

# MAK HEALTHCARE INC PCA CARE PLAN

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address and Phone number:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Responsible Party name, address, and phone #** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Code Status:**      **FULL RESUSCITATION**      **NO CODE**

**Frequency and time of Visits/Shifts:** \_\_\_\_\_

**INSTRUCTIONS:** Document on PCA Time Sheet by placing initials in the column next to the task

**\*PCA MAY NOT ASSIST WITH MEDICATIONS UNLESS SPECIFICALLY ASSIGNED BY NURSE\***

Type of Service	Frequency/Instructions/Comments									
<b>DRESSING:</b> (includes laying out clothing, applying and changing clothing, orthotics, prosthetics, transfers, mobility and positioning to complete task)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed	
<b>GROOMING:</b> (includes hair care/nail care/oral care; shave, assist with makeup, deodorant, eyeglasses contacts, hearing aids; orthotics)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed	
<b>BATHING:</b> (includes start/finish bath/shower, transfers, mobility, positioning, inspect skin, apply lotion)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed	
<b>EATING:</b> (includes getting food into body; transfers, mobility, positioning, hand washing, applying orthotics as needed for eating, feeding, preparing meals, and grocery shopping)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed	
<b>TRANSFERS:</b> (moving from one seating/reclining area/position to another)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed	
<b>MOBILITY:</b> (moving from one place to another including using wheelchair)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed	
<b>POSITIONING:</b> (moving person's body for necessary care and comfort or to relieve pressure areas)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed	
<b>TOILETING:</b> (includes bowel/bladder elimination and care, transfers, mobility, positioning, feminine hygiene, use of equipment and supplies, peri-care and skin inspection)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed	
<b>LIGHT HOUSEKEEPING:</b> (tasks related to personal care including: washing dishes, putting dishes in dishwasher, clear tables, take out garbage, make bed, clean bathroom)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed	
<b>LAUNDRY:</b> (related to personal care, sort clothes, put in washer/dryer, add soap; dryer sheets, fold and put away)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed	

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<b>Client name:</b>	<b>Address and phone number:</b>									
	<b>Start of care:</b> <span style="float: right;"><b>End of care:</b></span>									
<b>HEALTH-RELATED FUNCTIONS:</b> (hands on assistance, supervision and cueing for health related tasks under direction of QP or person's physician)	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">Sun</td> <td style="width: 10%;">Mon</td> <td style="width: 10%;">Tues</td> <td style="width: 10%;">Wed</td> <td style="width: 10%;">Thurs</td> <td style="width: 10%;">Fri</td> <td style="width: 10%;">Sat</td> <td style="width: 10%;">Sun</td> <td style="width: 10%;">as needed</td> </tr> </table>	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed
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<b>BEHAVIOR:</b> (redirecting, intervening, observing, monitoring, and documenting behavior)	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">Sun</td> <td style="width: 10%;">Mon</td> <td style="width: 10%;">Tues</td> <td style="width: 10%;">Wed</td> <td style="width: 10%;">Thurs</td> <td style="width: 10%;">Fri</td> <td style="width: 10%;">Sat</td> <td style="width: 10%;">Sun</td> <td style="width: 10%;">as needed</td> </tr> </table>	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed
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<b>IADL/TASKS</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">Sun</td> <td style="width: 10%;">Mon</td> <td style="width: 10%;">Tues</td> <td style="width: 10%;">Wed</td> <td style="width: 10%;">Thurs</td> <td style="width: 10%;">Fri</td> <td style="width: 10%;">Sat</td> <td style="width: 10%;">Sun</td> <td style="width: 10%;">as needed</td> </tr> </table>	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	as needed
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<b>BACK UP STAFFING CONTACT: NAME AND PHONE:</b>										
<b>BACK UP STAFFING PLAN:</b>										
<b>EMERGENCY PROCEDURES AND PLAN:</b>										
<b>QP/CASE MANAGER NAME:</b>										
<b>INTERVENTIONS TO ADDRESS SAFETY AND VULNERABILITY CONCERNS (see assessment form)</b>										

**Plan of Care Developed in Consultation with:**    Client    Family/Responsible Party    Physician    Other: \_\_\_\_\_

**Aide Oriented to client and care plan by:** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**QP/CASE MANAGER SIGNATURE** (sign above)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client/Responsible Party Signature** (sign above)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PCA Signature: (sign above)**

\_\_\_\_\_  
**Date**