Level of Care

☐ PCA

☐ HHA

UnitedHealthcare Community Plan

PERSONAL CARE AIDE ACTIVITY SHEET

Personal Care Aide Name:
Member Name:

This form is to be completed and signed by the member and Personal Care Aide at every client visit.

	S	M	T	W	TH	F	S
BATH							
Tub/shower/bed ☐ Partial ☐ Complete							
☐ Shower ☐ Assist with bath chair							
Hygiene and Grooming							
Oral care: ☐ Routine ☐ Dentures							
☐ Hair care: assist with shampoo							
☐ Assist with shaving							
☐ Skin care							
☐ Nail care (file/clean only)							
☐ Foot care							
☐ Assist with dressing							
☐ Check pressure areas							
Procedures							
☐ Catheter care							
☐ Ostomy care							
☐ Record intake and output							
☐ Medication reminder							
☐ Assist w/ daily blood glucose testing							
Activity							
Assist with ambulation							
☐ Cane ☐ Walker ☐ Wheelchair							
Assist with mobility							
☐ Chair ☐ Bed Dangle ☐ Commode							
☐ Shower ☐ Tub							
Positioning-encourage asst every _hrs							
Nutrition							
☐ Meal preparation							
☐ Assist with feeding							
☐ Limit/encourage fluids							
☐ Fluid restriction							

	S	M	T	W	TH	F	S
☐ Grocery Shopping							
Homemaking							
☐ Laundry							
Light Housekeeping							
☐ Bedroom ☐ Bathroom							
☐ Kitchen ☐ Change Bed linen							
☐ Equipment Care							
☐ Other							
PATIENT ACTIVITY							
☐ Bedbound ☐ Chair fast ☐ Ambulatory							
Transfers							
☐ Self ☐ Assist ☐ Hoyer lift							
Assistive Devices							
☐ Wheelchair ☐ Walker ☐ Rollater							
☐ Hospital bed ☐ Crutches ☐ Cane							
Range of motion exercises							
☐ Active ☐ Passive ☐ Contracture							
Toileting							
☐ Bedpan ☐ Toilet ☐ Urinal							
☐ Commode ☐ Diapers ☐ Catheter							
☐ Empty drainage bag							
☐ Colostomy ☐ Urostomy							
Medication/Medication Reminders							
☐ Crush meds ☐ RN to prepour							
☐ Other ☐ Mix with food							
☐ Liquids only							
Reinforce dressing: Location: _____							
☐ Report changes							
Accompany to medical appointments							
Record ☐ T ☐ P ☐ R ☐ BP							

	Date	Time Started	Time Ended	Total Daily Hrs	Member's Signature	Aide's Signature
SUN						
MON						
TUES						
WED						
THR						
FRI						
SAT						
Total hours worked this week:						

IMPORTANT: In case of an emergency: call 911 immediately