

# Respite

	A	B	C	D	E	F	G	H	I	
1	First Priority Home Care, LLC	<b>Week of:</b>								
2	PO Box 23781	Client Name:				Aide Name:				
3	Columbia, SC 29224	Responsible Party (RP):				Aide Signature:				
4	803-661-8805	Client/ RP Signature								
5		DAY	SUN	MON	TUE	WED	THUR	FRI	SAT	
6	<b>DUE EVERY MONDAY BY 12:00 PM</b>	DATE								
7		TIME IN								
8		TIME OUT								
9		TOTAL HOURS:								
10		CLIENT / RP INITIALS:								
11	FAX# 803-832-1643	PCA INITIALS:								
12	<a href="mailto:fphtimesheets@gmail.com">fphtimesheets@gmail.com</a>	<b>BATHING:</b>								
13	(Use Black Ink Only)	TOTAL BED BATH								
14	PCA NOTES:	ASSIST BED BATH								
15		ASSIST SHOWER								
16		ASSIST TUB								
17		<b>PERSONAL CARE</b>								
18		SHAMPOO/HAIRCARE								
19		MOUTH CARE								
20		SKIN CARE								
21		ASSIT W/DRESSING								
22		SHAVE								
23		NAIL CARE								
24		PERICARE								
25		<b>MOBILITY</b>								
26		ASSIST W/AMBULATION								
27		ASSIST TO BED								
28		ASSIST W/TURNING								
29		<b>NUTRITION</b>								
30		DIET: REGULAR								
31		LOW NA								
32		DIABETIC								
33		OTHER								
34		PREPARE MEAL								
35		SERVE MEAL								
36	<b>OFFICE USE ONLY</b>	ASSIST W/FEEDING								
37	<b>REVIEWED BY:</b>	ENCOURAGE FLUIDS								
38	<b>DATE:</b>	OTHER								
39		<b>TOILET/ELIMINATION</b>								
40		URINAL/BEDPAN/TOILET								
41		EMPTY CATHETER BAG								
42		INCONTINENT CARE								
43		LAST BOWEL MOVEMENT								
44		DATE:								
45		OTHER								
46		<b>HOUSECLEANING</b>								
47	<b>TOTAL Respite HOURS</b>	LAUNDRY								
48		CLEAN BEDROOM								
49		CLEAN BATHROOM								
50		CHANGE/MAKE BED								
51		CLEAN KITCHEN								
52		WASH DISHES								
53		VACUUM/SWEEP								
54		GROCERY SHOPPING								
55		CLIENT/AIDE INITIAL								
56	FAX # (803) 832-1643	<a href="mailto:fphtimesheets@gmail.com">fphtimesheets@gmail.com</a>								
57										
58	<b>CLOCK ERRORS</b>	OFFICE USE ONLY - DO NOT WRITE BELOW (ADMIN)								
59	Hours will be calculated according to									
60	CareCall ledger (if applicable).									
61	Remember to clock in and out correctly!									
62		Nurse Supervisor Signature: _____						Date: _____		