

Attachment 2  
 CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM (CDPAP)  
 PLAN OF CARE

Consumer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

TASKS AUTHORIZED	YES	NO	COMMENTS
PERSONAL			
Bathing			
Tub			
Shower			
Sponge			
Shampoo			
Grooming			
Shaving			
Skin Care:			
Lotion			
Medication			
Foot care/nail cutting			
Monitor			
Oral Care			
Dressing			
MOBILITY			
Assistance with Ambulation			
Assist with Mobility			
Assist with Transfer			
One Person			
Mechanical			
Slide Board			
Assist with Range of Motion			
Active			
Passive			
NUTRITIONAL/METABOLIC NEEDS			
Meal Preparation			
Set Up			
Feed			
Tube Feeding			
G Tube Site Care			
Aspiration Precaution			
Monitor Blood Glucose			
Prepare Insulin			
Insulin Administration			
Medication Administration			
Monitor Vital Signs			

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<b>EXCRETORY FUNCTIONS</b>			
Assist with Toileting			
Hygiene after Toileting			
Incontinent			
Diapering			
Bowel Regime			
Colostomy Care			
Indwelling Catheter Care			
Suprapubic Catheter Care			
Condom Catheter Care			
Straight Catherization			
<b>RESPIRATORY FUNCTIONS</b>			
Tracheotomy Care			
Assist with Oxygen			
Assist with Nebulizer			
Assist with Inhalers			
Assist with Nasal Spray			
Assist with Postural Drainage and Cupping			
Assist with Suctioning			
Assist with Ventilator Care			
<b>WOUND CARE</b>			
Assist with Dressing Changes			
Care of Drains			
PICC Line Care			
Assist with Orthotics and Prosthesis			
<b>IADLS</b>			
Housekeeping			
Dusting			
Floors			
Vacuum			
Mop			
Sweep			
Washing Dishes			
Laundry			
Trash Removal			
Making Beds			
Linen Change			
Clean Bathroom			
Clean Kitchen			
Shopping			
Essential Errands			

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Other (Medically Necessary)			
SKILLED TASKS:			
COMMENTS:			