

**COMMUNITY HOME HEALTH AIDE DUTY SHEET**



175 South 9th Street, Brooklyn, N.Y. 11211

Weekending: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Address: \_\_\_\_\_

DAY	DATE	AM	PM	TIME - IN	TIME-OUT	TOTAL HOURS	PATIENT SIGNATURE
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

DAILY ACTIVITIES	SA	SU	MO	TU	WE	TH	FR	DAILY ACTIVITIES	SA	SU	MO	TU	WE	TH	FR
Shower								Hospital bed/Slide Rails							
Sponge/Bedbath								Turn & position							
Groom Hair Shampoo as needed								Elevate/position extremities							
Skin Care Observe skin changes								Air mattress/eggcrate/wheelchair cushion							
Nail care as needed (file only)								Home Exercise Program (as per instruction of RN or PT)							
Shave as needed (electrical razor only)								Escort to medical appointments							
Mouth care/denture care								Assist with eating Assist with meal prep. Diet: _____							
Dressing								Fluid Restriction __ Yes __ No							
Toileting bedpan/urinal/commode/bathroom								Record Intake & Output							
Perineal care/diaper change/incontinent pads								Medication Reminders/Assistance							
Catheter care/cleanse around tube/empty bag								Weigh patient							
Ostomy bag change								Oxygen: Continuous as Needed							
Ambulation								Linen change as needed							
Transfer to chair/wheelchair/commode/bed								Make bed							
Hoyer lift Slideboard								Tidy kitchen, bathroom, bedroom if used by patient and HHA							
								Personal laundry as needed							
								Universal Precautions							
								Other							

Employee signature: \_\_\_\_\_