HHA ASSIGNMENT SHEET

Certification Period: _____ **Start of Care Date:** _____
Patient Name: _____ **MR#:** _____
Lives with: _____ **Name on Bell:** _____

Language: _____ **DNR:** YES NO
Aide Assigned: _____ **Frequency/Duration:** _____

PERSONAL CARE

BATHING: Bed bath Chair bath
Tub Bath Shower and Bath

SHAVE: Shave Razor Electric Razor

ORAL HYGIENE: Brush Teeth Toothette Denture Care

HAIR CARE: Comb/Brush Shampoo

SKIN CARE: Lotion Back Rub Incontinent Care Pedicure

FOOTCARE: Nail Care (clean/file) Wash/Soak Feet

OTHER:_____
_____
_____

ACTIVITY / MOBILITY

ACTIVITY: Ambulates unaided Assist w/ Ambulation
Walker Cane Crutches Assist w/ Transfer Dangle

MOBILITY: Bed-bound Hoyer lift Chair
Geri-chair Wheelchair

Elevate ext.: UPPER: R L **LOWER:** R L

Safety Precautions:_____
_____
_____

Seizure Precautions:_____
_____
_____

Other:_____
_____

NUTRITION: DIET:

Feed Patient
Meal Preparation Assist w/ Feeding
Breakfast Lunch Snack
Fluids Only Thick Fluids Only

OTHER:_____
_____
_____

ELIMINATION

TOILETING: BR with assist BR without assist
Bedpan Urinal Bedside commode
Incontinent: Bladder Bowel
Indwelling Catheter External Catheter
Wears Diapers Wears Pads
Ostomy (urinary/colostomy) Ostomy Care
Check Date – Last BM: _____
Report lack of BM x 2 days to RN/Nursing

Supervisor:_____
Comments: _____
_____

↓SN SIGNATURE:

FUNCTIONAL LIMITATIONS:

Visual Deficit Aphasic
Hard of Hearing Deaf
Alert Combative Disoriented
Confused Lethargic Unconscious

OTHER:_____
_____
_____

OTHER DUTIES

Linen Change
Tidy Room
Light Housekeeping
Laundry
Weight Patient q:_____
Apply Dry Dressing on Wound PRN
OTHER: _____
_____

VITAL SIGNS

Vital Signs as order by RN – Frequency Q. _____
T P R BP - RA LA Either Arm
Notify SN, RN or Nursing Supervisor if:
Temp – Over _____ **Under:** _____
Pulse – Over _____ **Under:** _____
Resp. – Over _____ **Under:** _____
BP – Over _____ **Under:** _____
Verbalized pain: Yes No
Non verbal cues for pain present Yes No
Inform RN with all complaints of pain

PAIN

Verbalized Pain: Yes No
Non verbal cues for pain present Yes No
Inform RN

SOCIALIZATION

Read to patient
Play TV / Radio for patient

Other: _____
_____
_____
_____

ALLERGIES:

_____
_____
_____
_____

COMMENTS:

_____
_____
_____
_____

↓Date: