

Paris ID:

Client Name:

**TIME TASK DRAFT — TYPICAL (NON-BOWEL ROUTINE) DAY**

\* Do NOT include travel time.

**\*\*IDENTIFY OPPORTUNITIES FOR MULTI-TASKING AND RECORD UNDER "CONCURRENT TASKS" WHENEVER POSSIBLE** - Eg. Start laundry before bowel routine, prepare breakfast & meds while client on the commode, etc. If second caregiver is necessary, Eg. For turning or transfers, consider what tasks can be assigned to them to do in between these duties. Record these under "Concurrent Tasks" whenever possible.

Time of day care is delivered	PRIMARY TASK-Tick only those tasks which actually happen	Guideline	Actual min/hrs per task for this client (explain exception in Comments)	Concurrent Tasks- with one caregiver (no extra time) in this shift	Comments (If clients needs exceed the guideline please explain)
<b>EARLY A.M. CARE</b>	<input type="checkbox"/> <b>BATH</b> — Tub or shower including hair washing and transfers <b>OR</b> <input type="checkbox"/> <b>BED bath</b> — Including peri-care, washing face, hands, hair. <input type="checkbox"/> Additional <b>SKIN</b> care — Specify:	45 min.		<input type="checkbox"/> Laundry  <input type="checkbox"/> Tidy bathroom      <input type="checkbox"/> Functional ROM  <input type="checkbox"/> Serve light breakfast* <input type="checkbox"/> Meds — administer bubble packed meds	
	<input type="checkbox"/> <b>ADDITIONAL SKIN CARE</b> — Specify:	10 min.			
	<input type="checkbox"/> <b>GROOMING</b> — oral hygiene, brushing hair, shaving, nail care etc.	10 min.			
	<input type="checkbox"/> <b>BLADDER AND BOWEL MGMT:</b> -Toileting (Including transfers) <b>OR</b> <input type="checkbox"/> -Catheter care — indwelling catheter care and condom catheter care: to include application and bag emptying, changing and cleaning <b>OR</b> <input type="checkbox"/> -Incontinence Mgmt — from cueing to changing of product and peri-care, transfer included	15 min.			
	<input type="checkbox"/> <b>DRESSING</b> — including transfers if needed	15 min.			
	<input type="checkbox"/> <b>EATING</b> — from "set up only" to complete feeding. Specify:	2-15min.			

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	OTHER:	Client Specific			
	<input type="checkbox"/> Compression stockings				
	<input type="checkbox"/> Assisted cough				
	<input type="checkbox"/> Suctioning				
	<input type="checkbox"/> Trach or vent related activities				
	<input type="checkbox"/> Oxygen				
	<input type="checkbox"/> Foot care				
	<input type="checkbox"/> Ostomy care				
	<input type="checkbox"/> Simple dry dressings				
	<input type="checkbox"/> Glucometer				
	<input type="checkbox"/> Other — Specify:				
	<b>TOTAL EARLY A.M. MINUTES - NON-BOWEL ROUTINE DAY</b>	90-120 min	0		

**\*\*\*Go to MID-MORNING TO OVERNIGHT HOURS TO COMPLETE DAY\*\*\***

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**TIME TASK DRAFT — TYPICAL (BOWEL ROUTINE) DAY**

\* Do NOT include travel time.

**\*\*IDENTIFY OPPORTUNITIES FOR MULTI-TASKING** - Eg. Start laundry before bowel routine, prepare breakfast & meds while client on the commode, etc. If second caregiver is necessary, Eg. For turning or transfers, consider what tasks can be assigned to them to do in between these duties. Record these under "Concurrent Tasks" whenever possible.

Time of day care is delivered	PRIMARY TASK-Tick only those tasks which actually happen	Guideline	Actual min/hrs per task for this client (explain exception in Comments)	Concurrent Tasks- with one caregiver (no extra time) in this shift	Comments (If clients needs exceed the guideline please explain)
EARLY A.M. CARE	<input type="checkbox"/> <b>BOWEL MGMT:</b> Bowel routine <input type="checkbox"/> On commode, including transfers <b>OR</b> <input type="checkbox"/> On bed <input type="checkbox"/> Specify routine Eg suppositories, digital rectal stimulation, etc.:	15-60 min.		<input type="checkbox"/> Laundry (q 2 wks) <input type="checkbox"/> Home safety Maintenance (4 hrs/ month)	
	<input type="checkbox"/> <b>BLADDER MGMT</b> <input type="checkbox"/> Catheter care — indwelling catheter care and condom catheter care: to include application and bag emptying, changing and cleaning <input type="checkbox"/> Other — Specify:	15 min.		<input type="checkbox"/> Assist with ordering meals/groceries <input type="checkbox"/> Putting away groceries	
	<input type="checkbox"/> <b>EATING</b> — from "set up only" to complete feeding. Specify:	2-15 min.		<input type="checkbox"/> Serve light breakfast <input type="checkbox"/> Meds - administer bubble packed meds	
	<input type="checkbox"/> <b>BATH</b> — Tub or shower including hair washing transfers <b>OR</b> <input type="checkbox"/> <b>BED bath</b> — Including peri-care, washing face, hands, hair. <input type="checkbox"/> Additional <b>SKIN</b> care — Specify:	30 min.		<input type="checkbox"/> Tidy bathroom	
	<input type="checkbox"/> <b>GROOMING</b> — oral hygiene, brushing hair, shaving, nail care etc.	10 min.			
	<input type="checkbox"/> <b>DRESSING</b> — including transfers if needed	15 min.		<input type="checkbox"/> Functional ROM	

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	<input type="checkbox"/> OTHER — SPECIFY:	Client Specific			
	<input type="checkbox"/> Compression stockings				
	<input type="checkbox"/> Assisted cough				
	<input type="checkbox"/> Suctioning				
	<input type="checkbox"/> Trach or vent related activities				
	<input type="checkbox"/> Oxygen				
	<input type="checkbox"/> Foot care				
	<input type="checkbox"/> Ostomy care				
	<input type="checkbox"/> Simple dry dressings				
	<input type="checkbox"/> Glucometer				
	<input type="checkbox"/> Other — Specify:				
<b>TOTAL EARLY A.M. MINUTES - BOWEL ROUTINE DAY</b>	180 min	0			

**\*\*\*Go to MID-MORNING TO OVERNIGHT HOURS TO COMPLETE DAY\*\*\***

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***MID-MORNING TO OVERNIGHT HOURS***					
MID-MORNING	<input type="checkbox"/> Bowel/bladder Mgmt — Specify:	15 min.			
	<input type="checkbox"/> Re-positioning				
	<input type="checkbox"/> Meds				
	<input type="checkbox"/> Snack				
	<input type="checkbox"/> Other — Specify:				
<b>TOTAL MID-MORNING MINUTES</b>			0		
NOON	<input type="checkbox"/> Prepare light lunch*	10 min.			
	<input type="checkbox"/> EATING — from "set up only" to complete feeding. Specify:	2-15 min.			
	<input type="checkbox"/> Bowel/bladder Mgmt — Specify:	15 min.			
	<input type="checkbox"/> Re-positioning				
	<input type="checkbox"/> Meds				
	<input type="checkbox"/> Other — Specify:				
<b>TOTAL NOON MINUTES</b>		30 - 60 min	0		
MID AFTER NOON	<input type="checkbox"/> Bowel/bladder Mgmt — Specify: ;	15 min.			
	<input type="checkbox"/> Re-positioning				
	<input type="checkbox"/> Meds				
	<input type="checkbox"/> Other — Specify:				
<b>TOTAL MID-AFTERNOON MINUTES</b>			0		

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<b>SUPPER TIME</b>	<input type="checkbox"/> Prepare/re-heat and serve simple dinner	15 min.			
	<input type="checkbox"/> EATING — from "set up only" to complete feeding. Specify:	2-15 min.			
	<input type="checkbox"/> Bowel/bladder Mgmt — Specify:	15 min.			
	<input type="checkbox"/> Re-positioning <input type="checkbox"/> Meds				
	<input type="checkbox"/> Other — Specify:				
	<b>TOTAL SUPPER TIME MINUTES</b>		0		
<b>EVENING/ BEDTIME</b>	<input type="checkbox"/> Bowel/bladder Mgmt — Specify:	15 min.			
	<input type="checkbox"/> Additional SKIN care — Specify:	10 min.			
	<input type="checkbox"/> GROOMING — oral hygiene, brushing hair, shaving, nail care etc.	10 min.			
	<input type="checkbox"/> UNDRESSING — including transfers	15 min.			
	<input type="checkbox"/> Re-positioning <input type="checkbox"/> Meds				
	<input type="checkbox"/> Other — Specify:				
	<b>TOTAL EVENING/BEDTIME MINUTES</b>	60 - 90 min	0		
	<b>TOTAL MINUTES NON-BOWEL ROUTINE DAY</b>		0		
	<b>TOTAL MINUTES BOWEL ROUTINE DAY</b>		0		
<b>OVER NIGHT CARE (23:00 - 07:00 HRS)</b> Care will be determined separately. Please List Tasks and Frequency.	<input type="checkbox"/> Bowel/bladder Mgmt — Specify:	15 min.			
	<input type="checkbox"/> Repositioning / Turning — Specify method and times per night	15 min.			
	<input type="checkbox"/> Medication Admin				
	<input type="checkbox"/> Pain Management				
	<input type="checkbox"/> Suctonning				
	<b>TOTAL OVERNIGHT MINUTES</b>		0		

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**TYPICAL NON-BOWEL DAY SUMMARY OF CARE:**





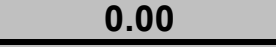
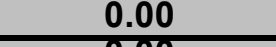

TIME TASK SUMMARY FORM	NUMBER OF MINUTES	NUMBER OF HOURS
EARLY A.M.	0	0.00
MID-MORNING	0	0.00
NOON	0	0.00
MID-AFTERNOON	0	0.00
SUPPER	0	0.00
EVENING / BEDTIME	0	0.00
<b>TOTAL HOURS PER 24 HR. DAY</b>	0	0.00

**TYPICAL BOWEL DAY SUMMARY OF CARE:**

TIME TASK SUMMARY FORM	NUMBER OF MINUTES	NUMBER OF HOURS
EARLY A.M.	0	0.00
MID-MORNING	0	0.00
NOON	0	0.00
MID-AFTERNOON	0	0.00
SUPPER	0	0.00
EVENING / BEDTIME	0	0.00
<b>TOTAL HOURS PER 24 HR. DAY</b>	0	0.00

**TOTAL TIME PER WEEK** Eg. 3 Bowel days/ week @ 6 hrs + 4 Non Bowel days/ week @ 4 hrs = 18+ 16=34 hr/wk

**TOTAL TIME PER WEEK:**

	NON - BOWEL DAYS @		HOURS	+		
	BOWEL DAYS @		HOURS	=		HOURS/WEEK
				=		HOURS/DAY
				=		HOURS / 30 DAYS

Travel time is not to be included for CSIL clients. For non-CSIL clients, if not live-in, add 10 minutes per shift for travel time. Total \_\_\_ minutes/day x 7 = hours per week.

**UNSCHEDULED CARE NEED: SPECIFY TYPE AND AVERAGE FREQUENCY**

**NEED FOR 24 HOUR SUPERVISION**

YES  NO

**SPECIFY REASONS:**