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<th>Patient Signature</th>
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**Personal Care:**

- Check box below when care is completed.

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<th>Code</th>
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</table>
- A: take temperature
- B: sponge bath by sink
- C: shower
- D: shampoo
- E: denture care
- F: foot care

**Additional Instructions:**

- Bed bath
- Tub
- Groom hair
- Mouth care
- Nail care
- Special skin care
- Bedsore A

**Dietary Functions:**

- Meal planning and preparation
- Feed patient - complete assist / partial assist
- Trouble swallowing
- Puree food
- Appetite - note

**Patient Activities:**

- Assist with ambulation
- Don artificial limb
- Crutches
- Stairs
- Walker
- Patient transfer
- Hoyer lift
- Positioning / bedrest
- ROM to:_________
- Assist with exercises
- Follow-up therapy instructions: PT - OT - ST

**Household Services:**

- Change linens
- Make bed
- Light cleaning per instructions
- Essential laundering
- Marketing
- Errands

*Use Universal Precautions!*

*Caregiver support and heart wellness information is made available as a public service by www.womensheartfoundation.org Rev. 02/10/01*