

VITAS

CONTINUOUS CARE SHIFT CARE NOTE-Hospice Aide

Plan of Care File

Patient Name: _____ VITAS MR # _____ Date of Shift: _____

Start of shift: Present at bedside with patient at _____ (time) Reviewed POC and received report

Reason(s) for Continuous Care: _____

VITAL SIGNS

Time													
Temperature													
Pulse													
Respiration													
Intake													
Output/Diaper Change													
Bowel Movement													

PATIENT REPORT PAIN / COMFORT LEVEL at the start of each shift

Scale: 0 1 2 3 4 5 6 7 8 9 10 Patient unable to rate

Comments: _____

PSYCHOSOCIAL/SPIRITUAL

Family: Present Not Present Phone contact made

Visitors present during shift: _____

Comments: _____

PERSONAL CARE, NUTRITIONAL, AND HOME MAKING SERVICES PROVIDED During each shift

<p>1. Vital Signs Temperature: _____ <input type="checkbox"/> 111 Oral <input type="checkbox"/> 112 Rectal <input type="checkbox"/> 113 Tympanic <input type="checkbox"/> 114 Axillary <input type="checkbox"/> 115 Skin strip <input type="checkbox"/> 116 Radial Pulse: _____ <input type="checkbox"/> 117 Respirations: _____</p> <p>2. Personal Hygiene <input type="checkbox"/> 121 Shower <input type="checkbox"/> 122 Tub bath <input type="checkbox"/> 123 Sponge bath <input type="checkbox"/> 125 Empty ostomy appliance <input type="checkbox"/> 126 Perform perineal care <input type="checkbox"/> 127 Provide Foley care <input type="checkbox"/> 128 Empty Foley bag: _____ cc <input type="checkbox"/> 129 Apply external catheter</p> <p>3. Foot Care / Nail Care <input type="checkbox"/> 131 File non-diabetic fingernails <input type="checkbox"/> 132 File non-diabetic toenails <input type="checkbox"/> 133 Bathe and inspect the feet <input type="checkbox"/> 134 Replace TED stockings</p> <p>4. Skin Care <input type="checkbox"/> 141 Inspect and lotion the skin <input type="checkbox"/> 142 Shave <input type="checkbox"/> 143 Change position <input type="checkbox"/> 144 Apply protective cream <input type="checkbox"/> 145 Replace elbow pads <input type="checkbox"/> 146 Replace heel protectors <input type="checkbox"/> 147 Replace foam boot <input type="checkbox"/> 148 Replace arm sleeve protector</p>	<p>5. Grooming / Hair Care <input type="checkbox"/> 151 Shampoo the hair <input type="checkbox"/> 152 Brush or comb hair <input type="checkbox"/> 153 Dress patient</p> <p>6. Oral Hygiene <input type="checkbox"/> 161 Brush teeth <input type="checkbox"/> 162 Clean dentures <input type="checkbox"/> 163 Brush mouth with toothettes <input type="checkbox"/> 164 Apply lip balm</p> <p>7. Ambulating Assistance <input type="checkbox"/> 171 Walk with cane <input type="checkbox"/> 172 Walk with walker <input type="checkbox"/> 173 Walk with crutches <input type="checkbox"/> 174 Walk with one or more persons <input type="checkbox"/> 175 Pt. does not get out of bed <input type="checkbox"/> 176 Pt. does not get out of chair <input type="checkbox"/> 177 Walk with gait belt <input type="checkbox"/> 178 Non-ambulatory <input type="checkbox"/> 179 Walks independently <input type="checkbox"/> 180 Stand-by assist</p> <p>8. Exercises <input type="checkbox"/> 181 Passive range of motion <input type="checkbox"/> 182 Active range of motion</p> <p>9. Nutritional Services <input type="checkbox"/> 191 Prepare food and fluids <input type="checkbox"/> 192 Assist with feeding <input type="checkbox"/> 193 Offer/Encourage fluids</p>	<p>10. Homemaking Services <input type="checkbox"/> 201 Clean patient's area <input type="checkbox"/> 203 Change linens <input type="checkbox"/> 204 Do laundry</p> <p>11. Infection Control <input type="checkbox"/> 231 Universal precautions <input type="checkbox"/> 232 Gown or apron <input type="checkbox"/> 233 Mask or face shield <input type="checkbox"/> 234 Eye protection</p> <p>12. Safety Measures <input type="checkbox"/> 261 Bed alarm on <input type="checkbox"/> 262 Side rails up <input type="checkbox"/> 263 Motion sensor on <input type="checkbox"/> 264 Hearing aid on <input type="checkbox"/> 265 Oxygen on <input type="checkbox"/> 266 Glasses on <input type="checkbox"/> 267 Quick release seat belt on <input type="checkbox"/> 268 Wheelchair alarm on <input type="checkbox"/> 269 Half rails up <input type="checkbox"/> 270 Padded side rails in place <input type="checkbox"/> 271 Fall mat on floor <input type="checkbox"/> 272 Low bed in place <input type="checkbox"/> 273 Calling device accessible <input type="checkbox"/> 274 Continuous O2 during care</p>
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Staff Initial _____

