

Backup Caregiver Handoff & Daily Routine

Version date: _____

For backup helpers and anyone stepping in. Fill in by hand and update it whenever the routine changes.

Name of the person I support: _____

Goes by: _____

DAILY ROUTINE *(times, meds, meals, activities, rest)*

Time of day	Medications	Meals & drinks	Activities, care & rest
Morning			
Midday / afternoon			
Evening			
Night / overnight			

MEDICATIONS AND ALLERGIES *(see the full medication list if attached)*

Medication	Amount	When	How it is taken / notes

Allergies (medicines, foods, other): _____

Medication list last updated: _____

MEALS AND HYDRATION

Favorite foods & drinks: _____

Foods to avoid / diet needs: _____

Help needed with eating: _____

Hydration goal, if prescribed: _____

Notes: _____

MOBILITY AND PERSONAL CARE

Walking / aids used: _____

Transfers (bed, chair, car): _____

Toileting support & schedule: _____

Bathing / dressing: _____

Fall risks & precautions: _____

Notes: _____

COMMUNICATION NEEDS

How the person I support communicates best:

Hearing / vision / glasses / aids:

Words or phrases to use or avoid:

TRIGGERS AND WARNING SIGNS

Things that may upset the person I support:

Signs something is wrong:

What to do first:

WHAT COMFORTS OR CALMS THE PERSON I SUPPORT

Music, activities, objects:

Words or routines that help:

Best quiet place:

EMERGENCY AND FAMILY CONTACTS**For immediate danger or a life-threatening emergency, call 911. Then contact the people below.**

Name	Relationship / role	Phone

Doctor & phone:

Pharmacy & phone:

THINGS I WISH YOU KNEW *(about the person I support)***Privacy reminder:** This sheet holds personal health information. Share it only with people helping with care, keep it somewhere private, and shred old versions when you update it.**Free to print and share.** From Lighthouse by Dragonfly, an iPhone app for organizing care information, medications, and appointments. lighthousebydragonfly.comMore free
printables
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