**My Caregiving Routine**

List all regular caregiving tasks and appointments & schedule them at different time of the day.

**Sample Routine:**

|  |  |
| --- | --- |
| **Needs** | **Tasks** |
| **Morning** | **Afternoon** | **Evening** | **Special Remarks** |
| My Loved One’s personal care | Brush teethShowerSkin care – Moisturizer cream | Commode to toilet | Commode to toiletBrush teethSimple leg massageSkin care – Moisturizer cream |  |
| Nursing procedures (if any) | Measure blood sugar levelMeasure blood pressure |  | Measure blood sugar levelMeasure blood pressure | \*To measure blood sugar before meal |
| Medications | * Amlodipine 5mg x 1 tablet (Hypertension)
* Metformin 500mg x 1 tablet (Diabetes)
* Apixaban 5mg x 1 tablet (Stroke)
* Omega 3 1000mg x 1 tablet (Supplement)
 |  | * Apixaban 5mg x 1 tablet (Stroke)
* Atorvastatin 40mgx 1 tablet (High cholesterol)
 | To request medication delivery in Health Hub every 3 monthsTo ask Sis to pack morning medication and evening medication into individual packs. |
| Activities to engage my loved one | Light ExerciseColouring ActivityWatch TV | NapRead newspaper | Listen to music | Bring out to the park every Tuesday |
| Doctor’s appointments | Prepare documentsPlan transport | Visit doctor | Review doctor’s notesUpdate family on changes |  |
|  Household Chores | Tidy room | Laundry | Vacuum | Mop the floor every Monday |
| My Self-care Activity | Have my favourite breakfast and coffee | Stretching exercisePractise meditationStroll in the park | Attend caregiver support group (every Friday) |  |

Date:

|  |  |
| --- | --- |
| **Needs** | **Tasks** |
| **Morning** | **Afternoon** | **Evening** | **Special Remarks** |
| My Loved One’s personal care |  |  |  |  |
| Nursing procedures (if any) |  |  |  |  |
| Medications |  |  |  |  |
| Activities to engage my loved one |  |  |  |  |
| Doctor’s appointments |  |  |  |  |
|  Household Chores |  |  |  |  |
| My Self-care Activity |  |  |  |  |