

LARGE PRINT



Caregiver Daily Log

Care, meals, medicines and notes for the next person on shift

How to use • care details • daily log • handoff notes • weekly summary

Type in it on screen, or print as many copies as you like

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How to Use This Log

WRITE IT DOWN WHEN IT HAPPENS • SHARE IT WITH EVERYONE WHO HELPS



One log, kept in one place, means everyone who helps with care knows what happened today: what was eaten, which medicines were given, how the day went and what the next person needs to know.

EACH DAY

- Start a new daily log page each morning and keep it where everyone can find it.
- Write each meal, drink and medicine at the time it happens, not later from memory.
- Tick the personal care that was done, and note anything new: a sore spot, a cough, a fall or near miss.
- Before you leave, fill in the notes for the next caregiver.
- At the end of the week, copy the main points onto the weekly summary and take it to appointments.

MEDICINES

- Record only what was actually given, with the time and who gave it.
- Give medicines exactly as prescribed or as the label says. This log does not tell you what to give.
- If a dose is missed or refused, write it down and ask the pharmacist or doctor what to do.

Call 911 right away for:

- Chest pain or pressure, or trouble breathing
- Sudden weakness or numbness, a drooping face, confusion or trouble speaking
- A fall with an injury, a blow to the head, or being unable to get up
- Being very hard to wake, or not responding

For any new or worsening change, call the doctor or nurse.

Care Details

FILL IN ONCE • KEEP AT THE FRONT OF THE LOG



NAME _____

MAIN CAREGIVER & PHONE _____

EMERGENCY CONTACT & PHONE _____

SECOND CONTACT & PHONE _____

DOCTOR & PHONE _____

PHARMACY & PHONE _____

ALLERGIES _____

MOBILITY AIDS USED _____

DIET OR DRINK NOTES _____

USUAL ROUTINE AND PREFERENCES

MEDICINES (COPY FROM THE LABEL OR THE PHARMACY LIST)

MEDICINE	DOSE	WHEN	WHAT IT IS FOR

Daily Log

MEALS, DRINKS, MEDICINES AND PERSONAL CARE • PAGE 1 OF 2



DATE _____ CAREGIVER(S) _____

MEALS AND DRINKS

MEAL	TIME	WHAT WAS OFFERED	ATE: ALL / MOST / HALF / LITTLE / NONE	DRINKS (CUPS)
Breakfast				
Morning drink / snack				
Lunch				
Afternoon drink / snack				
Dinner				
Evening drink				

MEDICINES GIVEN (AS PRESCRIBED)

TIME	MEDICINE	DOSE	GIVEN BY	NOTES (MISSED, REFUSED)

PERSONAL CARE DONE TODAY

- | | |
|---|--|
| ☐ Washed or bathed | ☐ Teeth or dentures |
| ☐ Dressed | ☐ Toileting / continence care |
| ☐ Skin checked (no new sore spots) | ☐ Hair, shave or nails |

Daily Log

MOVEMENT, SLEEP, MOOD AND NOTES FOR THE NEXT PERSON • PAGE 2 OF 2



DATE _____

MOVEMENT AND ACTIVITY

WALKED / EXERCISED (WHEN, HOW FAR) _____

ACTIVITY THEY ENJOYED TODAY _____

FALLS OR NEAR MISSES (WHAT HAPPENED) _____

SLEEP AND REST

NAPS _____ LAST NIGHT'S SLEEP _____

MOOD TODAY (TICK ANY)

- | | | | |
|----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| ☐ Calm | ☐ Cheerful | ☐ Tired | ☐ Confused |
| ☐ Anxious | ☐ Upset | ☐ Withdrawn | ☐ In pain |

TOILETING

BOWEL MOVEMENT (YES / NO, TIME) _____ NOTES _____

NOTES FOR THE NEXT CAREGIVER

QUESTIONS OR CONCERNS FOR THE DOCTOR OR NURSE

ONE LINE EACH TIME CARE PASSES TO SOMEONE ELSE



Weekly Summary

COPY THE MAIN POINTS HERE • TAKE IT TO APPOINTMENTS



WEEK STARTING _____

DAY	ATE: GOOD / FAIR / POOR	DRINKS (CUPS)	SLEEP: GOOD / FAIR / POOR	MOOD	FALLS, NEAR MISSES, NEW PROBLEMS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

TO RAISE AT THE NEXT APPOINTMENT
