Respite Caregiver Checklist

_____ Generally understands instructions _____ May not understand instructions

Medical Equipment	When	Needs Assistance	Need to Know
Catheter Care			
Hearing Aid			
Shaving			
Peri-Care			
Mouth/Oral Care			
Bed Sores			
Foley Bag			
Dressings Changed			
Hair/Skin/Nail Care			
Dentures			
Other			

Moving Care-receiver

Moves around unassisted _____ Bedbound _____ Reposition _____ Other _____

Transfers from bed to chair with assistance _____

Walking/Transporting

Unassisted _____ Cane _____ Walker _____ Wheelchair _____

Toileting

Unassisted _____ Bedpan _____ Urinal _____ Catheter _____ Colostomy _____

Bedside Commode _____ Incontinent Pads _____ Other _____

Bathing

Bed Bath _____ Shower _____ Tub _____ Needs Assistance _____ times per week

Equipment Needed:

None _____ Transfer Bench _____ Shower Bench _____ Wheelchair _____

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Respite Caregiver Checklist, cont.

Sleeping

Bed Time _____ Wake Time _____ Nap Time(s) _____

Prefers Room Dark _____ Room Temperature _____

Meals/Snacks

Needs assistance feeding _____ Needs to be fed _____ Has difficulty swallowing _____

Takes nothing by mouth _____ Tube feeding _____

Soft foods _____ Record liquid and food intake _____

Avoid _____

House Rules and Instructions

Locked Doors _____

Don't Smoke _____

Oven/Stove Instructions _____

Fireplace _____

Gas/Water Shut Off Valve _____

Fire Extinguishers _____

Visitors _____

Pet Care Guidelines _____

_____

Emergency Preparedness

Discuss 911 preferences _____

Review Emergency Procedures/Info _____

Exit/Escape Plan _____

Advance Directives can be found _____

Other Important Information

_____

_____

_____

_____