



7308 Castor Avenue
 Philadelphia, PA 19152
 PH: 215-831-8008
 FX: 215-831-1011
 www.CASHomeHealth.org

Care Attendant Flow Sheet

Patient Name: _____

Care Attendant Name: _____

Personal Care	M	T	W	Th	F	S	S	Mon Date:	
Assist with Bathing								Time In:	Time Out:
Shower								Attendant Signature:	
Hair Care								Client Signature:	
Shave									
Nail Care Monitor								Tues Date:	
Oral Care								Time In:	Time Out:
Assist with Dressing								Attendant Signature:	
Bedpan/Urinal								Client Signature:	
Skin Care									
Moisture Barrier Cream								Wed Date:	
Check Skin for reddened Areas								Time In:	Time Out:
Activity								Attendant Signature:	
Bed Bound								Client Signature:	
Side Rails Up									
Transfer with Assist								Thurs Date:	
Reposition								Time In:	Time Out:
Out of Bed								Attendant Signature:	
Nutrition								Client Signature:	
Prepare Meals B/L/D									
Meal Clean Up								Fri Date:	
Assist with Eating								Time In:	Time Out:
Feed Patient								Attendant Signature:	
Offer Fluids								Client Signature:	
Housekeeping									
Kitchen								Sat Date:	
Living Room								Time In:	Time Out:
Laundry								Attendant Signature:	
Change Bed Linen								Client Signature:	
Make Bed									
Straighten Patient Care Areas								Sun Date:	
Miscellaneous								Time In:	Time Out:
Errands								Attendant Signature:	
Shopping								Client Signature:	
Reading/Writing									
Routine Appointments									

Date and Time Received? _____

Recipient Signature: _____