Bug Control®
Infection Control Made Simple

CARE PLAN

Resident Name:

Known As:

PERSONAL CARE	
	Setup and supervision
	Full assistance
	Independent
DRESSING	
	Independent
	Supervision
	Full assistance
MOVING AND HANDLING	
	Independent
	Walker and supervision
	Two-person transfer
	Hoist
	Two-hourly position change
DIET	
	Normal diet
	Diabetic diet
	Soft and moist
	Pureed
	Other
MEALS ASSISTANCE	
	Independent
	Cut up the food to small pieces
	Assist with feeding
	Choking risk – supervise at all times
FLUIDS	
	Independent
	Normal cup
	Feeder cup
	Free fluids
	Restricted fluids
	Thickened fluids

TOILETING	
	Independent
	Assistance needed
	Prompt every two hours
	Do not leave unattended
INCONTINENCE PAD	
	Day pad
	Night pad
HEARING	
	No concerns
	Hard of hearing
	Wears hearing aids
EYESIGHT	
	No glasses
	Glasses at all times
	Glasses for reading
	Vision impaired
COGNITION	
	No concerns
	Disorientated
	Confused
	Non-verbal
TEETH	
	Own teeth
	Assist to brush teeth
	False teeth
	No teeth
BOWELS	
	Continent
	Incontinent
	Report **all** bowel movements
	Report **no** bowel movements

Date: