|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Toilet / Diaper |  | Feedings |  | Personal Care |
| Time | Result |  | Time | Amount |  | ☐ | Shower |
|  | Wet | B.M |  |  |  |  | ☐ | Bad Bath |
|  | Wet | B.M |  |  |  |  | ☐ | Brush Hair |
|  | Wet | B.M |  |  |  |  | ☐ | Brush Teeth |
|  | Wet | B.M |  |  |  |  | ☐ | [Other] |
|  | Wet | B.M |  |  |  |  |  |
|  | Wet | B.M |  |  |  |  | Therapy |
|  |  | ☐ | Speech Therapy |
| Special Care |  | ☐ | Back |
| Medicines | Time | Dosage |  | ☐ | Neck |
|  |  |  |  | ☐ | Shoulder |
|  |  |  |  | ☐ | Arms |
|  |  |  |  | ☐ | Hand |
|  |  |  |  | ☐ | Legs |
|  |  |  |  | ☐ | Feet’s |
|  |  |  |  | ☐ |  |
|  |  |  |  | ☐ |  |
|  |
| Activities | Blood Pressure |
| Activity | Length |  | Time | Systolic | Diastolic |
|  |  |  |  |  |  |
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|  |
| Supplies Needed | Notes |
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