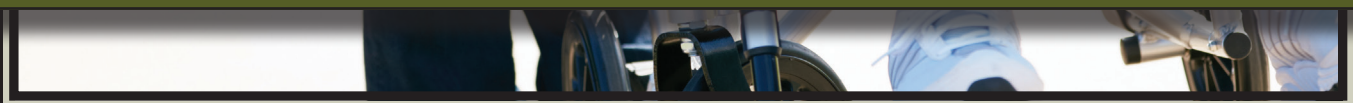




Pandemic (Temporary) Nurse Aide to Nurse Aide Transition Program

facility manual



nebraska
health care association

advocate. educate. support.

Pandemic (Temporary) Nurse Aide
to Nurse Aide
Transition Program

Nebraska Health Care Association, Inc.
Lincoln, Nebraska

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Acknowledgments

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Resources

American Health Care Association. *Temporary Nurse Aide*.
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Nebraska Health Care Association

Program Overview

with Federal and Nebraska State Requirements

On March 31, 2020, Governor Pete Ricketts announced Executive Order No. 20-12 Coronavirus – Relief for Hospitals and Care Facilities and Expanded Use of Telehealth Services. This executive order, in combination with the Centers for Medicare and Medicaid Services' blanket waiver of the federal nurse aide training and certification requirements found in 42 CFR 483.35(d), allowed for the use of pandemic (temporary) nurse aides during the declared federal and state public health emergencies (PHEs).

Pandemic nurse aides are not required to have a minimum number of training hours but are required to have sufficient training to be competent to furnish the care they are expected to provide. Pandemic nurse aides are also allowed to work without being on the Nebraska Nurse Aide Registry.

Once the PHEs are lifted, all state and federal regulations will be back in effect. At that point, to be added to Nebraska's Nurse Aide Registry, pandemic nurse aides will be expected to meet the relevant state and federal requirements within four months.

Nebraska Health Care Association's Pandemic (Temporary) Nurse Aide Program (PNAT) is designed to meet the federal and state requirements necessary to be eligible for state testing, and once testing is successfully completed, to be eligible for placement on to the Nebraska Nurse Aide Registry. The PNAT program includes eight hours of online education combined with an additional 68 hours of on-the-job training under the oversight of a registered nurse who is responsible for assessing competency.

Specific Regulations:

[172 NAC 108-005.01] In order for an individual to be eligible for employment as a nursing assistant in a nursing home, the individual:

- 1. Must be at least 16 years of age;*
- 2. Cannot have been convicted of a crime involving moral turpitude rationally related to his/her practice;*
- 3. Must be able to speak and understand the English language or a language understood by a substantial portion of the facility's residents; and*
- 4. Must successfully complete, within 120 days of employment, a nursing assistant training course approved by the Department.*

[172 NAC 108-003.01] Courses of training for all nursing homes except ICF/MR's must be given by a single sponsor or organization and include, at a minimum, 75 clock hours of instruction including at least 16 hours of supervised practical training. In addition, the course must include at least one hour of instruction on the responsibility of each nursing assistant to report suspected abuse or neglect pursuant to Neb. Rev. Stat. §§ 28-372 and 28-711.

[42 CFR 483.152(a)] For a nurse aide training and competency evaluation program to be approved by the State, it must, at a minimum—

- (1) Consist of no less than 75 clock hours of training;
- (2) Include at least the subjects specified in paragraph (b) of this section;
- (3) Include at least 16 hours of supervised practical training. Supervised practical training means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse;
- (4) Ensure that—
 - (i) Students do not perform any services for which they have not trained and been found proficient by the instructor; and
 - (ii) Students who are providing services to residents are under the general supervision of a licensed nurse or a registered nurse;
- (5) Meet the following requirements for instructors who train nurse aides;
 - (i) The training of nurse aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of long-term care facility services;
 - (ii) Instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides;
 - (iii) In a facility-based program, the training of nurse aides may be performed under the general supervision of the director of nursing for the facility who is prohibited from performing the actual training; and
 - (iv) Other personnel from the health professions may supplement the instructor, including, but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dietitians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts. Supplemental personnel must have at least 1 year of experience in their fields;
- (6) Contain competency evaluation procedures specified in §483.154.

[172 NAC 108-003.06] Courses must be administered by registered nurses who hold a current license to practice as a registered nurse in this state or have the authority to practice in this state as a registered nurse under the provisions of the Nurse Licensure Compact.

[172 NAC 108-003.07] The registered nurse administering the nursing assistant course must document an individual's successful completion of the course in a certificate or letter, the original of which must be given to the individual, containing the following information:

1. The individual's name;
2. The individual's date of birth;
3. The date of successful completion of the course;
4. The course sponsor; and
5. The course instructor.

[172 NAC 108-003.08] The information required by 108-003.07 must also be submitted to the Department in form or letter signed by the administrator and must also include the individual's Social Security Number.

[172 NAC 108-003.01 and 42 CFR 483.152(b)] The curriculum for a nursing assistant training course must include, at a minimum, the following:

1. At least 16 hours of training in the following areas prior to any direct contact with residents:
 - a. Communication and interpersonal skills;
 - b. Infection control;
 - c. Safety/emergency procedures, including emergency measures for choking;
 - d. Promoting residents' independence; and
 - e. Respecting resident rights.
2. Basic nursing skills:
 - a. Taking and recording vital signs;
 - b. Measuring and recording height and weight;
 - c. Caring for the resident's environment;
 - d. Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and
 - e. Caring for residents when death is imminent.
3. Personal care skills including, but not limited to,:
 - a. Bathing;
 - b. Grooming, including mouth care;
 - c. Dressing;
 - d. Toileting;
 - e. Assisting with eating and hydration;
 - f. Proper feeding techniques;
 - g. Skin care; and
 - h. Transfers, positioning, and turning.
4. Mental health and social service needs:
 - a. Modifying nursing assistant's behavior in response to residents' behavior;
 - b. Awareness of developmental tasks associated with aging;
 - c. How to respond to a resident's behavior;
 - d. Allowing the resident to make personal choices, providing, and reinforcing other behavior consistent with the resident's dignity; and
 - e. Using the resident's family as a source of emotional support.
5. Care of cognitively impaired residents:
 - a. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others);
 - b. Communicating with cognitively impaired residents;
 - c. Understanding the behavior of cognitively impaired residents;
 - d. Appropriate responses to the behavior of cognitively impaired residents; and
 - e. Methods of reducing the effects of cognitive impairments.
6. Basic restorative services:
 - a. Training the resident in self-care according to the resident's abilities;
 - b. Use of assistive devices in transferring, ambulation, eating, and dressing;
 - c. Maintenance of range of motion;
 - d. Proper turning and positioning in bed and chair;
 - e. Bowel and bladder training; and

- f. *Care and use of prosthetic and orthotic devices.*
- 7. *Resident rights:*
 - a. *Providing privacy and maintenance of confidentiality;*
 - b. *Promoting the resident's right to make personal choices to accommodate their needs;*
 - c. *Giving assistance in resolving grievances and disputes;*
 - d. *Providing needed assistance to residents in getting to and participating in resident and family groups and other activities;*
 - e. *Maintaining care and security of residents' personal possessions;*
 - f. *Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff; and*
 - g. *Avoiding the need for restraints in accordance with current professional standards.*

The Pandemic Nurse Aide to Nurse Aide Transition program includes at least the required 16 hours of supervised practical training in a laboratory, nursing facility, or other setting in which the student demonstrates knowledge while performing tasks on an individual, who does not have to be a resident, under the direct supervision of a registered nurse (or licensed practical nurse under the supervision of a registered nurse).

Federal regulations [42 CFR 483.156] require that states establish a nurse aide registry, which includes a listing of individuals who have successfully completed a training and competency evaluation program and a listing of nurse aides who have findings of abuse, neglect, or misappropriation of property.

Information related to the successful completion of an approved training must be entered into the registry within 30 days of the date the student is found competent [42 CFR 483.154(e)(2)]; and information related to findings of abuse, neglect, or misappropriation of resident property must be included in the registry within 10 working days of the findings [42 CFR 483.156(c)(iv)(D)].

[471 NAC 12-014-02(A)] Before allowing an individual to serve as a nurse aide, a facility must contact the State nurse aide registry and verify that the individual has met competency evaluation requirements unless:

- (i) The individual is a full-time employee currently participating in a training and competency evaluation program approved by the State; or*
- (ii) The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that the individual actually becomes registered.*

[172 NAC 108-003.03] Individuals completing a nursing assistant training course must demonstrate at least the minimum acceptable proficiency in tasks or duties connected with each unit of the components set forth in 172 NAC 108-003. This minimum acceptable proficiency must be determined by the registered nurse administering the course and the instructor for the course.

[172 NAC 108-003.04] Individuals completing a 75-hour nursing assistant training course must successfully complete an approved competency evaluation program consisting of a written or oral examination and a demonstration of skills. The competency evaluation program will be administered by the Department or a Department-approved entity that is not a nursing home that participates in Medicare or Medicaid.

Notification must be provided to the state testing agency (i.e., Nebraska Health Care Association) that the student has satisfied the following requirements to be eligible to take the state test:

1. The student must have successfully completed the eight-hour [American Health Care Association's Temporary Nurse Aide course](#) written competency exam with a minimum score of 80%
2. The student must have completed at least 68 hours of on-the-job training (172 NAC 108-003.01), working as a temporary nurse aide in the facility under the supervision of a registered nurse (or a licensed practical nurse under the supervision of a registered nurse).
3. The student must have completed at least one hour of instruction on the responsibility of each nurse aide to report suspected abuse or neglect pursuant to Neb. Rev. Stat. §§ 28-372 and 28-711.
4. The student must have successfully demonstrated competency on the required skills by a registered nurse (or a licensed practical nurse under the supervision of a registered nurse), as required in 172 NAC 108-003.01.

The facility administrator or registered nurse must complete an attestation form verifying the student's successful completion and competency on the above requirements and submit this documentation to the state testing agency (i.e., Nebraska Health Care Association).

Once these requirements are fulfilled, the student is eligible to take the state written and clinical tests.

If the student does not pass the state written and clinical tests within three attempts, the student must complete a traditional nurse aide training course.

The Attestation Form and other documents can be found in the Appendix section of this manual.

The completed and signed forms can be electronically submitted at <https://www.nehca.org/temporary-staffing-course-documents/>; scanned and emailed to coursecomplete@nehca.org; or mailed to:

Nebraska Health Care Association
1200 Libra Drive, Suite 100
Lincoln, NE 68512

Program

The Pandemic Nurse Aide to Nurse Aide Transition program is divided into three sections:

Section A — Eight-Hour American Health Care Association’s Online Temporary Nurse Aide Course

In this section, the student will be introduced to his/her work setting and job responsibilities. Important concepts such as psychosocial wellbeing, safety precautions, and emergency care are covered. The student must successfully complete the American Health Care Association Temporary Nurse Aide course written competency exam with a minimum score of 80%.

Section B — Basic Resident Care Skills

In this section, the student will learn the skills needed to meet the physical needs of residents. The student must demonstrate competence on a skill before performing it in the work setting without supervision. These skills can count toward the 68 hours of on-the-job training described in Section C.

Section C — On-the-Job Training

In this section, the student will learn and participate in caring for residents for at least 68 hours, while working as a pandemic nurse aide in the facility under the supervision of a registered nurse (or licensed practical nurse under the supervision of a registered nurse).

Unit Format: The program's three sections are divided into a total of 19 units.

Content: The student must understand the content to meet the objectives of the program. The nurse may add other classroom activities relevant to the content to facilitate learning. These activities may include videos, class discussion, role-play, skills practice, and other teaching methods.

Procedures: Procedures must be demonstrated and practiced, and the student successfully demonstrate competency before the procedure is performed on a resident. The student will need to demonstrate his/her competency on the procedures listed on the Nurse Aide Skills Sheet. These are also the skills the student may be tested on for placement on the Nurse Aide Registry.

Skills Packet: Each individual skill is included in the Skills Packet. To be considered competent, the student must demonstrate at least 70 percent of the skill's step correctly and 100% of the critical steps. The nurse may use the Skills Packet to check off and assess competency for the student as he/she performs each skill's steps. The Nurse Aide Skills Sheet should not be signed unless the nurse has observed the student successfully perform the skill.

Final Exam: The eight-hour American Health Care Association Temporary Nurse Aide course includes a final exam that is used to assess learning. This exam can be completed by the student online. The student must score a minimum of 80 to pass the exam, which will generate a certificate. If a student requires an oral exam, this can be administered by a registered nurse. This exam will give the student more practice in preparing for state testing.

Program Grading (Pass/Fail): The student's overall program grade is based on the final exam score and successful competency demonstration of all skills. The overall grade will be either pass or fail.

On-the-Job Training: Students will utilize learned theory and skill content to care for residents under the supervision of a registered nurse (or licensed practical nurse under the supervision of a registered nurse). Students will provide hands-on care to residents, learning valuable knowledge from other applicable staff.

General Information

Certificate: Nebraska regulations (172 NAC 108-003.07) requires the student be given a documentation indicating completion of the training requirements. The certificate, included in this manual's appendix, should be completed by the registered nurse or administrator, which includes all of the information required by the state.

Equipment: To provide students with the best opportunity for developing skills competency, it is recommended that a facility have a mannequin on which to practice that allows for the demonstration of both male and female perineal care. It is also recommended that the students have the opportunity to practice package opening and equipment manipulation prior to performing the actual skill in a clinical setting or during their state competency testing.

Completion of Program Requirements: The student must complete all the program requirements in order to be eligible to take the state test.

Materials: This packet includes several forms, including the Attestation Form, which must be completed and signed by the registered nurse or administrator. Instructions for completing the Attestation Form are also included. These records must be kept on file for a minimum of two years from the date of completion (172 NAC 108-004.06).

Employer: It is important that the employer have a thorough understanding of the role and scope of work of the nurse aide. The employer should also recognize that even after completion of this course, the student will have only a beginning knowledge of nurse aide skills and will require further orientation and supervision by other facility staff. The student's competency demonstration should be repeated regularly, and documentation of the demonstration maintained. Continuing education of the nurse aide will also be necessary to maintain and enhance clinical skills and knowledge. To utilize nurse aides, the employer should also ensure specific policies and procedures are established.

Notice

The author and publisher of this manual have taken great care to include information that reflects standards of practice at the time of publication. However, health care is a rapidly changing art and science; and other information and procedures may also meet current standards of practice. It is the employer's responsibility to stay informed of any changes in federal or state policy, as well as the facility's own policies and procedures. The Nebraska Health Care Association disclaims any responsibility for

adverse effects resulting from the use of the information and suggested procedures, from any undetected errors, or from misunderstanding of the content.

Additionally, ensure safety precautions recommended by equipment manufacturers and product representatives are reviewed and adopted into practice. The Nebraska Health Care Association does not endorse or recommend any specific equipment or products discussed in this manual.

Our Customers

There are many terms used to describe the individuals who are cared for by nurse aides, including customer, resident, patient, client, and consumer. For simplicity's sake, the term "resident" will be used throughout this manual. It is understood that you will use the term that best suits your particular work situation.

**Pandemic Nurse Aide to Nurse Aide Transition Program
Suggested Teaching Schedule**

	Didactic	Practical
Section A		
Unit 1: Psychosocial Well-being	.5	
Unit 2: Preventing Infection while Providing Personal Care	1	
Unit 3: Personal Safety and Emergency Care	.5	
Unit 4: Documentation and Core Nursing Skills	1	
Unit 5: Positioning, Moving, and Restorative Care	1	
Unit 6: Nutrition and Elimination	1	
Unit 7: Advanced and Specialty Care Environments	1	
Unit 8: Comfort Care and End of Life	1	
Unit 9: Ethics and the Law in Long-Term Care	1	
Subtotal: 8		
Section B		
Unit 10: Basic Nursing Skills		6
Unit 12: Personal Care Skills		6
Unit 13: Basic Restorative Services		2
Subtotal: 14		
Section C		
Unit 14: Resident Care		46
Unit 15: Abuse and Neglect	1	
Unit 16: Communication and Interpersonal Skills		2
Unit 17: Mental Health and Social Service Needs		2
Unit 18: Care of Cognitively Impaired Residents		2
Unit 19: Resident Rights		1
Subtotal: 54		
Total Training Hours: 76	9	67

Please note that this is only a suggested timetable. Time needed to teach the required content may vary according to number of students; student experience and abilities; available resources; access to clinical experience; and many other factors. This schedule is not to be used by the survey agency, training instructors, health care administrators, or any other entity as a required class schedule.

