

Aide Care Plan

Clinician: _____

Patient Name (Last Name, First Name) & MRN: _____

Mileage: _____

Gender:

- M
 F

Aide Frequency: _____

Agency Name/Branch: _____

Functional Limitations

- Amputation Paralysis Legally Blind Bowel/Bladder Incontinence Hearing
 Endurance Dyspnea Contracture Ambulation Speech

Other: _____

DME

- Bedside Commode Cane Elevated Toilet Seat Grab Bars Hospital Bed
 Nebulizer Oxygen Tub/Shower Bench Walker Wheelchair

Supplies

- ABDs Ace Wrap Alcohol Pads Chux/Underpads Diabetic Supplies
 Drainage Bag Dressing Supplies Duoderm Exam Gloves Foley Catheter
 Gauze Pads Insertion Kit Irrigation Set Irrigation Solution Kerlix Rolls
 Leg bag Needles NG Tube Probe Covers Sharps Container
 Sterile Gloves Syringe Tape

Other: _____

Activities Permitted

- Complete Bed Rest Up as Tolerated Exercise Prescribed Independent at Home Cane Walker
 Bed Rest with BRP Transfer Bed-Chair Partial Weight-Bearing Crutches Wheelchair

Other: _____

Vital Sign Notification

BP Systolic > _____ < _____ Pulse > _____ < _____ Respiration > _____ < _____
 BP Diastolic > _____ < _____ Temperature > _____ < _____ No Bowel Movement in 3 Days
 Foley: _____ Weight Gain or Loss _____

Vital Signs

Frequency

Household

Frequency

Elimination

Frequency

Blood Pressure	_____	Change Linen	_____	Assist w/ Bed Pan	_____
Pulse	_____	Light Housekeeping	_____	Assist w/ Bedside Commode	_____
Respiration	_____	Make Bed	_____	Catheter Care	_____
Temperature	_____			Empty Ostomy Bag	_____
Weight	_____			Incontinent Care	_____
				Record Bowel Movement	_____

Activity

Frequency

Personal Care

Frequency

Frequency

Assist in Ambulation	_____	Assist to Dress	_____	Partial Bath/Sponge	_____
Assist in Transfer	_____	Back Rub/Massage	_____	Pericare	_____
Range of Motion	_____	Check Pressure Areas	_____	Shampoo Hair	_____
Turn or Position	_____	Comb Hair	_____	Shave	_____
		Complete Bath	_____	Skin Care	_____
		Foot Care	_____	Tub/Shower	_____
		Nail Care	_____	Universal Precautions	_____
		Oral Hygiene Denture Care	_____		

Additional Comments: _____

Signature & Title _____

Date: ____ / ____ / ____