



HOME HEALTH AIDE DUTY SHEET

1825 65th Street • Brooklyn, NY 11204 • Tel: 718-584-6900 • Fax: 718-584-6901

Instructions: Check (✓) off all completed tasks. Complete all tasks which are either checked or noted on patient Plan of Care.

Emp. Name _____ Pt. Name _____
 Emp. # _____ Coord. _____ Address _____
 SS# _____ Emp.# _____ Phone _____ Year _____ PT ID #: _____

1. USE BLACK INK ONLY. 2. Fill this form out every day that you visit this patient. 3. You and the patient must sign daily. 4. In case of a patient emergency, call 911 and then notify Blue Line at (718) 584-6900 5. Mail or bring this form to your Agency every Friday .	PUT DATE VISITED IN EACH BOX	SAT	SUN	MON	TUES	WED	THUR	FRI
	TIME ARRIVED IN PATIENT'S HOME							
	TIME LEFT PATIENT'S HOME							
	TOTAL HOURS WORKED							

PERSONAL CARE		S	S	M	T	W	T	F	TREATMENTS/SPECIAL NEEDS		S	S	M	T	W	T	F	
BATH	TUB								TAKE TEMPERATURE: <input type="checkbox"/> ORAL <input type="checkbox"/> RECTAL <input type="checkbox"/> AXILLARY TAKE PULSE TAKE RESPIRATIONS									
TOTAL CARE ASSIST	SHOWER									WEIGHT PATIENT								
	BED										RECORD OUTPUT (URINE/BM)							
MOUTH CARE/DENTURE CARE									ASSIST WITH CATHETER CARE									
HAIR CARE	COMB									EMPTY FOLEY BAG								
GROOMING	SHAMPOO								ASSIST WITH OSTOMY CARE									
	SHAVE									RECORD OUTPUT (URINE/BM)								
DRESSING									ASSIST WITH TREATMENTS SPECIFY AS WRITTEN ON POC:									
SKIN CARE										REMIND TO TAKE MEDICATION								
FOOT CARE									ASSIST WITH TREATMENTS SPECIFY AS WRITTEN ON POC:									
TOILETING: <input type="checkbox"/> DIAPER <input type="checkbox"/> COMMODE <input type="checkbox"/> BED PAN/URINAL <input type="checkbox"/> TOILET										CHANGE OF BED LINEN								
NUTRITION									PATIENT SUPPORT ACTIVITIES									
DIET: <input type="checkbox"/> REGULAR <input type="checkbox"/> PRESCRIBED									PATIENT LAUNDRY									
PREPARE: <input type="checkbox"/> BREAKFAST <input type="checkbox"/> SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER										LIGHT HOUSEKEEPING: <input type="checkbox"/> PATIENT ROOM <input type="checkbox"/> KITCHEN <input type="checkbox"/> BATHROOM <input type="checkbox"/> PATIENT CARE EQUIPMENT <input type="checkbox"/> SHOPPING								
ASSIST WITH FEEDING									ACCOMPANY PATIENT TO MEDICAL APPOINTMENT <input type="checkbox"/> UNIVERSAL/ STANDARD PRECAUTIONS MONITOR PATIENT SAFETY									
RECORD INTAKE: <input type="checkbox"/> FOOD <input type="checkbox"/> FLUID										OTHER <input type="checkbox"/> SPECIFY								
ACTIVITY																		
TRANSFERRING									ACCOMPANY PATIENT TO MEDICAL APPOINTMENT <input type="checkbox"/> UNIVERSAL/ STANDARD PRECAUTIONS MONITOR PATIENT SAFETY									
ASSIST WITH WALKING										OTHER <input type="checkbox"/> SPECIFY								
DEVICE IN USE: <input type="checkbox"/> CANE <input type="checkbox"/> WALKER <input type="checkbox"/> CRUTCHES									ACCOMPANY PATIENT TO MEDICAL APPOINTMENT <input type="checkbox"/> UNIVERSAL/ STANDARD PRECAUTIONS MONITOR PATIENT SAFETY									
ASSIST WITH HOME EXERCISE PROGRAM										OTHER <input type="checkbox"/> SPECIFY								
ASSIST WITH RANGE OF MOTION EXERCISE: <input type="checkbox"/> R ARM <input type="checkbox"/> L ARM <input type="checkbox"/> R FOOT <input type="checkbox"/> L FOOT <input type="checkbox"/> NECK									ACCOMPANY PATIENT TO MEDICAL APPOINTMENT <input type="checkbox"/> UNIVERSAL/ STANDARD PRECAUTIONS MONITOR PATIENT SAFETY									
TURNING AND POSITIONING (AT LEAST Q2)										OTHER <input type="checkbox"/> SPECIFY								
	PATIENT/ CAREGIVER	HHA SIGNATURE								PATIENT/ CAREGIVER	HHA SIGNATURE							
SAT									WED									
SUN									THUR									
MON									FRI									
TUES																		