> RECTAL <input type="checkbox"/> AXILARY							
TUB (100)								TAKE PULSE (403)							
SHOWER (101)								TAKE RESPIRATION (404)							
BED (102)								TAKE BLOOD PRESSURE (405)							
MOUCH CARE/DENTURE CARE (108)								WEIGH PATIENT (406)							
HAIR CARE								RECORD OUTPUT (407)							
COMB (107)								(URINE/BM)							
SHAMPOO (108)								ASSIST WITH CATHETER CARE (408)							
GROOMING								EMPTY FOLEY BAG (409)							
SHAVE (109)								ASSIST WITH OSTOMY CARE (410)							
NAILS (110)								REMIND TO TAKE MEDICATION (411)							
DRESSING (111)								ASSIST WITH TREATMENTS. (412)							
SKIN CARE (112)								SPECIFY AS WRITTEN ON POC							
FOOT CARE (113)															
TOILETING - <input type="checkbox"/> BEDPAN/URINAL (116) <input type="checkbox"/> DIAPER- (114) <input type="checkbox"/> COMMODOE- (115) <input type="checkbox"/> TOILET- (117)															
NUTRITION								PATIENT SUPPORT ACTIVITIES							
DIET: <input type="checkbox"/> REGULAR <input type="checkbox"/> PRESCRIBED (201)								CHANGE BED LINEN (500)							
PREPARE: <input type="checkbox"/> BREAKFAST (202) <input type="checkbox"/> LUNCH (203) <input type="checkbox"/> DINNER (204) <input type="checkbox"/> SNACK (205)								PATIENT LAUNDRY (501)							
ASSIST WITH FEEDING (206)								LIGHT HOUSEKEEPNG: (502) <input type="checkbox"/> KITCHEN <input type="checkbox"/> PATIENT ROOM <input type="checkbox"/> BATHROOM <input type="checkbox"/> PATIENT CARE EQUIPMENT							
RECORD INTAKE: <input type="checkbox"/> FOOD (207) <input type="checkbox"/> FLUID (208)								DO PATIENT SHOPPING & ERRANDS (506)							
ACTIVITY															
TRANSFERRING (300)								ACCOMPANY PATIENT TO MEDICAL APPOINTMENT (508)							
ASSIST WITH WALKING (301)								DIVERSIONAL ACTIVITIES-SPECIFY: (509) <input type="checkbox"/> READING <input type="checkbox"/> TALKING							
PATIENT WALKS WITH ASSISTIVE DEVICE: (302)								MONTOR PATIENT'S SAFETY (511)							
ASSIST W/HOME EXERCISE PROG. (305)								PATIENT UNABLE TO SIGN							
ASSIST WITH RANGE OF MOTION EXERCISES: (306)															
TURNING & POSITIONING (AT LEAST Q2) (311)															
	PATIENT/CAREGIVER			HHA SIGNATURE					PATIENT/CAREGIVER			HHA SIGNATURE			
SAT								WED							
SUN								THUR							
MON								FRI							
TUES								REVIEWED BY:							