

SHOW ME Checklist

Can you or a loved one do this safely or are you becoming less able to do these tasks?

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| S | Shirt and Shoes <ul style="list-style-type: none"> ▪ Observe patient don/doff shirt and a shoe/sock | Yes | No |
| H | Hike to bathroom <ul style="list-style-type: none"> ▪ Observe transfer on/off bedside commode/toilet ▪ Observe transfer in/out tub/shower ▪ Ask patient to reach head, lower back and toes | Yes | No |
| O | Organization and use of grooming utensils <ul style="list-style-type: none"> ▪ Shaving equipment ▪ Comb/Brush ▪ Toothbrush | Yes | No |
| W | Walk through home to all areas needed <ul style="list-style-type: none"> ▪ Bedroom, kitchen, laundry, access to transportation ▪ Include all surfaces — even and uneven surfaces, stairs and steps ▪ Note cleanliness of clothes/home and ask who does laundry/housekeeping | Yes | No |
| | | | |
| M | Medications <ul style="list-style-type: none"> ▪ Observe where meds kept and device/techniques used to take meds as ordered ▪ Observe ability to select right med, right dose, right time | Yes | No |
| E | Eating and making meals <ul style="list-style-type: none"> ▪ Access to/use of refrigerator and microwave or stove ▪ Carry meal to table ▪ Chew and swallow adequately | Yes | No |

If your loved one has difficulty doing these tasks, call the Christiana Care Visiting Nurse Association (VNA) at 800-862-0001 to learn how a visiting nurse or therapist can help your loved one at home.



CHRISTIANA CARE
HEALTH SYSTEM
Visiting Nurse Association

www.christianacare.org/vna