N Assignment/Aide Log for Client:

Client #: Service Goals/Objectives:

Form ref./PACT 2007

Special Instructions/Findings/Safety Measures (check below) Diagnosis:

Client uses: ☐ hospital bed ☐ manual W/C ☐ electric W/C ☐ shower bench/chair ☐ bath safety bars
☐ det. shower head Client uses: ☐ bedside commode ☐ elevated toilet seat ☐ bedpan ☐ urinal ☐ pads
Client is/has: ☐ SOB ☐ tracheostomy ☐ vent ☐ oxygen continuous oxygen rate:_____
☐ oxygen intermittent ☐ nebulizer treatments ☐ generalized weakness ☐ high risk for falls
☐ pain where:_____ Allergies:_____
☐ forgetful ☐ requires step by step verbal prompting ☐ not alert and oriented ☐ behavior problems
☐ vision problems ☐ hearing problems ☐ speech problems ☐ DNR order copy in home

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
RN write in Total Time Assigned Per Day							
Aide date visit							
Aide write time in							
Aide write time out							

RN Assignment to Aide/RN Signature: **Date:**

Aide checks off under the days of week when task(s) completed. If the Client refuses a task, alert the RN.

	Day(s) of Wk: S M T W Th F Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat
#19 Mobility/Activity Restrictions ambulate client with ☐ cane ☐ quad cane ☐walker								
or ☐ bed/chair bound - whenever you get client up transfer with ☐ hoyer ☐ transfer board ☐ trapeze bar								
☐ use pressure relief device ☐ turn and position								
#20 Eating ☐ feed client ☐ oral ☐ parenteral ☐ tube diet:								
☐ chop ☐ grind ☐ puree ☐ thicken diet restrictions: supplements:								
#27 Meal Prep meal prep ☐ 1 meal ☐ 2 meals ☐ set-up only								
☐ take out trash ☐ wash dishes & tidy ☐ clean kitchen ☐ other: specify								
#21 Bathing ☐ full body bath								
☐ partial bath								
☐ shower								
☐ sponge bath								
☐ shampoo hair								
☐ foot care ☐ special skin care								
8 Bathroom ☐ tidy after bath ☐ clean bathroom – what days:								
2 Dressing ☐ retrieve clothes ☐ put clothes on and take clothes off								
☐ don/remove therap. stockings ☐ don/remove prosthesis								
☐ assist with buttons, fasteners, zippers ☐ stockings/socks/shoes on/off								
5 Personal Hygiene ☐ comb hair ☐ brush teeth ☐ clean dentures								
☐ wash/dry face and hands ☐ oral care								
☐ braid or set hair ☐ shave								
#23 Toileting - Assist with: ☐ toileting bladder ☐ toileting bowel ☐ ostomy care								
☐ indwelling catheter care ☐ condom catheter care ☐ I/O cath care								
☐ clean perineum ☐ change client								
Client has: ☐ constipation ☐ administer enema (specify type)								
#24 Continence: Assist with: ☐ bowel/toileting program								
client uses: ☐ diapers ☐ disposable underwear								
#26 Delegated Medical Monitoring ☐ ROM								
☐ Blood Pressure Notify RN when:								
☐ Blood Sugar Notify RN when:								
☐ med assist ☐ med reminders ☐ other								
#29 Bedroom/Living Area ☐ make bed ☐ keep free of clutter ☐ tidy								
☐ sweep								
☐ dust								
#30 General ☐ laundry ☐ change bed linens ☐ check smoke alarm								
☐ mop ☐ vacuum								
#31 Errands/Misc. ☐ grocery shop ☐ pay utility bill								
☐ pick up med/medical supplies ☐ reading/writing/reporting								

Aide/Date: Sun._____/_____ **Mon.**_____/_____ **Tues.**_____/_____
Wed._____/_____ **Thurs.**_____/_____ **Fri.**_____/_____ **Sat.**_____/_____

Client/Fam. _____ **Date:**_____ **RN reviewed:** _____ **Date:**_____