APOLLO BATH
Elevating Senior Health...with Style

PRE-BATH CHECKLIST

Resident Name:_____ **Date:**_____

Staff Assigned:_____

Resident-Specific Risk Factors:

☐ Mobility limitations (e.g., needs assistance, uses wheelchair/walker)
☐ Cognitive impairment (e.g., dementia, confusion)
☐ History of falls
☐ Behavioral concerns (e.g., resistance, aggression, trauma history)
☐ Sensory sensitivities (e.g., temperature, noise, lighting)

Environment Safety Check:

☐ Grab bars securely in place
☐ Floor dry and free of clutter
☐ Slip-resistant surfaces
☐ Shower chair/bench clean and functional
☐ Emergency call system within reach

Water Temperature Check:

☐ Water tested and under 110°F
☐ Thermostatic control engaged (if applicable)

Equipment Preparedness:

☐ Mechanical lift charged and functional (if applicable)
☐ Proper sling or transfer aid available
☐ Towel and supplies staged for use

Staff Briefed on Care Plan:

☐ Resident bathing preferences reviewed
☐ Communication style/approach discussed

Final Sign-Off Before Bath Begins:

Signature:_____ **Date:**_____