THE DEMENTIA ROADMAP

Daily Care Routine

A simple plan to support consistency, comfort and person-centered care.

Name:		**Date:**	
Primary caregiver:		**Day / shift:**	

MORNING

Wake-up time / preferred way to start the day:	
Toileting, washing, dressing and grooming:	
Breakfast / morning drinks:	
Morning medications or other routine:	

MIDDAY

Lunch / hydration:	
Activities, appointments, exercise or engagement:	
Rest / quiet time:	
Toileting or personal-care reminders:	

EVENING

Dinner / evening drinks:	
Evening medications:	
Calming activities / preferred evening routine:	
Bedtime routine / usual bedtime:	

DAILY REMINDERS

Important preferences, safety needs or things to avoid:	
Anything that helps this day go more smoothly:	

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Daily Care Notes

A simple record to help caregivers share useful information from one day to the next.

Name: _____ **Date:** _____

Caregiver: _____ **Day / shift:** _____

MEALS & HYDRATION

Breakfast / amount eaten:	
Lunch / amount eaten:	
Dinner / amount eaten:	
Drinks / hydration notes:	

CARE & WELL-BEING

Mood / behavior / communication today:	
Toileting / bowel movement / continence notes:	
Mobility / walking / falls or near-falls:	
Personal care completed / assistance needed:	

ACTIVITY & REST

Activities / engagement / social time:	
Naps / rest:	
Nighttime / sleep observations:	

NOTES FOR THE NEXT CAREGIVER

Anything unusual, changes noticed, concerns or successes:	
Things to follow up on / reminders for next caregiver:	

This printable supports caregiver communication and organization. Follow the person's individualized care plan and medical guidance for health-related needs.