DAILY CARE SCHEDULE

Patient Routine & Medication Log

Date: _____
Patient: _____

TIME	CARE / ACTIVITY	MEDICATION	NOTES
Morning 7AM - 9AM	Hygiene / Bathing		
	Dress / Grooming		
	Breakfast		
Late Morning 10AM - 12PM	Mobility / Stretching		
	Hydration		
Mid-Day 12PM - 2PM	Lunch		
	Post-meal Rest		
Afternoon 2PM - 5PM	Cognitive Activity		
	Afternoon Snack		
Evening 5PM - 8PM	Dinner		
	Evening Hygiene		
Night 8PM - 10PM	Sleep Prep		
	Safety Check		

VITAL SIGNS (BP, Temp, Weight)
FLUID INTAKE / APPETITE
MOOD / BEHAVIOR NOTES

CAREGIVER SIGNATURE