

Client Bathing Assistance Plan

HCC Patient name			PHN #		
OBSERVED PATIENT ABILITIES In all categories the patient may or may not need an aid or cues to perform the action Place a check mark <input checked="" type="checkbox"/> in the ONE column that most closely matches the patient's usual abilities with most staff Ensure that the patient abilities and assistance / equipment needs match the level of service authorized					
FUNCTIONAL MOBILITY ASSESSMENT					
Patient can Sit safely without back support Transfer self during all activities ----- Plan--no limitations that affect patient bathing safety Independent <input type="checkbox"/>	Patient can Sit safely without back support Transfer self during all activities ----- Plan--advice and /or equipment needed to promote patient safety Supervision <input type="checkbox"/>	Patient can Sit safely without or with back support Transfer self during most activities ----- Plan--advice and / or equipment needed to increase patient safety Light Assistance <input type="checkbox"/>	Patient can Sit safely with back support and minimal assistance Transfer and walk with assistance to turn / step ----- Plan--in-home bathing only with equipment and 1-person assist Moderate Assistance <input type="checkbox"/>	Patient can Sit safely but needs back support and occasional side-to-side assistance Transfer but needs assistance to support weight ----- Plan--may not be able to access to tub at home Maximum Assistance <input type="checkbox"/>	Patient can Balance in sitting only if side and back supported Transfer only if mechanical lift used ----- Plan--alternate bathing arrangements Dependent <input type="checkbox"/>
ASSISTANCE AND EQUIPMENT RECOMMENDED OR REQUIRED Indicate action (s) taken by circling bullets below					
<ul style="list-style-type: none"> Lifeline Pre and post phone check Take portable phone into BR Key available outside home Use of more accessible BR in home Grab bars Floor to ceiling pole Non-slip bath mat or strips Tub rail Hand held shower Bath stool or Bath board if patient very short Bath transfer bench Teach sit down sideways method Battery / water powered bath lift Or _____ 		<ul style="list-style-type: none"> Referral to Rehab <p style="text-align: center;">Or</p> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> Bath transfer bench + Hand-held shower + Teach patient sit down sideways method </div>		<ul style="list-style-type: none"> Referral to Rehab required Interim action: Limit HCC bath assist to sponge bathing until assessed Rehab Plan Recommendations (circle all applicable) Continue sponge baths 2-person assist Community Bathing Program Ceiling life in-home Other. Describe: 	
Do a dry run with trial bathing equipment in patient's bath or shower					
<u>Bath Stool</u> : Positioned with all 4 feet inside the tub or shower. Patient sits after entering tub. <u>Bath Transfer Bench</u> : Placed over side of tub. 2 feet inside. Bench level. Patient sits before entering and swings legs around. <u>Weight capacity</u> of most Bath bench/stools/boards = 250 ~ 300lbs. Higher rating available.					
Aid.....Assistive equipment such as a bed rail, floor to ceiling pole, cane, four -wheeled walker Cues.....Verbal instruction or reminders to position body or aids for improved safety and support Supervision...Direction, encouragement or infrequent assistance to patient to e.g. regain balance or perform transfer safely Assistance.... Physical assistance from another person is required to complete the action safely for the patient and the staff					
<u>Patient abilities to be observed to access a tub / shower</u> 1) Ability to stand on one leg and 2) Bend other knee and 3) Raise foot off floor at least 16" to step into tub. Limitations could include recent orthopedic surgery, decreased range at hip or knee, poor balance, weakness, confusion					
Assessor:			Date:		