



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Personal Care Planning Schedule

Copy to:

Provider/OKDHS nurse Date sent: _____

Client Date sent: _____

File Date sent: _____

Client name		
Case number	Date	OKDHS or agency nurse signature

Enter an X in the check box for each task where assistance is needed. Enter number of units on the day(s) of the week the tasks will be completed by the client's chosen agency or individual provider. Enter the daily total on the bottom line of page 3 to identify the total units of service the client will receive each day. A unit is ¼ hour or 15 minutes.

Personal care tasks	Comments						
<input type="checkbox"/> bath assistance <input type="checkbox"/> skin care <input type="checkbox"/> groom <input type="checkbox"/> oral hygiene <input type="checkbox"/> shampoo <input type="checkbox"/> brush/comb hair <input type="checkbox"/> roll hair <input type="checkbox"/> safety supervision <input type="checkbox"/> transfer assist <input type="checkbox"/> dress <input type="checkbox"/> assist shave <input type="checkbox"/> make bed <input type="checkbox"/> dry hair <input type="checkbox"/> oil scalp							
Total units per day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Number of units used:							

Meal tasks		Comments						
<input type="checkbox"/> meal preparation <input type="checkbox"/> am <input type="checkbox"/> noon <input type="checkbox"/> pm <input type="checkbox"/> advanced meal preparation <input type="checkbox"/> am <input type="checkbox"/> noon <input type="checkbox"/> pm <input type="checkbox"/> extra for weekends <input type="checkbox"/> store foods appropriately <input type="checkbox"/> clean kitchen and area <input type="checkbox"/> clean appliances <input type="checkbox"/> stove <input type="checkbox"/> refrigerator								
Total units per day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Number of units used:								

Housekeeping tasks		Comments						
<input type="checkbox"/> sweep floors <input type="checkbox"/> vacuum floors <input type="checkbox"/> dust <input type="checkbox"/> mop floors <input type="checkbox"/> dustmop floors <input type="checkbox"/> remove trash <input type="checkbox"/> clean and tidy living room <input type="checkbox"/> clean and tidy bedroom <input type="checkbox"/> thoroughly clean bathroom <input type="checkbox"/> other <input type="checkbox"/> other								
Total units per day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Number of units used:								

Laundry tasks		Comments						
<input type="checkbox"/> in home <input type="checkbox"/> laundromat <input type="checkbox"/> apartment facility <input type="checkbox"/> home of the personal care assistant (PCA)								
Total units per day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Number of units used:								

Errand tasks		Comments						
<input type="checkbox"/> groceries <input type="checkbox"/> medications <input type="checkbox"/> mail <input type="checkbox"/> medical supplies								
Total units per day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Number of units used:								

Specific tasks		Comments						
<input type="checkbox"/> assist pay bills <input type="checkbox"/> nail care <input type="checkbox"/> vital signs <input type="checkbox"/> frequent transfers <input type="checkbox"/> spoon feed <input type="checkbox"/> foot care <input type="checkbox"/> weight <input type="checkbox"/> toileting <input type="checkbox"/> remind to take medications <input type="checkbox"/> clean bedside commode/urinal <input type="checkbox"/> unskilled treatments <input type="checkbox"/> application of appliance								
Total units per day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Number of units used:								

Total units per day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Number of units used:							

Weekly total units per day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Number of units used:							

Total of all columns = _____ units per week, _____ units per month

Identified days optional unless specified in care plan.

Average time to complete task:

Tasks	Average time to complete	Comments
Bathing (shower, sponge, tub) Includes dressing, grooming, skin care, shampoo, hair care, oral hygiene, cleaning bath area, and making bed.	1 hour = 4 units	Baths three times a week for tub and shower. Five times a week for sponge and continually incontinent.
Grooming and dressing without a bath Includes washing face and hands, shaving, oral hygiene, combing hair, nail care, foot care, and making bed.	Half an hour = 2 units	Nail care consists of cleaning and filing only.
Hair care without a bath Includes shampoo, combing, brushing, drying hair, and oiling scalp.	Half an hour = 2 units	
Transfer and walking assistance Includes transferring to and from bed to chair, chair to chair, chair to toilet, transfer in or out of tub and shower, ambulating with gait belt, and stand-by assist in ambulation.	15 minutes = 1 unit	
Meal preparation Includes planning, preparation of a cooked meal with leftovers, cleaning area, and washing dishes.	1 hour = 4 units	Home delivered meals replace one meal preparation a day.
Housekeeping Includes sweeping and mopping floors, remove trash, dust, clean living room, bedroom, and bathroom. Clean bedside commode and urinal.	1 hour = 4 units	
Laundry in home and linen change Includes washing, drying, and replacing linens on bed.	1 hour = 4 units	
Laundry outside the home Includes washing, drying, folding, and return to home.	2 hours = 8 units	Laundry done off site at apartment complex or laundromat.
Errands Includes grocery shopping, paying bills, medication pick-up, mail pickup if box not at residence.	1 hour = 4 units	Money receipts must be maintained.
Safety supervision Safety supervision only while PCA is in home, but doing other tasks.	0 hours	