Nolimits NYC Home Care Corp.

2753 Coney Island Ave 1st Fl Brooklyn, NY 11235 - Phone: 718- 616-8690 Fax: 917-830-6387

HOME HEALTH AIDE DUTY SHEET

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

Emp. Name: _____

Agency: Nolimits NYC Home Care Corp. Coord: _____

SS # _____ Emp. #_____

Pt. Name _____

Address _____

Phone _____ Year: _____ W/E_____

1. USE BLACK INK ONLY.
2. Fill this form out everyday that you visit this patient.
3. You and the patient must sign daily.
4. In case of emergency, call 911, and then notify 718-616-8690
5. Mail or bring this form to your agency every Monday.

PUT DATE VISITED ↓ IN EACH BOX →	SUN	MON	TUE	WED	THUR	FRI	SAT
TIME ARRIVED IN PATIENT'S HOME							
TIME LEFT PATIENT							
TOTAL HOURS WORKED							

PERSONAL CARE		S	M	T	W	T	F	S
BATH ☐ TOTAL CARE ☐ ASSIST	TUB (100)							
	SHOWER (101)							
	BED (102)							
MOUTH CARE/DENTURE CARE (104)								
HAIR CARE	COMB (105)							
	SHAMPOO (106)							
GROOMING	SHAVE (107)							
	NAILS (108)							
DRESSING (109)								
SKIN CARE (110)								
FOOT CARE (111)								
TOILETING - ☐ BEDPAN/URINAL(114) ☐ DIAPER-(112) ☐ COMMODE-(113) ☐ TOILET-(115)								

TREATMENTS/SPECIAL NEEDS	S	M	T	W	T	F	S
TAKE TEMPERATURE: (400) ☐ORAL ☐RECTAL ☐AXILLARY							
TAKE PULSE (401)							
TAKE RESPIRATION (404)							
TAKE BLOOD PRESSURE (402)							
WEIGH PATIENT (403)							
RECORD OUTPUT (405) (URINE/BM)							
ASSIST WITH CATHETER CARE (406)							
EMPTY FOLEY BAG (407)							
ASSIST WITH OSTOMY CARE (408)							
REMIND TO TAKE MEDICATION (409)							
ASSIST WITH TREATMENTS. (410) SPECIFY AS WRITTEN ON POC							

NUTRITION							
DIET:☐REGULAR ☐PRESCRIBED (200)							
PREPARE: ☐ BREAKFAST(201) ☐ LUNCH(202) ☐ DINNER (203)							
PREPARE SNACK (204)							
ASSIST WITH FEEDING (205)							
RECORD INTAKE:☐ FOOD (206) ☐ FLUID (207)							
ACTIVITY							
TRANSFERRING (300)							
ASSISST WITH WALKING (301)							
PATIENT WALKS WITH ASSISTIVE DEVICE: (302)							
ASSIST W/HOME EXERCISE PROG.(303)							
ASSIST WITH RANGE OF MOTION EXERCISES: (304)							
TURNING & POSITIONING(AT LEAST Q2) (305)							

PATIENT SUPPORT ACTIVITIES	S	M	T	W	T	F	S
CHANGE BED LINEN (500)							
PATIENT LAUNDRY (501)							
LIGHT HOUSEKEEPNG: (502) ☐ KITCHEN ☐PATIENT ROOM ☐ BATHROOM ☐ PATIENT CARE							
CLEAN EQUIPMENT (503)							
DO PATIENT SHOPPING & ERRANDS (504)							
ACCOMPANY PATIENT TO MED ICAL APPOINTMENT (505)							
DIVERSIONAL ACTIVITIES-SPECIFY: (506) ☐ READING ☐ TALKING							
MONTOR PATIENT'S SAFETY (507)							
PATIENT UNABLE TO SIGN							

	PATIENT SIGNATURE	HHA SIGNATURE
SUN		
MON		
TUE		
WED		

	PATIENT SIGNATURE	HHA SIGNATURE
THU		
FRI		
SAT		
REVIEWED BY:		