

Who am I caring for?

Instructions

- Many organizations have a record of personal information for everyone in their care which may include their likes, dislikes, routines, and other helpful information. This record is usually called *Activities of Daily Living*. You can also download the *Activities of Daily Living template*.
- Refer to your organization's *Activities of Daily Living*, and use the guiding questions to facilitate a group discussion.

After this huddle

Staff should:

- Be able to build stronger relationships with the people they care for.

- Keep Activities of Daily Living information up-to-date.

Notes to the huddle leader

- Consider asking staff to complete their own Activities of Daily Living template to post in a staff common area to help build positive relationships between co-workers.
- This is a good opportunity to encourage a constant open dialogue about the people who are in care. This will help staff stay up-to-date on changing needs so they can provide the best care possible while promoting a sense of teamwork.



Guiding questions

- Where can you find the Activities of Daily Living for a person in your care?
- Why is it important to keep the activities of daily living information up-to-date?
- Can you think of a time when you used the activities of daily living information to guide your approach with someone you care for? Share one of your success stories.
- If you were to fill out your own activities of daily living form, what would you want it to include?

Activities of Daily Living (example)

First and last name: _____

Preferred name: _____

Date of birth: _____

I live in: _____

What brings me joy? <i>(e.g. things that make me smile or laugh)</i>	What brings me comfort? <i>(e.g. things that calm me or make me feel better when I'm upset - includes pain management)</i>	How I like to communicate. <i>(e.g. verbally, short sentences, through pictures)</i>
Who is important in my life? <i>(e.g. family, friends)</i>	What gives me purpose? <i>(e.g. what brings meaning to my life)</i>	My safety concerns. <i>(e.g. falls, choking, wandering)</i>
How I like to be approached. <i>(e.g. eye contact, with a smile)</i>	My challenges. <i>(e.g. things that I need assistance with or that frustrate me)</i>	My strengths. <i>(e.g. things I can do for myself or take pride in)</i>
Supportive devices I need. <i>(e.g. glasses, hearing aids)</i>	My bathing routine. <i>(e.g. how I like to bathe and prepare for bath time)</i>	My rest and sleep. <i>(e.g. my sleep habits)</i>

Safety Huddle: Who am I caring for?

Huddle leader: _____

Date: _____

Attendance:

Name	Initial
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Additional resources

Template - *Activities of Daily Living*

Notes