Table of Contents

Section A – American Health Care Association Temporary Nurse Aide Course

Unit 1: Psychosocial Well-being

1. Honoring Resident's Life
2. Resident Rights

Unit 2: Preventing Infection while Providing Personal Care

1. Chain of Infection
2. Standard Precautions
3. Handwashing
4. Handwashing Video
5. Using Barriers – Personal Protective Equipment (PPE)
6. Isolation Precautions/Transmission-Based Precautions
7. Psychosocial Needs or Resident-on-Isolation Precautions
8. Cleaning, Disinfection, and Sterilization
9. Personal Care Routines
10. Skills Video
11. Bathing
12. Whirlpool
13. Shampooing
14. Oral Hygiene
15. Denture Care Video
16. Grooming
17. Shaving a Male Resident Video
18. Care of Fingernails Video
19. Assisting with Dressing and Undressing

Unit 3: Personal Safety and Emergency Care

1. Bloodborne Pathogens
2. Body Mechanics
3. Choking
4. Injury Prevention

Unit 4: Documentation and Core Nursing Skills

1. Resident Care Plan
2. Your Role in Documentation
3. Bedmaking
4. Making an Occupied Bed Video
5. Respecting Residents' Privacy
6. Transferring a Resident
7. Discharging a Resident

Unit 5: Positioning, Moving, and Restorative Care

1. Positioning
2. Moving Up in Bed When Your Resident is Unable Video
3. Moving a Resident
4. Stand, Pivot, and Transfer Video
5. Assisting with Walking Video
6. Stopping a Fall
7. Cueing, Promoting, and Encouraging

Unit 6: Nutrition and Elimination

1. Assisting with Meals
2. Assisting with Meals Video
3. Feeding Your Residents Video
4. Assisting with Elimination
5. Collecting a Specimen
6. Helping with Ostomy

Unit 7: Advanced and Specialty Care Environments

1. Oxygen Therapy
2. Motivate the Resident and Stop When Resident Resists Care
3. Specific Behavioral Symptoms
4. Specific Techniques for Activities of Daily Living

Unit 8: Comfort Care and End of Life

1. Pain Management
2. Promoting Comfort and Sleep and Stages of Grief
3. End-of-Life Care
4. Hospice
5. Your Role Through the Dying Process
6. Signs of Approaching Death

Unit 9: Ethics and the Law in Long-Term Care

1. Physical Care of the Body After Death
2. What is a Survey?
3. Types of Surveys
4. Your Role in Surveys

Section B – Basic Resident Care Skills (Attachment A)

Unit 10: Basic Nursing Skills

Unit 12: Personal Care Skills

Unit 13: Basic Restorative Services

Section C – On-the-Job Training (Attachment B)

Unit 14: Resident Care

Unit 15: Abuse and Neglect

Unit 16: Communication and Interpersonal Skills

Unit 17: Mental Health and Social Service Needs

Unit 18: Care of Cognitively Impaired Residents

Unit 19: Resident Rights

Pandemic Nurse Aide to Nurse Aide Transition Program Skills Competency Checklist

“**Competency**” is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

Demonstration of Competency: Competency may not be demonstrated simply by documenting that a student attended a training, listened to a lecture, or watched a video. A student's ability to use and integrate the knowledge and skills that were the subject of the training, lecture, or video must be assessed and evaluated by individuals already determined to be competent in these skill areas.

Examples for evaluating competencies may include but are not limited to:

- Lecture with return demonstration for physical activities;
- A pre- and post-test for documentation errors;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that are in the scope of practice an individual is licensed, certified, or registered to perform.

Attachment A: Nurse Aide Skills Sheet

Attachment B: Nurse Aide Competency Sheet

Attachment C: Nurse Aide Attestation Form

Attachment D: Nurse Aide Certificate

Attachment E: Nurse Aide Skills Packet

Attachment A: Nurse Aide Skills Sheet

STUDENT NAME:

Nurse Aide Skills Sheet

PROCEDURE	DEMONSTRATES COMPETENCY (Y/N)	NURSE INITIALS
Handwashing		
Glove Removal		
Handling Soiled Equipment		
Handling Wastes		
Handling Soiled Bed Linens		
Abdominal Thrusts		
Changing an Unoccupied Bed		
Changing an Occupied Bed		
Routine Oral Hygiene		
Care of Dentures		
Oral Hygiene for Unresponsive Resident		
Assisting with Undressing and Dressing		
Nail Care		
Shaving with an Electric Razor		
Male Perineal Care		
Female Perineal Care		
Shower	Demo by Nurse	N/A
Tub Bath	Demo by Nurse	N/A
Bed Bath		
Partial Bath		
Turning Resident to a Lateral Position		
Moving Resident up in Bed: One Assist		
Moving Resident up in Bed: Two Assist		
Transfer Gait Belt		
Transferring from Bed to Chair		
Transferring from Wheelchair to Toilet		
Assisting to Ambulate		
Assisting to Ambulate with Cane		
Assisting to Ambulate with Walker		
Range of Motion Exercises		
Assisting Dependent Resident with Dining		
Measuring Electronic Oral Temperature		
Measuring a Radial Pulse		
Apical Pulse	Demo by Nurse	N/A
Measuring Respirations		
Measuring Blood Pressure		
Height and Weight Standing Scale		
Application of Elastic Support Stockings		
Measuring Fluid Intake		
Measuring Fluid Output		
Use of a Urinal		
Bedpan – Dependent & Independent		
Changing Incontinent Briefs		
Emptying the Urinary Drainage Bag		
Catheter Care		
Backrub		

NURSE SIGNATURE:	DATE:
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Attachment B: Nurse Aide Competency Checklist

