PCA CARE PLAN FORM

1027 7th Street NW, Unit 204 Rochester, MN 55901
Phone: 507-540-0801
Email: info@rxteamhomehealthcare.com

Name:	Date:

Use the PHN's Service plan to complete this plan. After completion of the Care Plan, give copy to all PCAs working for you, and a copy to PCA agency.

Activities of Daily Livings

Check the box that identifies the amount of help you need to complete daily tasks. Make comments about any special needs you have including physical limitations, precautions or reminders.

Tasks	No Help	Some Help	Total Help	Comments
Eating (includes nutritional concerns/special diets/ assistance with eating. Example: cutting, risk of choking/need for adequate fluid intake)	◯	◯	◯	
Bathing (tub/shower/bed bath) (includes getting into tub/shower, washing hair and body, getting out of tub/shower, drying off or bed/bath process)	◯	◯	◯	
Dressing (includes choosing clothes, reaching clothes, getting dressed and/or undressed	◯	◯	◯	
Grooming (includes brushing and styling hair, brushing teeth, shaving, applying make-up and/or lotions)	◯	◯	◯	
Mobility (driving) (includes use of vehicle to move from one place to another	◯	◯	◯	
Mobility (walking) (includes assistance with crutches, walkers, balancing, or general help with walking)	◯	◯	◯	
Mobility (wheelchair) (includes pushing a manual wheelchair, clearing a path for the wheelchair, opening doors, daily maintenance of the wheelchair)	◯	◯	◯	
Positioning (includes amount of help needed for comfort or to relieve pressure while sitting or sleeping or positioning of pillows or wedges)	◯	◯	◯	
Toileting (includes assistance needed for bowel programming, catheter and/or colostomy cares, and general toileting assistance)	◯	◯	◯	
Transfers (includes moving from one position to another. Example: moving from bed to a wheelchair or sitting to standing position)	◯	◯	◯	

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Other living supports

Check the box that identifies the help you need to complete daily tasks. Make comments about any special needs you have including physical limitations, precautions or reminders.

Tasks	Assisted Needed	☐	Comments
Meal Planning and Food Preparation	Menu planning	☐	
	Grocery shopping	☐	
	Putting food away in cupboards and refrigerator	☐	
	Preparing food (cutting, cooking)	☐	
	Putting food on plates and table	☐	
	Serving food	☐	
	Clearing the table	☐	
	Putting away leftovers	☐	
	Washing dishes/putting dishes in dishwasher	☐	
Laundry	Sorting clothes	☐	
	Putting soap in the washing machine	☐	
	Putting clothes in the washing machine	☐	
	Putting clothes in the dryer	☐	
	Folding clothes	☐	
	Ironing clothes	☐	
	Putting clothes away	☐	
Medical Appointments	Assistance into vehicle	☐	
	Accompanying to appointment	☐	
	Help into/out of the building and office	☐	
	Registering as a patient	☐	
	Going into exam room	☐	
	Taking notes during exam	☐	
	Filling prescriptions	☐	

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Other living supports, continued

Task	Assistance Needed	☐	Comments
Light Housekeeping and Essential Household Chores	Sweeping	☐	
	Mopping	☐	
	Vacuuming	☐	
	Dusting	☐	
	Taking out the garbage	☐	
	Making the bed	☐	
	Cleaning the kitchen	☐	
	Cleaning the bathroom	☐	
Shopping	Preparing a shopping list	☐	
	Assistance into the vehicle	☐	
	Help into/out of the store	☐	
	Taking the items off the shelves	☐	
	Carrying the items	☐	
	Putting them away at home	☐	
Accompany to events or outings	Keeping a calendar of events	☐	
	Getting directions	☐	
	Assistance into a vehicle	☐	
	Help into/out of the building or event	☐	
	Help at the meeting	☐	
Other:		☐	
		☐	
		☐	

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Health-Related Care Needs

Identify the special health care needs you have. These are in the assessment done by the public health nurse. Also include how the PCA will help you. Include cares such as wound cares, non-
sterile respiratory cares, monitoring and safety precautions for seizures, physical therapy needs (range of motion exercises, ambulation, pool therapy, strengthening exercises). Use extra pages if you need them.

Your doctor or Qualified Professional needs to give direction to the PCA for these cares!

Special Health Care Needs:

Instructions for PCA Help:

Behavioral-Related Care Needs

Check the public health nurse's assessment for any behaviors that might affect your ability to function at home or in the community. Write down how that PCA should help you. Use extra
paper if needed.

☐ **Attach the Behavioral Intervention Plan to this Care Plan**

PCA's Signature | Date

Client's (RP) Signature | Date

RN's Signature | Date

Language Interpreter | Signature | Date