

CHESAPEAKE HOME HEALTH CARE

THIS FORM IS DUE INTO THE OFFICE EVERY MONTH
DME CLEANING SCHEDULE

Client Name - Last	First
Doe	John
Month	2015
May	

	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Feeding Pump	-Cleaned Daily	6 AM	NU	P	P	NU	NU	NU	NU	P	P	NU	NU	NU	NU	NU	P	P	NU	NU	NU	NU	P	P	NU	NU	NU	NU	P	P		
Feeding Bag	Change Feeding Bag Daily	12 MN	ON	ON	P	P	ON	ON	ON	ON	P	P	ON	ON	ON	ON	P	P	ON	ON	ON	ON	P	P	ON	ON	ON	ON	P			
G-Tube Extension	Change G-Tube Extensions Weekly	Friday 5 pm	NU						NU							NU							NU						NU			
Suction Machine																																
Canister	Clean & Soak Daily	6 AM	NU	ON	P	NU	NU	NU	NU	ON	P	NU	NU	NU	NU	NU	ON	P	NU	NU	NU	NU	ON	P	NU	NU	NU	NU	ON	P		
	Change Weekly	10 PM	ON	P	P	ON	ON	ON	ON	ON	P	P	ON	ON	ON	ON	ON	P	P	ON	ON	ON	ON	P	P	ON	ON	ON	ON	P		
Tubing	-Clean & Soak Daily	6 AM																														
	-Soak Weekly	12 MN																														
	-Chang Monthly	Fri 5p	NU						NU								NU							NU						NU		
Nebulizer	-Clean Daily	6 AM	NU	P	P	NU	NU	NU	NU	P	P	NU	NU	NU	NU	NU	P	P	NU	NU	NU	NU	P	P	NU	NU	NU	NU	P	P		
	Change Weekly	Fri 5p	NU						NU								NU							NU						NU		
Non-Cuffed Trach	Change Weekly per Order																															
	Clean Daily, Change Monthly per order																															
Corrugated Tubing	-Clean Daily																															
	-Soak Weekly																															
	-Change Monthly																															
Oxygen Tank Filled	as per supplier	4 AM																														
Portable O₂ Filled	PRN																															

NURSE SIGNATURE	NURSE INIT	NURSE SIGNATURE	NURSE INIT
Nancy Nurse	NU	Other Nurse	ON
Parent		Outside Contractor	OC

Soaking Instructions:
Clean all parts with soap and water, then rinse.
Soak all parts after cleaning in half strength vinegar and water (50% sol'n.) 2 hours. Rinse with water after soaking. Air dry.