

Wise Medical Staffing, Inc

Client name: _____ WE date: _____

Aide name: _____

Flow Sheet	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: Month/Day/Year							
Time In							
Time Out							
Total Hours							
HYGIENE							
Tub/Shower							
Bed bath – Complete							
Bed bath – Partial							
Skin Care							
Oral Care							
Shampoo/ Set Hair							
Brush / Comb Hair							
Shave							
Assist with Dressing							
NUTRITION/FLUIDS							
Prepare food							
Feed							
Encourage Fluids							
Limit Fluids							
ELIMINATION							
Assist to Bathroom							
Bed Side Commode							
Bedpan/Brief							
MOBILITY							
Ambulate/Walker/Cane							
Transfer bed/chair							
Wheelchair							
HOME							
Floor Care							
Dusting							
Laundry							
Kitchen (Dishes)							
Bathroom(s)							
Bedroom							
Grocery Shopping							

Client Signature

Aide Signature

Sun _____
 Mon _____
 Tue _____
 Wed _____
 Thur _____
 Fri _____
 Sat _____

Notes can be made on Non Clinical Note Form