

Initial Home Assessment

Effect of Functional
Limitations

Activities of Daily Living
Needs Analysis

Review
Home
Safety
Checklist

Draft
Care
Plan

Emergency
Contact
Information

Review
of
Service
Plans

Review of
Service
Agreement

Discuss
Schedule

"Caregiving at its best provides elderly and disabled adults the support with activities of daily living necessary to achieve the **highest quality of life and independence available** within their physical, cognitive, environmental and/or financial constraints."

<i>How do the following affect the person's ability to function?</i>	No Effect	Some Effect	Major Effect
Potential Limitation			
Hearing			
Vision			
Orientation(Time,Place,Person)			
Thinking and Decision Making			
Memory			
Physical Dexterity			
Balance			
Strength			
Energy			
Bladder/Bowel Control			
Hypertension			
Arthritis			
Cancer			
Heart Disease			
Diabetes			
Physical Deformity			

Activities of Daily Living and Instrumental Activities of Daily Living	Accomplishes Alone	Needs Some Help	Needs Much Help
Basic ADLs			
Bathing			
Dressing			
Grooming			
Toileting			
Eating a nutritious diet			
Getting out of bed			
Getting out of chair			
Walking			
IADLs			
Using the Telephone			
Shopping for personal items			
Transportation			
Managing money			
Doing Laundry			
Doing light housework			
Preparing meals			

Nutrition

- Assist/Feed
- Document Eating Habits
- Encourage Fluids
- Record Intake
- Restrict Fluids
- Total Assist

Diet

- Bland
- Calcium Restriction
- Diabetic, Bland, No Sodium
- Diabetic

Meal Preparation

- Meal Planning
- Meal Delivered
- Take Out for Meals
- Prepare Breakfast
- Prepare Lunch
- Prepare Dinner
- Prepare Snack

Housekeeping

- Change linens/make beds
- Dusting
- Garbage
- Ironing
- Laundry
- Sweeping
- Vacuuming
- Kitchen/Dishes
- Bathrooms

Reminders

- Medications
- Exercise

Transportation /Errands

- Doctors Appts.
- Hair Appts.
- Visiting
- Shopping
- Other

Mental Status

- Agitated
- Alert & Oriented
- Combative Intermittently
- Confused
- Depressed
- Forgetful

Companionship

- Check Mail
- Conversation
- Reminiscing
- Correspondence Assistance
- Hobbies/Crafts
- Reading Books to Client
- Play Games & Cards
- Other

Daily Care Plan for _____

Date _____

Bathing

- Bed Bath
- Draw Bathwater
- Hand Items
- Independent Shower
- Independent Tub
- Partial Bed Bath
- Standby Assist-Shower
- Standby Assist-Tub
- Supervision
- Total Assist

Dressing

- Independent
- Standby Assist
- Supervision
- Total Assist

Elimination

- No Assist
- Standby Assist/Supervise
- Assist-Bathroom
- Assist Commode
- Assist Condom Catheter
- Assist Empty Colostomy
- Assist Bedpan/Urinal
- Assist Catheter Bag
- Incontinence Care

Elimination

- Empty Bedpan
- Empty Catheter
- Empty Commode

Ambulation

- Cane
- Walker
- Wheelchair
- Standby Assist
- w/o Assist

Transfers

- Gait Belt
- Hoyer Lift
- Independent
- Slide Board
- Standby Assist
- Total Assist
- Two Person Assist

Bed Assistance

- Bed Rest Only
- Bed to Chair Only
- Independent
- Standby Assist In/Out Bed
- Supervision
- Turn every two hours

Oral Hygiene

- Assistance
- Denture Care
- Independent
- Supervision
- Total Assist

Safety Precautions

- NPO
- Oxygen Use Precautions
- Protect from Falls
- Universal Precautions
- Wander Precautions

Daily Care Plan for _____ Date _____

Billing Address

•Name _____
•Address _____

Advanced Directive

• Yes or No
• If yes, where is it in case of an emergency _____

Allergies

• Foods _____
• Meds _____
• Latex _____

Pets In Home

• Yes or No
• If yes, what type(s) and names _____

Smoker

• Yes or No

Emergency Contacts

•Name _____	Phone _____	Phone _____
•Name _____	Phone _____	Phone _____
•Name _____	Phone _____	Phone _____

An Adult Caregiver's Home Safety Checklist

All Rooms:

- No loose carpeting or rugs that do not have a non-slip backing.
- Traffic areas free of furniture.
- Electrical cords and other wires taped against walls.
- Bright lighting with switches and all light bulbs in working order.
- Telephones placed on tables at a height that can be reached from the floor.

Stairs and Inclines:

- Free of items placed on the steps.
- Plenty of room to move at top and bottom of stairs.
- No loose carpeting or edges to catch on.
- Handrails securely attached and at the proper height for user.
- Proper lighting on all steps, including switches at top and bottom of stairs.

Bathroom:

- Grab bars near the tub, shower and toilet located and mounted properly.
- Non-slip surfaces in the tub or shower.
- Nightlight for when first entering the room.
- Rugs or bathmats with non-slip backing on the floor.
- Shower/tub bench or seat.

Bedroom:

- Bedside table with non-tip lamp and room for eyeglasses.
- Clear traffic area from bedroom to bathroom.
- Comfortable, sturdy chair to aid in dressing.

Kitchen:

- Items placed where they can be reached without the use of a stool.
- Area to sit during food preparation.
- Flooring free of cracks, splits or up-turned edges.

Individual:

- Someone checking on the individual daily.
- Schedule vision check.
- Discuss medications with physician to determine affects on balance.
- Establish light exercise routine.