

PCS TIME/TASK WORKSHEET								
Patient Name: _____		Time Assigned Per Day						
A. Personal Care Task Time		Sun	Mon	Tues	Wed	Thur	Fri	Sat
#19 Mobility/ Ambulation ADL	<p>Moving in the recipient's residence: To & from bathroom, bedroom, kitchen & dining area, living/sitting area, outside (porch, deck, yard). May use assistive devices including cane, walker, & wheelchair. If wheelchair bound, consider if the recipient's self-sufficiency to perform other ADLs once in wheelchair. <u>15 minutes/day</u>. This would be added when the recipient, at a minimum, needs hands-on &/or standby assistance. If the recipient is ambulatory, with or without an assistive device, a score of 0-1, no time is budgeted for this task.</p> <p>Moving recipient to & from a lying position, turning side-to-side & positioning recipient in bed. <u>15 minutes/q 2 hours</u> when not related to a personal care activity</p> <p>Moving recipient to & between surfaces: Bed, chair, wheelchair, tub, shower, toilet & standing position. May include the use of assistive devices such as Hoyer lift, transfer or slide board, gait belt, or trapeze. Standing/Pivot transfer. <u>15 minutes/every 2 hours</u> when not related to a personal care activity.</p>							
#20 Eating ADL	<p>Taking in food by any method. Oral intake of food: May include supplements, special diets, & tube feedings, chopping, grinding, pureeing foods as ordered by PCP. Set up & hands-on assist with feeding, direct supervision with eating, complete feeding, & tube feeding (bolus). Special feeding techniques, including chin tuck, use of thickeners/additives, choking/feeding guidelines, aspiration precautions, & the use of adaptive equipment. Extra time may be allowed for preparing a special diet that is chopped, ground, or pureed. <u>30 minutes to feed/meal</u>. <u>Note: If recipient feeds self independently & the activity is meal preparation & serving only, it is considered an IADL, and time must be budgeted under home management.</u></p>							
#21 Bathing ADL	<p>Taking a Full-body Bath: Tub, shower, or sponge/bed bath. Excludes washing hair or foot care. Foot care, washing back, washing hands, or washing face alone does not meet the bathing description/criteria. <u>Up to 30 minutes daily</u>. May rotate with partial bath based on recipient's needs.</p> <p>Partial Bath: A sponge bath includes, at minimum, bathing of the face, hands, & perineum. Bathing of the feet may be done on limited days, recognizing a full daily bath is not needed for an aging & non-ambulatory recipient. <u>15 minutes/partial bath</u>. Plan should have a partial bath only as a component of care, rotating with a full body bath.</p>							
#22 Dressing ADL	<p>Handling & retrieving clothing, putting clothes on & off, including handling fasteners, zippers, & buttons. Taking on & off stockings/socks & shoes. <u>15 minutes/day</u></p> <p>Application of prosthetic devices or application of therapeutic stockings. May add <u>15 minutes</u> for applying therapeutic stockings and/or prosthesis/day.</p>							
#23 Toileting ADL	<p>Using the toilet: How the individual uses the toilet, bedside commode, urinal &/or bedpan. Includes assisting with clothing, on & off toilet, assisting recipient with cleaning perineum after toileting & assisting with toileting equipment such as urinal & bedpan. Managing special devices such as ostomy & catheter care (including emptying the catheter bag). Note: Transfer to toilet or bedside commode ONLY is scored under ADL Mobility. <u>15 minutes/day</u>.</p>							
#24 Continence ADL	<p>Includes cleaning the perineum, cleaning after an incontinent episode & frequency of urinary & BM incontinence, changing incontinent devices such as diapers, disposable underwear, & pads. <u>15-30 minutes/ day</u>. Time at the highest end supported by the # of incontinent episodes & the client's mobility limitations.</p>							