



***Together***  
to End Stroke™



## DAILY HOME CARE GUIDE

**Courtesy of Lori Ramos Cavallo**

*AHA/ASA Volunteer, Former Caregiver and Founder of Care Partners Resource*

## INTRODUCTION

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Caring for a stroke survivor can be overwhelming. If you can't always care for your loved one, you'll need a temporary caregiver. Use this Daily Home Care Guide to record your loved one's daily needs so a temporary caregiver will know what to do. This will help ensure that your loved one gets proper care when you aren't there.

## INSTRUCTIONS

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Complete the fields in the guide as described in the instructions below, print and staple pages 1-9 of the guide and give it to anyone who cares for your loved one when you're away. Also give it to friends and/or family members who may need it in an emergency.

### ***Background Information (Page 1)***

1. Fill in your loved one's name and your name.
2. Make copies of your loved one's driver's license, insurance card, Social Security card and Advance Directive/5 Wishes/DNR documentation.
3. Enclose the copies with this guide and keep copies in your possession, in the stroke survivor's possession and in your car in case of emergency.

### ***Emergency Contact Information (Page 2)***

1. Fill in your contact information as well as the information for other individuals who can provide assistance if you are not available.

### ***Physician Information (Page 3)***

1. Fill in the physicians your loved one works with, such as his/her Primary Care Physician, Nurse Case Manager or Social Worker, Neurologist, Cardiologist, Speech Therapist, Occupational Therapist, etc.

### ***Medical Conditions (Page 4)***

1. List all of your loved one's medical conditions, the date he/she was diagnosed if you know (general time frame is OK if you don't), and how the diagnosis is treated/managed.

## INSTRUCTIONS

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### ***Allergies (Page 4)***

1. List all of your loved one's allergies and how each is treated/managed.

### ***Medications (Page 5)***

1. In the chart, list all the medications your loved one takes.
2. Enter the dosage and the day(s) and time(s) he/she takes them. Be sure to include the medication time and day in the Daily Activities section (page 10) as well.
3. Enter the purpose of the medication and any additional information the temporary caregiver may need.
4. At the bottom, enter your loved one's pharmacist, the pharmacist's direct number and the pharmacy name, address and number.

### ***Therapy Log (Page 6)***

1. Make a copy of your therapy sheet(s) from the physical therapist, speech therapist and/or occupational therapist.
2. Include the copies with this sheet and/or complete the fields in the table.
3. Be sure to enter these exercises in the Daily Activities section (page 7) as well.

### ***Daily Activities (Pages 7-8)***

1. Enter the time, day(s), activity and activity details in the boxes. Be sure to include everything your loved one does/needs each day, including dressing, eating, medications, exercise activities, etc. Also include any assistance he/she may need with each task, what his/her preferences are, time limits, etc.

### ***Additional Notes (Page 9)***

1. Record any additional notes the temporary caregiver may need in your absence.

**BACKGROUND INFORMATION**

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Daily Home Care Guide for: \_\_\_\_\_  
*Stroke Survivor's Name*

**See Enclosed Copies of:**

Primary Caregiver: \_\_\_\_\_  
*Caregiver's Name*

- *Driver's license*
- *Insurance card (Include Medicare & Supplemental, if applicable)*
- *Social Security card (or place in safe location where temporary caregiver could get it in an emergency)*
- *Advance Directive/5 Wishes/DNR documentation*

**EMERGENCY CONTACT INFORMATION** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1st Contact: \_\_\_\_\_

*Name*

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

2nd Contact: \_\_\_\_\_

*Name*

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

3rd Contact: \_\_\_\_\_

*Name*

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**PHYSICIAN INFORMATION**

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Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MEDICAL CONDITIONS**

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<i>Medical Conditions</i>	<i>Date</i>	<i>Treatment</i>
<i>Example: Type 2 Diabetes</i>	<i>Diagnosed 1/2/10</i>	<i>Managed with medications.</i>

**ALLERGIES**

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<i>Allergies</i>	<i>Treatment</i>
<i>Example: Peanut allergy</i>	<i>Example: Avoid all foods containing peanuts–look at ingredients on all product labels (everything in house is peanut-free). Use EpiPen in case of allergic reaction.</i>

**MEDICATIONS**

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<i>Medications</i>	<i>Dosage</i>	<i>Day(s)</i>	<i>Time(s)</i>	<i>Purpose</i>	<i>Comments</i>
<i>Example: Aspirin</i>	<i>325 mg</i>	<i>Daily</i>	<i>8:00 am</i>	<i>Prevent blood clots.</i>	<i>Take one daily.</i>

Pharmacist: \_\_\_\_\_

Direct Number: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_



**THERAPY LOG**

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<i>Day/Time</i>	<i>Diagnosis</i>	<i>Purpose</i>	<i>Exercise/Activity Description</i>	<i>Therapist</i>
<i>Example: M, W 7 p.m.</i>	<i>Example: Aphasia</i>	<i>Example: Practice vocalization and exercise weak muscles.</i>	<i>Example: Take the picture cards (on Bob's bedside table) and sit down with Bob. Show him each card and let him sound out the name of the object. Go through the cards at least twice.</i>	<i>Example: Jeremy Johnson</i>

**DAILY ACTIVITIES**

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<i>Time</i>	<i>Day(s)</i>	<i>Activity</i>	<i>Details</i>
8:00–8:15 a.m.	<i>Example: Every Day</i>	<i>Example: Wake Up</i>	<i>Example: Bob wakes up at 8:00 a.m. every morning when his alarm clock sounds. He does not need any help getting out of bed, but it takes him about 10 minutes to get up. Make sure he goes straight to the bathroom after he wakes up. He does not need assistance, but ensure that he takes no more than 5 minutes.</i>

(1 of 2)

**DAILY ACTIVITIES (cont'd)**

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<i>Time</i>	<i>Day(s)</i>	<i>Activity</i>	<i>Details</i>

(2 of 2)

