County Hospital
Home Health
Aide Assignment Record

Patient: _____ Patient #: _____

Address: _____ City: _____

Driving Directions to Patient's Home: _____

_____

Diagnosis: _____ Birth Date: _____

Phone #: _____ Case Mgr.: _____

Code Status: ( ) Full Code ( ) DNR Frequency: _____

PERSONAL CARE:

( ) Complete Bath
( ) Partial Bath
( ) Shower

( ) Hair Care (brush, comb)
( ) Shampoo
( ) Shave
( ) Skin Care
( ) Back Rub
( ) Perineal Care
( ) Oral Hygiene
( ) Nail Care
( ) Foot Care

OTHER:
( ) TPR & B/P
( ) Change Linen
( ) Clean & Straighten Room
( ) TED Hose - Wash
( ) Provide Companionship
( ) Meals / Feeding
( ) Laundry
( ) Wash Dishes
( ) Clean Bathroom
( ) Empty / Clean B.S.C.
( ) Tidy Room

ELIMINATION:
( ) Bed Pan
( ) Bedside Commode
( ) Assist to Bathroom
( ) Catheter Care
( ) Incontinent Care
( ) Catheter Care

ACTIVITY:
( ) Bedrest
( ) Turn
( ) Side Rails Up
( ) Walk
( ) Up in Chair
( ) Walker
( ) Cane
( ) Crutches

SPECIAL CONSIDERATIONS:
( ) Lives Alone
( ) Hard of Hearing
( ) Poor Vision
( ) Blind
( ) One Eye ( ) Both Eyes
( ) Amputee
( ) Prosthesis
( ) Confused
( ) Unconscious

Specific Instructions and/or Comments: _____

_____

_____

_____

_____

Over for Signatures

Date	Assignment Update / Changes	Case Manager Signature

I have been instructed on the patient care plan and have read and understand the instructions and/or changes for personal care:

Aide Signature / Date:	Aide Signature / Date: