24 Hour Home Care - Daily Caregiver Log

Date: _____ Shift: ☐ Day ☐ Evening ☐ Night
Client Name: _____

Caregiver Name: _____
Location: _____

Vital Signs & Health Checks

Time	Blood Pressure	Temperature	Pulse	Oxygen	Notes

Meals & Hydration

Meal	What Was Eaten	Fluids (oz)	Notes
Breakfast			
Lunch			
Dinner			
Snacks			

Medications

Medication	Time Given	Dosage	Notes / Reaction

Personal Care & Hygiene

☐ Bath / Sponge Bath ☐ Oral Care ☐ Hair Care ☐ Toileting
☐ Incontinence Support ☐ Dressing ☐ Skin Check (notes: _____)

Mobility & Activity

Type of Movement / Exercise	Assistance Needed	Duration	Notes
Walk / Transfer			
Physical Therapy			
Stretching			

Mood & Behavior

Observation	Notes
Mood	
Sleep	
Cognitive / Emotional Notes	

Safety & Environment

☐ Fall risk clear ☐ Alarms tested ☐ Pathways cleared ☐ Medications secured
Notes: _____

Communication & Follow-Up

☐ Family notified of updates ☐ Agency supervisor informed
Notes / Next Shift Instructions:

Next Caregiver: _____
Shift Handoff Completed: ☐ Yes ☐ No
Signature: _____