Nurse Aide Competency Checklist

Student _____

Topic	Section	Demonstrates Competency (Y/N)	Nurse Initials
Communication and interpersonal skills	A, B, C		
Infection control	A, B, C		
Safety/emergency procedures, including emergency measures for choking	A, B, C		
Promoting residents' independence	A, B, C		
Respecting residents' rights	A, B, C		
Taking and recording vital signs	B, C		
Measuring and recording height and weight	B, C		
Caring for the residents' environment	B, C		
Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor	C		
Caring for residents when death is imminent	A, C		
Bathing	A, B, C		
Grooming, including mouth care	A, B, C		
Dressing	A, B, C		
Toileting	A, B, C		
Assisting with eating and hydration	A, B, C		
Proper feeding techniques	A, B, C		
Skin care	A, B, C		
Transfers, positioning, and turning	A, B, C		
Modifying nursing assistant's behavior in response to resident's behavior	A, C		
Awareness of developmental tasks associated with the aging process	C		
How to respond to resident behavior	A, C		
Allowing the resident to make personal choices, providing, and reinforcing other behavior consistent with the resident's dignity	A, B, C		
Using the resident's family as a source of emotional support	C		
Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others)	A, C		
Communicating with cognitively impaired residents	A, C		
Understanding the behavior of cognitively impaired residents	A, C		

Topic	Section	Demonstrates Competency (Y/N)	Nurse Initials
Appropriate responses to behavior of cognitively impaired residents	C		
Methods of reducing the effects of cognitive impairments	C		
Training the resident in self-care according to the resident's abilities	B, C		
Use of assistive devices in transferring, ambulation, eating, and dressing	B, C		
Maintenance of range of motion	B, C		
Proper turning and positioning in bed and chair	A, B, C		
Bowel and bladder training	A, B, C		
Care and use of prosthetic and orthotic devices	C		
Providing privacy and maintenance of confidentiality	A, B, C		
Promoting the resident's right to make personal choices to accommodate his or her needs	A, B, C		
Giving assistance in resolving grievances and disputes	A, C		
Providing needed assistance in getting to and participating in resident and family groups and other activities	B, C		
Maintaining care and security of resident personal possessions	C		
Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff	C		
Avoiding the need for restraints in accordance with current professional standards	C		

Nurse Name: _____

Completion Date for Demonstration of Competency on Above Tasks: _____

Attachment C: Nurse Aide Competency Attestation

Nurse Aide Competency Attestation Form

This form is to be completed by the facility administrator or the registered nurse. Initial to attest that each requirement is completed and sign below.

Student Name _____ Student DOB _____

Training Location _____

I, _____, attest that _____ has
(Please print nurse or administrator name) *(Student name)*

- *Successfully completed the eight-hour American Health Care Association Temporary Nurse Aide course final exam with a grade of at least 80%*
- *Completed a minimum of 68 hours of on-the-job training, working as a temporary nurse aide in the facility under the supervision of a registered nurse*
- *Completed at least one hour of training on abuse and neglect*
- *Is competent in all items listed in 172 NAC 108-003.01*

Included proof of competency

- American Health Care Association Temporary Nurse Aide Certificate
- Nurse Aide Skills Sheet
- Nurse Aide Competency Sheet

RN or Administrator Signature _____

Competency Date _____

Attachment D: Nurse Aide Certificate

Nebraska Health Care Association Certificate of Completion

This is to
certify that

Student Name: _____

Date of Birth: _____

Has completed a 76-hour training program that meets the federal and state Nurse Aide requirements.

Pandemic Nurse Aide to Nurse Aide 76-Hour Program

Date Completed: _____

Facility Name: _____

Registered Nurse: _____

Attachment E: Nurse Aide Skills Packet

This Skills Packet is provided as a resource for to the facility's nurse who is assessing a student's competency on each required skill in alignment with the steps required to successfully pass the state test.

To be considered competent, a student must demonstrate all the critical steps for each individual skill correctly and must correctly demonstrate at least 70 percent of the total steps for each skill.

This Skills Packet is a tool, so it is not necessary to grade each skill or have the student sign each skill page. This documentation is for the facility's use only and should not be returned to the Nebraska Health Care Association.

Handwashing

Name: _____

Score Required: 7 / 9

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
	1. Gather the needed supplies.	_____	_____
	2. Turn on faucet.	_____	_____
	3. Wet hands and wrists, holding the fingertips down.	_____	_____
***	4. Apply soap and work into a lather.	_____	_____
***	5. Rub all surfaces of the hands (between fingers, under nails and two inches above wrists) continuously for at least 20 seconds.	_____	_____
***	6. Rinse hands under running water without touching sink or faucet, holding fingers down.	_____	_____
***	7. Dry hands and wrists thoroughly using paper towels without touching the towel dispenser or sink. Dispose of paper towel.	_____	_____
	8. Turn off faucet with a new paper towel.	_____	_____
	9. Discard paper towel in waste container without contamination.	_____	_____

Comments:

Date:

Tester: _____

Student: _____

Glove Removal

Name: _____

Score Required: 5 / 7

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
***	1. With the fingertips of one hand, pinch the palm of the opposite glove, taking care to touch only the glove.	_____	_____
	2. Pull the pinched glove toward the fingertips and remove the glove from the hand with the glove ending inside out.	_____	_____
	3. Hold onto the loose glove with the gloved hand.	_____	_____
***	4. Place the fingers of the ungloved hand inside the cuff of the gloved hand between the skin at the wrist and the glove, taking care not to touch the outside surface of the gloved hand.	_____	_____
	5. Pull the glove toward the fingertips, turning the glove inside out.	_____	_____
	6. Remove the gloves and discard into the nearest waste container.	_____	_____
	7. Wash and dry hands thoroughly.	_____	_____

Comments:

Date: _____ Tester: _____

Student: _____

Handling Soiled Equipment

Name: _____

Score Required: 5 / 7

Actual Score: _____

Critical
Steps

Steps of the Procedure:

