

Daily Caregiver Checklist

Track what happened, what was given, and what to tell the nurse. Print several copies and keep them by the bedside.

Checklist

Date: _____

Patient: _____

Pain & Comfort

Pain level (0-10) AM: _____

Pain level (0-10) PM: _____

Where is the pain?: _____

Restless or agitated?

Comfortable / sleeping peacefully?

Medications Given

Record each medication, time given, and whether it helped.

Medication 1 / Time / Helped?: _____

Medication 2 / Time / Helped?: _____

Medication 3 / Time / Helped?: _____

Medication 4 / Time / Helped?: _____

Medication 5 / Time / Helped?: _____

Food & Fluids

Ate anything? (Yes / No / Sips only)

Drinking fluids? (Yes / No / Sips only)

Swallowing OK? (Yes / Difficulty / Unable)

Body Functions

Bowel movement? (Yes / No)

Urinating? (Normal / Less / None)

Skin changes? (color, sores) (Yes / No)

Mood & Awareness

- Alert / responsive? (Yes / Some / No)
- Confused or seeing things? (Yes / No)
- Anxious or fearful? (Yes / No)

Overall mood: _____

Nurse Visit & Notes

- Nurse visited today?

What the nurse said:

_____ : _____

_____ : _____

Questions for next visit:

_____ : _____

_____ : _____

Tip: Print several copies and keep them by the bedside with a pen. When the nurse calls or visits, you'll have everything in one place.

Sources

1. CaringInfo (NHPCO) — <https://www.caringinfo.org/>
2. National Institute on Aging — <https://www.nia.nih.gov/>

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terminal2.care

Evidence-based resources for families navigating end of life