PERSONAL CARE DAILY CHART

DATE _____

PATIENT NAME
ROOM/UNIT
CAREGIVER

TIME	ACTIVITY / TASK	**âœ“**	**OBSERVATIONS & NOTES**
Morning	Oral Care & Denture Cleaning		
Morning	Bathing / Partial Sponge Bath		
Morning	Dressing & Grooming		
Mealtime	Breakfast: Fluids/Solid Intake		
Mid-Day	Mobility / Walking / Repositioning		
Mealtime	Lunch: Fluids/Solid Intake		
Afternoon	Skin Check (Pressure Points)		
Evening	Dinner: Fluids/Solid Intake		
Bedtime	Evening Hygiene & Medication		
Continuous	Incontinence / Toileting Assistance		

MEDICATION / VITALS REMINDERS
BEHAVIORAL / MOOD NOTES