Satisfactory

Needs
Review

- | | | |
|--|-------|-------|
| 1. Wash and dry hands thoroughly. | _____ | _____ |
| 2. Apply gloves. | _____ | _____ |
| 3. Hold and carry soiled equipment away from clothing. | _____ | _____ |
| 4. Clean soiled equipment (bedpan, urinal, etc.) with cold water and appropriate disinfectant per facility policy. | _____ | _____ |
| 5. Remove gloves and dispose in proper container. | _____ | _____ |
| 6. Wash and dry hands thoroughly. | _____ | _____ |
| 7. Return cleaned equipment to appropriate storage area. | _____ | _____ |

Comments:

Date: _____ Tester: _____

Student: _____

Handling Wastes

Name: _____

Score Required: 7 / 9

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
1.	Wash and dry hands thoroughly.	_____	_____
2.	Apply gloves.	_____	_____
3.	Deposit soiled items in waste container.	_____	_____
4.	Clean contaminated surfaces with disinfectant per facility policy.	_____	_____
5.	Remove gloves and dispose in proper container.	_____	_____
6.	Touch only the outside of waste container bag; tie bag closed.	_____	_____
7.	Replace waste container liner.	_____	_____
8.	Wash and dry hands thoroughly.	_____	_____
9.	Dispose of waste container bag according to facility policy.	_____	_____

Comments:

Date: _____ Tester: _____

Student: _____

Handling Soiled Bed Linens

Name: _____

Score Required: 6 / 8

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
1.	Wash and dry hands thoroughly.	_____	_____
2.	Apply gloves.	_____	_____
3.	Roll soiled linen away from body, being careful not to touch linen to clothing.	_____	_____
4.	Place soiled linen in linen bag.	_____	_____
5.	Remove gloves and dispose in proper container.	_____	_____
6.	Touch only the outside of linen bag, close and tie the top of bag shut.	_____	_____
7.	Wash and dry hands thoroughly.	_____	_____
8.	Dispose of linen according to facility policy.	_____	_____

Comments:

Date: _____ Tester: _____

Student: _____

Abdominal Thrusts

Name: _____

Score Required: 7 / 9

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
***	1. Ask “Are you choking?” “Can you breathe?” or “Can I help you?” If the resident cannot answer verbally, continue with procedure for abdominal thrusts.	_____	_____
	2. Call out for help. (i.e. “Help! I need help!”)	_____	_____
	3. Stand behind the resident.	_____	_____
	4. Place one leg between the resident’s legs and the other leg slightly behind. This gives a wide base of support.	_____	_____
	5. Wrap arms around the resident’s waist.	_____	_____
***	6. Make a fist and place the thumb of the fist against the resident’s abdomen, just above the navel and below the rib cage.	_____	_____
	7. Grab that fist with your other hand.	_____	_____
***	8. Give a quick, upward thrust into the resident’s abdomen.	_____	_____
***	9. Repeat thrusts until object pops out or help arrives. (If resident becomes unresponsive, lower him/her to the floor.)	_____	_____

Comments:

Date: _____ Tester: _____

Student: _____

Changing an Unoccupied Bed

Name: _____

Score Required: 28/40

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
---------------------------------	--------------------------------	---------------------	-------------------------------

Supplies: Mattress pad, bottom sheet, lift sheet (if needed), top sheet, blanket, bedspread, pillow, pillowcase

- | | | | |
|-----|--|-------|-------|
| | 1. Gather needed equipment. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. Place linens on a chair next to the bed in the order they will be used. | _____ | _____ |
| | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| | 7. Raise the bed to a comfortable working height. Make sure both gatches are in the flat position and the wheels are locked. | _____ | _____ |
| | 8. Apply gloves. Loosen linen on the bed all the way around. Remove each piece separately and place in a laundry bag according to facility policy without touching clothing. | _____ | _____ |
| *** | 9. Remove gloves and wash hands before handling clean linen. | _____ | _____ |
| | 10. Slide the mattress to the head of the bed. | _____ | _____ |
| | 11. Unfold the mattress pad onto the mattress and center. | _____ | _____ |
| | 12. Unfold the bottom sheet on top of the mattress pad with the lengthwise center fold on the center of the mattress. If a fitted sheet is used, pull the corners of the sheet over the corners of the mattress at the top and the bottom of the bed. (If a flat sheet is used, the bottom of the sheet should line up with the bottom of the mattress. Smooth | _____ | _____ |

the sheet and tuck it under the top of the mattress. Make mitered corners. Tuck the bottom flap under the mattress. Tuck the side of the sheet under the mattress.)

13. If a lift or draw sheet is used, place the lift sheet approximately 12 inches from the head of the mattress. Smooth the lift sheet and tuck under the mattress. _____
14. Unfold the top sheet with the lengthwise center fold in the center of the mattress, the smoothest side toward the resident and the top of the sheet even with the top of the mattress. _____
15. Fanfold the sheet to the center of the bed. _____
16. Unfold the blanket and/or bedspread over the top sheet; fanfold lengthwise to center of bed. _____
17. Tuck in all top linens at the bottom of the bed on the working side. _____
18. Make a mitered corner. _____
19. Go to the other side of the bed and pull fitted sheet over mattress. (For flat sheet, unfold and tuck in bottom sheet at the top as was done on the first side, pulling the sheet tight so it is wrinkle-free, and make a mitered corner.) _____
20. Unfold and tuck in the lift or draw sheet, and smooth out wrinkles. _____
21. Unfold and smooth top linens and tuck them in at the foot of the bed; miter the corner. _____
22. Fold the top edge of the top sheet over the top of the blanket. _____
23. Put the pillowcase onto the pillow using proper technique and without touching linen to clothing. (Pillowcase is inside out over your arm; hold on to the bottom, sewn edge of the pillowcase and grasp pillow through the pillowcase. Pull pillowcase up over the pillow.) Make sure any tags or zippers are on the inside of the pillowcase. _____
24. Place the pillow on the bed with the open end away from the door. Cover the pillow with the bedspread if this is the facility policy. _____
25. Return the bed to its lowest position. _____

