

<i>Senior Life</i> LLC DAILY CARE PLAN TEMPLATE page 1 of 2	MON	TUES	WED	THURS	FRI	SAT	SUN
1. ENTER TODAY'S DATE ON CORRECT DAY OF WEEK DATE →							
2. ENTER YOUR INITIALS IN THE BOX FOR ALL COMPLETED TASKS							
3. CIRCLE YOUR INITIALS FOR ANY TASK WHICH WAS DECLINED							
Note to families: modify the times and line items to suit your needs.							
9:00AM WAKE UP -							
TOILET							
AFTER TOILET: Wash his hands– offer soapy washcloth, wet cloth and towel.							
DID HE HAVE BM?							
9:15AM SHOWER DAYS: Tuesdays, Thursdays, Saturdays							
SHAMPOO DAY: Saturdays with Shower.							
SPONGE BATH : Monday, Wednesday, Friday, Sunday. Wash face, underarms, groin, hands.							
LOTION TO ARMS and LEGS							
9:30AM Brush teeth and/or dentures.							
9:45AM BREAKFAST /MEDS = Take medicine and then eat breakfast							
Beverage of choice:							
BREAKFAST CHOICE 1:							
BREAKFAST CHOICE 2:							
10:15AM PERFORM EXERCISES per PT or DOCTOR. WALK around the house							
11:00AM TOILET and wash hands – offer soapy washcloth, wet cloth and towel.							
DID S/HE HAVE BM?							
Activity:							
12:00PM Lunch / Meds							
LUNCH BEVERAGE:							
LUNCH CHOICE 1:							
LUNCH CHOICE 2:							
LUNCH CHOICE 3:							
12:30PM CLEAN DISHES/ KITCHEN SINK , STOVE and COUNTERS							
12:45PM PERFORM EXERCISES per PT or DOCTOR WALK around the house Go outside if it is nice.							
1:30PM TOILET and wash hands – offer soapy washcloth, wet cloth and towel.							
DID S/HE HAVE BM?							
1:45PM NAP							
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1:50PM LAUNDRY in washer							
2:00PM CLEAN RBATHROOM: mop up floor, clean out sink, clean toilet/ mistakes.							
2:30 PM LAUNDRY to dryer							
3:00PM WAKE, TOILET and wash hands – offer soapy washcloth, wet cloth and towel. DID S/HE HAVE BM?							
3:15PM TV time. Favorite: ENCOURAGE BEVERAGE. Favorite:							
3:20PM LAUNDRY hung/ folded							
4:30PM TOILET and wash hands – offer soapy washcloth, wet cloth and towel. DID S/HE HAVE BM?							
4:45PM PREPARE DINNER DINNER BEVERAGE: EACH DINNER provide SALAD OR VEGETABLE DINNER CHOICE 1: DINNER CHOICE 2:							
5:10PM DINNER: Take medications then eat							
5:40PM CLEAN DISHES/ KITCHEN SINK, STOVE and COUNTERS							
5:50PM WALK around the house a couple times.							
6:10PM TV SWEEP KITCHEN – VACUUM IF NECESSARY							
6:30PM CHANGE SHEETS – Mondays and Fridays and as needed VACUUM BEDROOM							
8:00PM GET READY FOR BED TOILET and Wash his hands – offer soapy washcloth, wet cloth and towel. DID HE HAVE BM? brush his teeth or soak dentures							
8:15PM TO BED							

INSTRUCTIONS/ LIKES/ DISLIKES
