1st Nurse Registry

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| **HHA/CNA Services Activity Log** | | | | | | | | | | | | | | | |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Client Name: | |  |  |  |  |  |  |  | Client Reference # | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Month: | |  |  |  |  | Year: |  |  |  |  | Page: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Enter Calendar Date** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Time In** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Time Out** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Employee Initials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Client Initials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **HYGIENE** | **T=Total** | |  | **A=Assist** | |  | **S: Standby** |  |  | **R=Refuse** | |  |  |  |  |
| Taps On & Off |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tub Bath |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Shower |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sponge Bath |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bed Bath |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Partial Bed Bath |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wash Back |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wash Feet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pericare |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Oral Care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Denture Care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Shave |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hair Washing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hair Grooming |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skin Care - Lotion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DRESSING** | **T=Total** | |  | **A=Assist** | |  | **S: Standby** |  |  | **R=Refuse** | |  |  |  |  |
| Dressing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Undressing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clothing Coordination |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Buttons/Laces/Zipper |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MOBILITY** | **T=Total** | |  | **A=Assist** | |  | **S: Standby** |  |  | **R=Refuse** | |  |  |  |  |
| Turn |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Position |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Transfers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mechanical Lift |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOILETING** | **T=Total** | |  | **A=Assist** | |  | **S: Standby** |  |  | **R=Refuse** | |  |  |  |  |
| Routine Toileting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Handle Clothes/Zipper |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Incontinence Care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Colostomy Care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Catheter Care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employee Signature |  |  |  |  | Initials |  | Employee Signature | | | |  |  |  | Initials | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NOTE: Record additional information, observations, or changes on Multidisciplinary Notes. | | | | | | | | | | |  |  |  |  |  |
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