

# ELDERLY CARE OBSERVATION LOG

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Caregiver: \_\_\_\_\_

Room/Unit: \_\_\_\_\_

TIME	ACTIVITY / PHYSICAL STATE	FLUID/FOOD	MED.	MOOD / BEHAVIOR NOTES
07:00 AM	Waking / Morning Care			
09:00 AM	Breakfast / Mobility			
11:00 AM	Social / Therapy			
01:00 PM	Lunch / Rest			
03:00 PM	Afternoon Activity			
05:00 PM	Dinner			
07:00 PM	Evening Routine			
09:00 PM	Preparing for Sleep			

## Night Sleep Observation

<b>CHECK TIME</b>	<b>STATUS (ASLEEP/AWAKE)</b>	<b>REPOSITIONED?</b>	<b>INCONTINENCE CARE</b>	<b>OBSERVATIONS (BREATHING/RESTLESSNESS)</b>
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11:00  
PM

01:00  
AM

03:00  
AM

05:00  
AM

Daily Summary & Concerns:

Nurse/Caregiver Signature: \_\_\_\_\_  
Total Hours Slept: \_\_\_\_\_