



Dynamis Home Health LLC

Aide Weekly Flow Sheet

		SUN	MON	TUE	WED	THU	FRI	SAT
Patient Name		DATE:						
		START TIME:						
		END TIME:						
		TRAVEL TIME:						
		MILES:						
		RSN – Patient Refused Nurse Notified:	PRNN	PRNN	PRNN	PRNN	PRNN	PRNN
Vital Signs	Record Temperature:							
	Record Pulse							
	Record Respirations							
	Record Blood Pressure							
	Record Weight							
Hygiene	Bath: 0 Bed 0 Tub 0 Shower 0 sponge							
	Peri Care Foley Care							
	Hair: 0 Shampoo 0 Brush 0 Comb							
	Oral Care: 0 Mouth 0 Teeth 0 Dentures							
	Shave							
	Nail Care (file only, do not cut)							
	Apply Lotion/Powder to Skin							
	Dress Patient: 0 Partial Assist 0 Complete							
	Other:							
Bowel & Bladder	Assist with Toileting: 0 Bedpan 0 Commode 0 Bathroom							
	Measure Urine Output: 0 Record Color							
	Record Bowel Movement: 0 Record Consistency							
	Incontinent Care: 0 Bladder 0 Bowel							
	Other							
Dietary	Meal: 0 Prep 0 Assist 0 Feed 0 Special Diet 0 Record Appetite							
	Assist with Medications: (reminder only)							
	Assist with Oxygen: Tubing & Cannula Care							
	Assist Nurse with Patient Care							
	Other							
Musculoskeletal	Turn and Reposition Q 2 Hours: 0 Bed 0 Chair							
	Assist Exercises: 0 PT 0 OT 0 ST 0 ROM							
	Transfer Patient to: 0 Bed 0 Chair 0 Commode							
	0 Use Hoyer Lift 0 Max 0 Min 0 Standby Assist							
	Ambulate Patient: 0 Assistance 0 Supervision							
	0 Walker 0 Cane 0 Quad Cane 0 Crutches							
Other								
Environment	Change Bed							
	Clean Bathroom							
	Keep Kitchen Clean & Workable							
	Clean Patient Area							
	Wash Patient's Laundry & Bed Linens							
	Safety check							
	Other							
PATIENT, INITIALS:								
HHA, INITIALS:								

Patient Signature: _____

HHA Signature: _____ Date: _____