DAILY RESIDENT CARE CHART

Date: ____________________
Resident Name: ____
Room #: _________

Activities of Daily Living (ADLs)

Category	Morning (7a-3p)	Evening (3p-11p)	Night (11p-7a)
Hygiene/Bath	□ Shower □ Sponge □ Oral	□ Partial □ Oral	□ Oral
Dressing	□ Full Assist □ Setup	□ PM Clothes □ Setup	□ N/A
Grooming	□ Hair □ Shave □ Nails	□ Hair □ Skin Care	□ Skin Care
Toileting	□ Independent □ Assist	□ Independent □ Assist	□ Independent □ Assist
Incontinence	Checks: □ 1 □ 2 □ 3	Checks: □ 1 □ 2 □ 3	Checks: □ 1 □ 2 □ 3

Vitals & Nutrition

Weight	__________ lbs	**Temp / O2**	________ / ________%	**BP / Pulse**	________ / ________

Meal	Intake %	Fluids (oz)	Notes
Breakfast	0 25 50 75 100	__________	
Lunch	0 25 50 75 100	__________	
Dinner	0 25 50 75 100	__________	

Behavior & Mobility

Mood: □ Cooperative □ Withdrawn □ Agitated □ Confused

Mobility: □ Walker □ Cane □ Wheelchair □ Bedbound

Clinical Notes & Observations

CNA/Caregiver Signature: ______________________________________ Shift: _________