

Patient Plan Of Care

Patient Name: John Doe	Gender: M	Certification Period: 2025-10-28 – 2026-04-25
Patient Address: 101 Bedford Avenue, Brooklyn, NY	DOB: 01/15/1950	Call Agency 24/7: 212-718-9005

Task / Activity & Frequency	
Personal Care	
<input checked="" type="checkbox"/> Bath Shower	Every visit
<input type="checkbox"/> Bath Bed	
<input checked="" type="checkbox"/> Hair Care - Shampoo	Every visit
<input checked="" type="checkbox"/> Hair Care - Comb/Brush	Every visit
<input checked="" type="checkbox"/> Mouth Care	Every visit
<input checked="" type="checkbox"/> Oral Hygiene - Denture Care	Every visit
<input type="checkbox"/> Grooming-Shave	
<input checked="" type="checkbox"/> Grooming-Nails (file only — do not cut)	As needed
<input checked="" type="checkbox"/> Dressing	Every visit
<input checked="" type="checkbox"/> Skin Care	Every visit
<input checked="" type="checkbox"/> Foot Care	Every visit
Toileting	
<input type="checkbox"/> Incontinence Supplies	
<input type="checkbox"/> Bedpan/Urinal	
<input checked="" type="checkbox"/> Toilet	Every visit
<input type="checkbox"/> Commode	
<input type="checkbox"/> Incontinence	
Nutrition	
<input checked="" type="checkbox"/> Prepare meals - Breakfast	Every visit
<input checked="" type="checkbox"/> Prepare meals - Lunch	Every visit
<input checked="" type="checkbox"/> Prepare meals - Dinner	Every visit
<input checked="" type="checkbox"/> Prepare meals - Snack	Every visit
<input type="checkbox"/> Assist with Feeding	
<input type="checkbox"/> Record intake - Food	
<input type="checkbox"/> Patient is on a prescribed diet	
<input type="checkbox"/> Record Intake - Fluid	
Activities	
<input checked="" type="checkbox"/> Transferring	Every visit
<input checked="" type="checkbox"/> Assist with walking	Every visit
<input checked="" type="checkbox"/> Patient walks with assistive devices	Every visit
<input type="checkbox"/> Assist with home exercise program (HHA Only)	
<input type="checkbox"/> Turning and positioning (At least Q2)	

Task / Activity & Frequency	
Treatment	
<input type="checkbox"/> Empty foley bag	
<input type="checkbox"/> Remind to take medication	
<input checked="" type="checkbox"/> Ask Patient About Pain	Every visit
<input checked="" type="checkbox"/> Observe/Report Physical/Mental Changes	Every visit
<input checked="" type="checkbox"/> Monitor Patient Safety	Every visit
<input type="checkbox"/> Ostomy / Catheter Care	
Household	
<input checked="" type="checkbox"/> Change Bed Linen	As needed
<input checked="" type="checkbox"/> Patient Laundry	As needed
<input checked="" type="checkbox"/> Light Housekeeping: (Dust, Vacuum, Clean)	As needed
<input checked="" type="checkbox"/> Shopping and Errands	As needed
<input checked="" type="checkbox"/> Accompany Patient to medical appointment	As needed

Emergency Reporting Guidelines
Call 911 for emergency: severe bleeding, chest pain or shortness of breath, loss of consciousness.
Bleeding: Bleeding Gums, Nose Bleed, Blood in Urine, Black or tarry stool, Bruising.
Blood Sugar Problem: Increased thirst and urination, Fruity breath, Weight loss, Lethargy, Irritability, Shakiness, Sweating.
Heart/Lung Problems: Chest pain, Shortness of Breath, Swelling of ankles or feet, Dizziness, Cold Sweat, Blue or Gray facial color.
Infection: Pain, Redness, Swelling, Drainage, Heat, Fever.
Abdominal Problems: Pain, Hard / Swollen Abdomen, Fever, No BM for 3 days, Diarrhea Change.
Circulatory Problems: Numbness or Tingling of extremities, Slurred Speech, Headache, Blurred vision, Confusion, Facial drooping.
Safety: Call agency immediately if there is a change in the patient's condition, falls or is injured.

General Patient Information
Services Needed: PCA
Aide Frequency: 7 days x 3 hours
Mental Status: Depressed, Oriented, Alert
Allergies: Medication: NKDA. Food: NKA. Substance/Environmental: NKA
Safety Measures: Fall Precautions, Skin/Pressure Prevention, Emergency Plan, Environment, Aspiration Precautions, DME/Transfer Safety
Activities Permitted: No Restrictions
Nutritional Requirements: Soft
Devices used: Rollator, Grab Bars, Shower Rails, Shower Chair

Special Instructions:
N/A

 RN Signature	Jane Doe RN Name	02/09/2026 Date
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