## **Caring Routine**



Name of Client:					
Carer 1	Signature:	Date:	Arr: Dep:		
Carer 2	Signature:	Date:	Arr:	Dep:	
Assist in/out bed	Strip wash	Make / change bed	Hearing	aid	
Assist with hoist	Bed bath	Prepare meal	Careline pendant		
Assist to toilet / commode	Schower / bath	Prepare drink	Watch / jewellery		
Change day / night bag	Shave	Prepare snack for later	Laundry		
Fit Convene / stoma bag	Clean teeth	Prepare glass water	General tidying		
Change / replace bag	Cream applied	Medication given	Other		
Dress / undress	Hair wash	Give classes			
Previous Carer notes re	ead and understood: Y	′es□ No□. MAR Shee	ts complete	d: Yes□ No□	
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Change day / night bag	Shave	Prepare snack for later	Laundry		
Fit Convene / stoma bag	Clean teeth	Prepare glass water	General		
Fit Convene / stoma bag Change / replace bag	Clean teeth Cream applied	Prepare glass water  Medication given			
Fit Convene / stoma bag	Clean teeth Cream applied Hair wash	Prepare glass water	General		

Susie M Jones - Director - Happy to Care For You