Perform the Ending Five:

- 26. **P**osition the resident. _____
- 27. **O**pen the room. _____
- 28. **W**ash and dry hands thoroughly using the proper technique. _____
- 29. **R**eport and record. Report any abnormal finding immediately to your supervisor. _____
- *** 30. **R**esident safety should be maintained at all times and call light placed within resident's reach. _____
- *** 31. **S**tandard precautions should be maintained at all times, with no contamination. _____
- 32. **R**emove soiled linens from the room according to facility policy. _____

Comments:

Date: _____ Tester: _____

Student: _____

Changing an Occupied Bed

Name: _____

Score Required: 30/43

Actual Score: _____

<u>Critical Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
-----------------------	--------------------------------	---------------------	---------------------

Supplies: Mattress pad, bottom sheet, lift sheet (if needed), top sheet, blanket, bedspread, pillow, pillowcase, bath blanket.

- | | | | |
|-----|--|-------|-------|
| | Perform the Beginning Five. | _____ | _____ |
| | 1. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | | |
| *** | 2. Identify the resident. | _____ | _____ |
| *** | 3. Provide privacy. | _____ | _____ |
| | 4. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |
| *** | 5. Maintain safety. | _____ | _____ |
| | 6. Gather the linens needed and place them on the chair next to the bed in the order they plan to be used. | _____ | _____ |
| | 7. Adjust the bed height, flatten gatches (as tolerated) and remove the call light. Make sure bed wheels are locked and side rails, if present and on the plan of care, are secure in the up position on the opposite side you're working. Check the bed for personal items such as dentures or glasses. | _____ | _____ |
| | 8. Apply gloves. | _____ | _____ |
| | 9. Loosen bed linens all the way around the bed. | _____ | _____ |
| | 10. Remove bedspread and blanket. Place in laundry hamper or fold for reuse. | _____ | _____ |
| | 11. Place bath blanket over the top of the top sheet. | _____ | _____ |
| *** | 12. Ask the resident to hold the top of the bath blanket or tuck it around the shoulders. Pull the top sheet out from under the bath blanket without exposing the resident. | _____ | _____ |
| | 13. Roll the top sheet and place it in the laundry bag or hamper. | _____ | _____ |
| | 14. Slide the mattress to the head of the bed. Ask for help if needed. | _____ | _____ |

- | | | | |
|-----|--|-------|-------|
| 15. | Assist the resident to turn to the opposite side of the bed. Keep the resident covered and adjust the pillow for comfort. | _____ | _____ |
| 16. | Roll each piece of bottom linen toward the resident and tuck them slightly underneath the resident. | _____ | _____ |
| 17. | Straighten the mattress pad or roll it next to the resident. Remove gloves, wash hands and apply gloves. If replacing the mattress pad, unfold the clean pad, center the middle fold on the center of the bed, and fanfold the pad next to the resident. | _____ | _____ |
| 18. | Place the middle of the bottom sheet next to the resident and fanfold half next to the resident's back. | _____ | _____ |
| 19. | For fitted sheet, pull corners of sheet over corners of mattress. (If using flat sheet, tuck in top edge, make mitered corner, and tuck in side edges.) | _____ | _____ |
| 20. | If a lift or draw sheet is used, place the lift sheet approximately 12 inches from the head of the mattress. Smooth the lift sheet and tuck under the mattress. Fanfold half next to the resident's back. | _____ | _____ |
| 21. | Raise the side rail if on the plan of care. | _____ | _____ |
| 22. | Assist the resident to roll over the linen and onto the other side of the bed. Be sure to keep the resident covered. Reposition the pillow for comfort. | _____ | _____ |
| 23. | Go to the other side of the bed and lower the side rail if indicated. | _____ | _____ |
| *** | 24. Remove bottom linens, one by one, and place them in a laundry bag or hamper. | _____ | _____ |
| | 25. Remove gloves, wash hands, apply new gloves. | _____ | _____ |
| | 26. Straighten the mattress pad. | _____ | _____ |
| | 27. Straighten the bottom sheet, pulling fitted sheet over the corner of the mattress (For a flat sheet, tuck it in at the top and make a mitered corner, tucking the side of the sheet under the mattress.) | _____ | _____ |
| | 28. Unfold and tuck in the lift or draw sheet, and smooth out the wrinkles. | _____ | _____ |
| | 29. Assist the resident to roll onto his/her back. | _____ | _____ |
| | 30. Change the pillowcase on the pillow using proper technique, without touching linen to clothing. Make sure any tags or zippers are on the inside of the pillowcase. Place the pillow under the resident's head. | _____ | _____ |

- *** 31. Place and center the top sheet over the bath blanket. Ask the resident to hold the top sheet, or tuck it under the shoulders and remove the bath blanket without exposing the resident. _____
- 32. Place and center the blanket and/or bedspread over the top sheet, folding the top edge of the sheet down over the top edge of the blanket. _____
- 33. Tuck in the top linen at the foot of the bed and make mitered corners. _____
- 34. Make a toe pleat by lifting the top linens over the resident's feet three to four inches, to allow for foot room. _____
- *** 35. Lower the bed and position the resident comfortably. Make sure wheels are locked. _____
- 36. Remove gloves and dispose of gloves in waste container. _____
- Perform the Ending Five.**
- 37. **Position** the resident. _____
- 38. **Open** the room. _____
- 39. **Wash** and dry hands thoroughly using the proper technique. _____
- 40. **Report** and record. Report any abnormal finding to immediately your supervisor. _____
- *** 41. **Resident safety** should be maintained at all times and call light place within resident's reach. _____
- *** 42. **Standard precautions** should be maintained at all times, with no contamination. _____
- 43. Remove soiled linens according to facility policy. _____

Comments:

