

# AIDE DUTY SHEET

224 Beach 20<sup>th</sup> Street, Far Rockaway NY

Please check one:  PCA  HHA  CPA



PATIENT'S NAME: FIRST: Minnie LAST: Mouse

PATIENT'S STREET ADDRESS: 224 Beach 20<sup>th</sup> Street, 2<sup>nd</sup> Floor

CITY: Far Rockaway STATE: NY ZIP CODE: 11691

	SUN	MON	TUES	WED	THUR	FRI	SAT
DATE	2/16/20	2/17/20	2/18/20	2/19/20	2/20/20	2/21/20	2/22/20
START TIME	9am	9am	9am	9am	9am	9am	9am
END TIME	2pm	2pm	2pm	2pm	2pm	2pm	2pm
TOTAL HOURS DAILY	5	5	5	5	5	5	5
Check duties completed each day:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BATH: <input type="checkbox"/> CHAIR <input checked="" type="checkbox"/> SHOWER <input type="checkbox"/> TUB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SHAMPOO/HAIR CARE							
SPECIAL SKIN CARE							
MOUTH CARE							
DRESSING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TOILETING							
WALKING: <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS							
TRANSFERRING							
ASSIST WITH EXERCISE							
REINFORCE DRESSING							
REMINO TO TAKE MEDICATIONS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WEIGH PATIENT							
EMPTY COLOSTOMY BAG							
EMPTY CATHETER BAG							
TEST URINE							
TAKE <input type="checkbox"/> PULSE <input type="checkbox"/> RESP. <input type="checkbox"/> T							
TURN AND POSITION							
ASSIST WITH FEEDING							
PREPARE MEAL: <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> L <input type="checkbox"/> D		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANGE/MAKE PATIENT'S BED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LIGHT HOUSEKEEPING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LAUNDRY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CLEAN KITCHEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CLEAN BATHROOM AFTER PATIENT USE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MARKETING/ERRANDS		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CLEAN PATIENT'S BELONGINGS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PLAN OF CARE PRESENTATION HOME	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HANDWASHING (INFECTION CONTROL)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
USE FACE MASK (DURING FLU SEASON)							
ESCORTING TO MEDICAL APPOINTMENT						<input checked="" type="checkbox"/>	
MONITOR PATIENT SAFETY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	SUN	MON	TUES	WED	THUR	FRI	SAT
SUN	Minnie Mouse	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck
MON	Minnie Mouse	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck
TUES	Minnie Mouse	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck
WED	Minnie Mouse	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck
THUR	Minnie Mouse	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck
FRI	Minnie Mouse	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck
SAT	Minnie Mouse	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck	Daisy Duck

CAREGIVER'S NAME: FIRST: Daisy LAST: Duck

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