

A DAY AND NIGHT IN THE LIFE

For each half hour, describe the client's routine activities, or tasks completed by staff (e.g., patient watching TV, napping, performed bladder and bowel routines, dressing changes, transfers, helped patient up for meals, toileting, etc.).

Date:	(dd/mmm/yyyy) _		

Time	Patient activity, or task completed by staff	Number of staff required to safely complete activity or task	Number of minutes per activity or task	Equipment required to complete the activity or task
0700				
0730				
0800				
0830				
0900				
0930				
1000				
1030				
1100				
1130				
1200				
1230				
1300				
1330				
1400				
1430				
1500				
1530				
1600				
1630				
1700				
1730				
1800				
1830				
1900				
1930				
2000				
2030				

PLEASE TURN OVER TO CONTNUE ASSESSMENT

A DAY AND NIGHT IN THE LIFE	Place Patient Label Here

Date: (dd/mmm/yyyy)_____

Time	Patient activity, or task completed by staff	Number of staff required to safely complete activity or task	Number of minutes per activity or task	Equipment required to complete the activity or task
2100				
2130				
2200				
2230				
2300				
2330				
2400				
2430				
0100				
0130				
0200				
0230				
0300				
0330				
0400				
0430				
0500				
0530				
0600				
0630				

Useful Tips For Completing This Form

Document any activity the patient engages in and care that staff provides throughout the day and night and how much assistance is required to complete each activity or task, including:

Patient Activities:

needed

Dressing and undressing
Washing and grooming
Napping, sleeping, watching TV, sitting with
volunteers or visitors
Mobilizing
Transferring (wheelchair to bed, toilet
transfers, etc.) and the amount of assistance

Care Provided:

Medication administration
Safety checks
Support patient with preparing for meals (denture insert, tray set up, transfer between bed and chair)
Bladder routine: catheter care, bed pan, commode, incontinence pads
Bowel routine: bowel protocol

Skin and wound care needs
Special considerations