Resident Care Sheet



| Resident: | Assisted I |
|-----------------|------------|
| Family Contact: | |
| Telephone #: | |
| Diagnosis: | |
| Diat. | |

| Day | Evening/Swing | Night |
|-----------------------------------|-----------------------------------|------------------------------------|
| Wake in AM | | Night Needs - on going night |
| Dressing/Undressing | Dressing/Undressing | checks and toileting every 2 hours |
| Ambulating/Transfer/Mobility- | Ambulating/Transfer/Mobility- | |
| Meals/Snacks/Eating- | Meals/Snacks/Eating- | |
| Personal Hygiene/teeth | Personal Hygiene/teeth | |
| Shower/Bath/Nails- | Shower/Bath/Nails- | |
| Laundry/Housework-weekly or | Laundry/Housework-weekly or | |
| PRN-housekeeping to be done | PRN-housekeeping to be done | |
| weekly and picked daily by staff. | weekly and picked daily by staff. | |
| Toileting- | Toileting- | |
| Activities | Activities | |
| Supervision- | Supervision- | |

Initial in the date box below after completion of the cares listed above for your shift. If the resident is independent - place an "I" in the box. Document on the back any cares that have been refused or missed. If the resident refuses cares, approach again later, if they still refuse cares contact the lead aid for assistance, if the resident still refuses cares, communicate this to the next oncoming shift so that they can try to complete the cares. If a resident continues to refuse cares please contact the office, Administrator or Nurse.

| Month: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|-----|-----|-----|-----|--------|--------|-----|-----|---|---|-----|-----|-----|--------|--------|-----|--------|-----|----------|---|
| Shift/Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 1 | 1 2 | 1 3 | 1 4 | 1 5 | 1 6 | 1 7 | 1 8 | 1 9 | 2 | 2 | 2 2 | 2 3 | 2 4 | 2 5 | 2 6 | 2 7 | 2 8 | 2 9 | 3 | 3 |
| Day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evening/Swing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dressing/ Undressing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ambulate/Trans fer/Mobility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position change | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | İ | |
| Meals/Snacks/ Eating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal Hygiene/Teeth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shower/Bath/ Nails | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laundry/House work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toileted/Depends changed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medications- chart on MAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Night Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | |
| Weight-Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 min √- 15 min √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Behaviors Charted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Document any refused or missed cares that are listed on the previous sheet, along with the reason that the cares were not completed. I.e. resident out of the facility, had visitors/company, said they would do this later etc. Document the results of this refusal or missed cares. Sign your name on the lines listed below the chart along with your initials.

| Staff | Initials | |
|--------|-----------|--|
| 171411 | HIIIIIAIS | |