



Caregiver Instructions for Documentation

Caregiver documentation provides required reporting about your client care to our office, to your clients' families, to other caregivers on your team, and to insurance companies. Documentation is part of your job responsibility.

Two Methods for Completing Documentation

- 1) WellSkyApp – preferred
- 2) Telephony – **(USE CLIENT HOME PHONE)** 2nd choice if app is not available

Guidelines for Completing Documentation

- Your documentation should support the care plan. Document the care you provided that the care plan calls for.
- Check each task as complete and incomplete.
- Add comments for each task as appropriate to provide more detail about what you did, and how your client is doing.
- Take credit for your work. Provide brief comments of how you spent your time during your shift. Document every effort made to engage with client. For example, how are you encouraging physical activity, healthy diet and social stimulation?
- Document information on the client's physical, cognitive or emotional condition. This is required observation and reporting for all caregivers.

EXAMPLE COMMENTS: *“Client expressing pain in back today. Client was a little less stable walking today. Stood by at all times while ambulating. Good mood but a little anxious today. We listened to music to calm. She told me stories of growing up on the farm. Client took 1 hr nap. We watched Wheel of Fortune and enjoyed trying to solve the puzzles.”*

For new and significant changes in client’s condition, or an incident such as a fall, contact the office immediately in addition to your written documentation.

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