



Daily Schedule Template

Time	Activity	Person Assisting/ Level of Assist	
6 ^{00am}			Tasks: <ul style="list-style-type: none"> <input type="checkbox"/> MEDICAL NEEDS <ul style="list-style-type: none"> • • • <input type="checkbox"/> SELF-CARE <ul style="list-style-type: none"> • • • <input type="checkbox"/> HOUSEHOLD <ul style="list-style-type: none"> • • • <input type="checkbox"/> THERAPY <ul style="list-style-type: none"> • • • <input type="checkbox"/> THERAPEUTIC ACTIVITIES <ul style="list-style-type: none"> • • • <input type="checkbox"/> LEISURE ACTIVITIES <ul style="list-style-type: none"> • • • <input type="checkbox"/> SCHOOL/WORK <ul style="list-style-type: none"> • •
6 ³⁰			
7 ⁰⁰			
7 ³⁰			
8 ⁰⁰			
8 ³⁰			
9 ⁰⁰			
9 ³⁰			
10 ⁰⁰			
10 ³⁰			
11 ⁰⁰			
11 ³⁰			
12 ^{00pm}			
12 ³⁰			
1 ⁰⁰			
1 ³⁰			
2 ⁰⁰			
2 ³⁰			
3 ⁰⁰			
3 ³⁰			
4 ⁰⁰			
4 ³⁰			
5 ⁰⁰			
5 ³⁰			
6 ⁰⁰			
6 ³⁰			
7 ⁰⁰			
7 ³⁰			
8 ⁰⁰			
8 ³⁰			
9 ⁰⁰			
9 ³⁰			
10 ⁰⁰			Tips: <ul style="list-style-type: none"> -Consider your own needs as you develop your loved one's schedule -Make a list of people who can help and what they are comfortable assisting with. -If multiple people are assisting with care, it may be helpful to write down who is responsible for that task beside the time slot. -Provide yourself with more time than you think you'll need -Know that the schedule is only a framework for structuring your day and not something that needs to be followed by the minute
10 ³⁰			
11 ⁰⁰			
11 ³⁰			
12 ^{00am}			
12 ³⁰			
1 ⁰⁰			
1 ³⁰			
2 ⁰⁰			
2 ³⁰			
3 ⁰⁰			
3 ³⁰			
4 ⁰⁰			
4 ³⁰			



Daily Schedule Template Sample

Time	Activity	Person Assisting	
6 ^{00am}			
6 ³⁰			
7 ⁰⁰			Tasks:
7 ³⁰			MEDICAL Needs:
8 ⁰⁰	Remove tube feeding, Meds & water,	Mom	<ul style="list-style-type: none"> • Tube feeding • Medications • Putting on/Taking off splints • Getting out of bed and into your wheelchair for ~3 hours, twice a day • Turn schedules in bed • Bowel/bladder program (toileting schedule) • Wheelchair weight-shifts • Other:
8 ³⁰	Remove bivalve splints Bathing/dressing/skin checks/oral care		
9 ⁰⁰	Transfer out of bed to wheelchair (weight shift every 30 minutes)	Mom	
9 ³⁰			
10 ⁰⁰			
10 ³⁰			
11 ⁰⁰	Return patient to bed, check for hygiene issues	Mom	
11 ³⁰			
12 ^{00pm}	Administer water	Mom	
12 ³⁰			
1 ⁰⁰	Transfer out of bed to wheelchair (weight shift every 30 minutes)	Mom	<p>SELF CARE:</p> <ul style="list-style-type: none"> • Bathing • Dressing • Grooming • Oral care • Rest period <p>Other:</p> <p>THERAPY:</p> <ul style="list-style-type: none"> • Range of motion/Stretching • Mental activities/brain games • Splints <p>LEISURE:</p> <ul style="list-style-type: none"> • Books on tape/Reading <p>Overnight considerations:</p>
1 ³⁰			
2 ⁰⁰	Therapy	Home health	
2 ³⁰			
3 ⁰⁰			
3 ³⁰			
4 ⁰⁰	Administer water and medications, Begin tube feeds	Dad	
4 ³⁰			
5 ⁰⁰	Return to bed, check for hygiene issues	Dad	
5 ³⁰	Stretch neck, legs, arms		
6 ⁰⁰			
6 ³⁰			
7 ⁰⁰			
7 ³⁰			
8 ⁰⁰	Remove tube feeds, administer water, apply bivalve splints, place on right side in bed	Dad	
8 ³⁰			
9 ⁰⁰			
9 ³⁰			
10 ⁰⁰			
10 ³⁰			
11 ⁰⁰			
11 ³⁰			
12 ^{00am}	Remove tube feeding, administer water, resume tube feeds, place on left side in bed	Mom	Tips:
12 ³⁰			-Consider your own needs as you develop your loved one's schedule
1 ⁰⁰			-Make a list of people who can help and what they are comfortable assisting with.
1 ³⁰			-If multiple people are assisting with care, it may be helpful to write down who is responsible for that task beside the time slot.
2 ⁰⁰			-Provide yourself with more time than you think you'll need
2 ³⁰			
3 ⁰⁰			
3 ³⁰			
4 ⁰⁰			



Daily Schedule Template

Time	Activity	Person Assisting	
4 ³⁰			-Know that the schedule is only a framework for structuring your day and not something that needs to be followed by the minute
5 ⁰⁰			
5 ³⁰			