Guardian Light
quality care services

RESIDENT DAILY LOG

Complete one log per resident per day. Record factual, objective observations promptly. Use the care plan, medication administration record (MAR), and incident-reporting procedure as required.

1. RESIDENT & SHIFT DETAILS

Resident full name	Location	Date (YYYY-MM-DD)	Preferred name/pronouns

Staff member	Other staff involved	Shift	Log completed at

☐ Day ☐ Evening ☐ Night ☐ 24-hour summary	Baseline / relevant care-plan notes (if needed)

2. WELLBEING & GENERAL OBSERVATIONS *Describe presentation compared with the resident's usual baseline.*

Time	Mood/behavior/communication	Appearance, comfort, sleep or other observations	Action taken / who notified

3. PERSONAL CARE & DAILY LIVING

Care activity	Completed/declined / not required	Time	Notes (choice, assistance, skin concerns, outcome)
Washing / shower / bath			
Oral care / dentures			
Dressing/grooming			
Toileting / continence care			
Skin care / pressure-area care			
Other (specify)			

4. MEALS, SNACKS & FLUIDS

Time	Meal / snack / fluid offered	Amount taken (or estimate)	Assistance / preference / refusal / concerns

Daily intake summary / dietary requirements followed: _____

5. MOBILITY, TRANSFERS & SAFETY

Time	Activity / transfer / position change	Level of assistance or equipment used	Tolerance, outcome or safety concern

Falls / near misses / hazards observed? ☐ No ☐ Yes – complete the required incident report and document immediate actions.

6. MEDICATION & HEALTH-RELATED CARE

Document medication administration on the approved MAR. This section is for relevant observations, refusals, omissions, PRN effect, appointments, treatments, and notifications; follow local policy.

Time	Observation / treatment / medication-related issue	Action taken / response	Person notified / follow-up

Pain / discomfort reported or observed: ☐ No ☐ Yes Location / rating / description: _____

Health changes (e.g., breathing, temperature, skin, bowel/bladder, appetite, alertness):

_____

7. ACTIVITIES, SOCIAL CONTACT & EMOTIONAL SUPPORT

Time	Activity / visitor / contact	Participation and resident's response	Support offered / follow-up

8. INCIDENTS, CHANGES & ESCALATION

Record factual details, times, witnesses, immediate actions and notifications. Complete separate incident documentation where required. For urgent or serious concerns, follow emergency and escalation procedures immediately.

Time	What happened/change from baseline	Immediate action and outcome	Who was notified / when / instructions

9. END-OF-SHIFT SUMMARY & HANDOVER

What went well / resident preferences or choices	Outstanding needs, risks or follow-up for next shift

Appointments / tasks / monitoring due	Family / representative communication (what, when, by whom)

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10. STAFF SIGN-OFF

Staff name (print)	Signature / initials	Date & time

Supervisor review	Signature	Date & time

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