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Weekly Caregiver Schedule

SCHEDULE

WEEK OF _____ CARE RECIPIENT _____ HOUSEHOLD _____

TIME	MON	TUE	WED	THU	FRI	SAT	SUN
6–8 am							
8–10 am							
10–12 pm							
12–2 pm							
2–4 pm							
4–6 pm							
6–8 pm							
8–10 pm							
Overnight							

THIS WEEK'S NOTES

APPOINTMENTS _____ PHARMACY / SUPPLIES _____ COVERAGE GAPS TO FILL _____

OTHER _____

For personal record-keeping. Not medical advice.

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Shift Handoff

SCHEDULE

DATE _____ SHIFT TIME _____ CARE RECIPIENT _____

OUTGOING CAREGIVER _____ INCOMING CAREGIVER _____

DURING THIS SHIFT

COMPLETED

- ☐ Meals / fluids
- ☐ Medications
- ☐ Personal care
- ☐ Toileting
- ☐ Repositioning
- ☐ Activity / walk
- ☐ Appointments
- ☐ Supplies restocked

HOW THE PERSON WAS

MOOD / BEHAVIOR _____ APPETITE _____ SLEEP / REST _____

PAIN OR DISCOMFORT _____ BATHROOM / SKIN _____

MEDICATIONS & HEALTH

MEDICATIONS GIVEN, REFUSED, OR HELD, AND ANY SYMPTOMS OR VITALS TO KNOW

FOR THE NEXT SHIFT

WHAT NEEDS TO BE DONE, WHAT'S RUNNING LOW, UPCOMING APPOINTMENTS, AND ANY CONCERNS

FAMILY UPDATES TO SHARE _____

OUTGOING SIGNATURE _____ TIME _____

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Monthly Coverage Calendar

SCHEDULE

MONTH / YEAR _____ **CARE RECIPIENT** _____

Write the date in the corner and the caregiver or family member covering that day (and shift, if needed).

SUN	MON	TUE	WED	THU	FRI	SAT
# *Who is on*	#	#	#	#	#	#
#	#	#	#	#	#	#
#	#	#	#	#	#	#
#	#	#	#	#	#	#
#	#	#	#	#	#	#
#	#	#	#	#	#	#

BACKUP COVERAGE

BACKUP 1 _____ **PHONE** _____ **BACKUP 2** _____ **PHONE** _____

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Standing Care Tasks

SCHEDULE

CARE RECIPIENT _____ UPDATED _____

WEEKLY TASKS

TASK	DAY / TIME	WHO IS RESPONSIBLE	NOTES

RECURRING APPOINTMENTS & ERRANDS

WHAT	WHEN	WHERE / PHONE	WHO GOES	NOTES

HOUSEHOLD & SUPPLY ROUTINES

PHARMACY DAY, GROCERY RUN, LAUNDRY, BILLS, OR OTHER ROUTINES THAT KEEP THE HOUSEHOLD GOING