Personal Care Chart

Member Name: _____ Date: _____

Personal Care	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Complete bed bath							
Partial bed bath							
Tub/Shower							
Skin care: lotion/massage							
Oral care/Denture care							
Shave							
Shampoo/Hair care							
Foot care: lotion/soak							
Nail Care							
Remove/apply elastic hose							
Dress or assist							
Weigh							
Nutrition							
Meals prepared							
Feed/Assist							
Elimination							
Bedpan/Commode							
Bathroom with help							
Enema							
Suppository							
Catheter care: cleanse with soap and water							
Check daily BM: Notify RN if no BM in _____ days							

Activity	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Up in chair/wheelchair							
Assist with ambulation							
Reposition/Turn							
Assist with ROM							
Bed rails up							
Assistive Devices							
O_2 @ _____L/Min							
Wound Care							
Decub care St. I or II							
Non-sterile dressing change							
Miscellaneous							
Fill med boxes							
Run errands							

Comments:

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