Nursing personnel Homecare

175 South 9th St. Brooklyn N.Y. 11211

PARAPROFESSIONAL DUTY SHEET

PATIENT NAME (Last, First)	Medical Record #
ADDRESS	Zip
☐ Queens ☐ Long Island ☐ Brooklyn ☐ Manhattan ☐ Staten Island ☐ Bronx	☐ CHHA OTHER ☐ LTHHCP ☐ IV Therapy

Employee Name _____ **Employee SS#** _____ _____ _____
Last First

☐ HHA Level of Care ☐ PCA Level of Care ☐ Homemaker/Housekeeper
Frequency of Service: _____ Days _____ Hours X _____Weeks/Month

OFFICE USE ONLY
Vendor_____
Hrs. _____ ID_____

The patient and you must sign each day to verify the care has been given: (Do not print)

	Date	Patient Signature	Aide Signature	Time In	Time Out	Total Time	Office use only: Personal Care	Office use only: Other Activity
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

CARE TO BE PROVIDED		DAY						
FREQUENCY OF TASKS AS PER PLAN OF CARE		S	S	M	T	W	T	F
Bathing	☐ Tub ☐ Shower ☐Sponge							
Personal Care	Mouth Care ☐ Dentures							
	Comb/Brush Hair							
	Shampoo ☐ PRN							
	Shave ☐ PRN							
	Foot Care							
	Nail Care							
	Skin Care (Specify)							
	Dressing/Grooming ☐ Partial ☐ Total							
Toileting	☐ Bathroom ☐ Commode							
	☐ Urinal ☐ Bedpan							
	Incontinence Care							
	Bowel Movement ☐ Record							
Catheter Care	Empty Catheter Bag							
	Perineal Care							
	Catheter Care							
Ambulation and Transfers	☐ Independent ☐ Assist							
	Bedbound/Reposition							
	☐ Chair/Wheelchair ☐ Commode							
	☐ Walker ☐ Crutches ☐ Cane							
Exercises	ROM Exercises							
	Assist with PT/OT Plan							
Prepare Meal	Diet (Specify)							
	Prepare Meal/Snack							
	Feed/Assist Eating							
	Reinforce Diet Instructions							
	Encourage Fluids							
	Record Intake/Record Output							
Grocery Shop	☐ Grocery Shop ☐ Errands							
Laundry	☐ Laundromat ☐ Machine in Home							
Housekeeping	☐ Bathroom ☐Patient Area ☐Kitchen							
Vital Signs	Temperature ☐ Oral ☐Axillary							
	☐ Weight							
Other	Wound Care ☐ Reinforce dressing							
	Ostomy Care (Specify)							
	Remind Medications							
	Accompany to ☐MD ☐Other (Specify)							

Standard Precautions-ALL PATIENTS

☐ Supervise Patient Safety
Comments :_____