

RESIDENT WEEKLY CARE LOG

Supervisor – Check all assigned tasks in the ✓ column. Indicate frequency (e.g., daily, 2 x wk, as needed), behind each specific item.
Care Aide – Initial appropriate box when care is completed.

DAY ►		SUN	MON	TUE	WED	THU	FRI	SAT	WEEK OF
Month:									
✓	CARES/SERVICES	SUN	MON	TUE	WED	THU	FRI	SAT	COMMENTS (all comments must be dated)
BATH									
	<input type="radio"/> Tub <input type="radio"/> Shower								
	Bath: <input type="radio"/> Partial <input type="radio"/> Complete								
	Set-up only								
PERSONAL CARE									
	Assist With dressing								
	Hair care: <input type="checkbox"/> Brush <input type="checkbox"/> Shampoo								
	<input type="checkbox"/> Skin care <input type="checkbox"/> Foot care (hygiene)								
	<input type="checkbox"/> Shave <input type="checkbox"/> Groom								
	Nail care: <input type="checkbox"/> Clean <input type="checkbox"/> File								
	Oral care: <input type="checkbox"/> Brush <input type="checkbox"/> Swab <input type="checkbox"/> Dentures								
	Assist with undressing								
	Assist with: <input type="checkbox"/> Bowel <input type="checkbox"/> Bladder								
PROCEDURES									
	Assist with medication(s)								
	Temperature:								
	Pulse – Site:								
	Results:								
	Respirations – Results:								
	BP – Results:								
	Weight – Results:								
ACTIVITY									
	Meal assistance								
	Assist: <input type="checkbox"/> To <input type="checkbox"/> From Dining room								
	Assist: <input type="checkbox"/> To <input type="checkbox"/> From Activities								
	Exercise per: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP instructions								
HOUSEKEEPING									
	Tidying – Daily								
	<input type="checkbox"/> Bedmaking <input type="checkbox"/> Linen change								
	Light housekeeping								
	Wash dishes								
	<input type="checkbox"/> Laundry <input type="checkbox"/> Ironing								
	Complete cleaning								
OTHER									
SIGNATURES AND INITIALS OF ALL CARE AIDES PROVIDING ASSISTANCE DURING THIS WEEK									
Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature
NAME—Last		First	Middle	Attending Physician			Record No.		Room/Bed