Date: _____ Tester: _____
 Student: _____

Routine Oral Hygiene

Name: _____

Score Required: 17/24

Actual Score: _____

Critical
Steps

Steps of the Procedure:

Satisfactory

Needs
Review

Supplies: Emesis basin, toothbrush, toothpaste, towel, cup of water, disposable gloves, lip moisturizer, mouthwash

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| | 7. Have the resident in an upright position, or raise the head of the bed if the resident is in bed. | _____ | _____ |
| | 8. Cover bedside table with paper towel or drape. Arrange supplies. | _____ | _____ |
| | 9. Place towel across the resident's chest. | _____ | _____ |
| | 10. Put on disposable gloves. | _____ | _____ |
| | 11. Place a small amount of toothpaste on the toothbrush, and wet the brush. | _____ | _____ |
| *** | 12. Gently brush the resident's teeth using small, circular motions, beginning with the outside of the top teeth and then the lower teeth. Ask the resident to stick out his/her tongue, and brush the tongue and soft surfaces gently. | _____ | _____ |
| *** | 13. Ask the resident to open his/her mouth wide, and brush the chewing and inside surfaces of the teeth with the same small, circular motions. | _____ | _____ |
| | 14. Give resident a sip of water and ask him/her to spit it into the emesis basin or sink as needed. (If requested, proceed with flossing teeth; wear facemask for protection.) | _____ | _____ |
| | 15. Use water to dilute a small amount of the mouthwash, and have the resident swish the solution in his/her mouth and spit into the emesis basin or sink. | _____ | _____ |

- 16. Pat the lips dry with the towel. Apply lip moisturizer if needed. _____
- 17. Clean and store supplies. _____
- 18. Remove gloves. _____
- Perform the Ending Five:**
- 19. Position the resident. _____
- 20. Open the room. _____
- 21. Wash hands. _____
- *** 22. Resident safety should be maintained at all times and call light placed within resident's reach. _____
- 23. Report and record. Report any abnormal finding immediately to your supervisor. _____
- *** 24. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Care of Dentures

Name: _____

Score Required: 19/27

Actual Score: _____

Critical
Steps

Steps of the Procedure:

Satisfactory **Needs**
Review

Supplies: Emesis basin, towel, disposable gloves, gauze squares, paper towel, toothpaste and toothbrush, special cleaning solution (if the resident uses it), labeled denture cup, lip moisturizer, mouthwash

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| | 7. Cover bedside table with paper towel or drape. Arrange supplies. | _____ | _____ |
| | 8. Position the resident in a sitting position if permitted. | _____ | _____ |
| | 9. Place towel across the resident's chest. | _____ | _____ |
| | 10. Put on disposable gloves. | _____ | _____ |
| | 11. Place a paper towel in the emesis basin. | _____ | _____ |
| *** | 12. Ask the resident to remove his/her dentures. If he/she is unable to remove them, grasp the upper dentures with gauze squares and gently pull down and out. Remove the lower dentures by pulling up and out. | _____ | _____ |
| | 13. Put the dentures in the emesis basin, and carry them to the sink. | _____ | _____ |
| *** | 14. Place a paper towel or washcloth in the sink, and place the emesis basin on the towel in the sink. | _____ | _____ |
| | 15. Brush the dentures with denture cleaner or toothpaste and a toothbrush, holding them securely. | _____ | _____ |
| | 16. Rinse dentures under lukewarm or cool running water. | _____ | _____ |

- 17. If dentures are to be stored, place in a labeled denture cup filled with cool water, and add special cleaning solution if used by the resident. _____
- 18. Ask the resident to rinse his/her mouth with mouthwash and spit into the emesis basin, or swab mouth as needed. Pat the lips dry and apply lip moisturizer if needed. _____
- *** 19. Rinse dentures well and assist the resident to place them into his/her mouth using denture cream per individual's needs and desires. Insert the top dentures first, then the bottom dentures. Press gently on the dentures to ensure a seal. _____
- 20. Clean and place supplies into storage. _____
- 21. Remove gloves. _____
- Perform the Ending Five:**
- 22. **Position** the resident. _____
- 23. **Open** the room. _____
- 24. **Wash** hands. _____
- *** 25. **Resident safety** should be maintained at all times and call light placed within resident's reach. _____
- 26. **Report and record.** Report any abnormal finding immediately to your supervisor. _____
- *** 27. **Standard precautions** should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Oral Hygiene for Unresponsive Residents

Name: _____

Score Required: 17/24

Actual Score: _____

Critical Steps

Steps of the Procedure:

Satisfactory **Needs Review**

Supplies: Emesis basin, towel, disposable gloves, padded tongue blade, swabs or toothbrush and toothpaste, rinse solution, (many facilities use a solution of ½ mouthwash and ½ water), and lip moisturizer.

- | | | | |
|-----|--|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do (even when resident is unresponsive). | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| | 7. Cover bedside table with paper towel or drape. Arrange supplies. | _____ | _____ |
| | 8. Talk to the resident throughout the procedure and explain what you are doing. | _____ | _____ |
| | 9. Raise the head of the bed, or turn the resident to the side, if permitted, to allow fluids to run out of the mouth. | _____ | _____ |
| | 10. Put on disposable gloves. | _____ | _____ |
| | 11. Place a towel across the resident's chest and the emesis basin on the towel. Place towel under resident's head on pillow. | _____ | _____ |
| | 12. Gently separate the upper and lower teeth with the padded tongue blade, if needed. Never use force. | _____ | _____ |
| *** | 13. If the resident has his/her own teeth, brush teeth according to procedure for routine oral care, limiting the amount of fluid and toothpaste used to prevent aspiration. | _____ | _____ |
| *** | 14. If the resident has no teeth, dip swabs in the solution or use prepackaged swabs. Wring out extra moisture from the swabs so the resident does not choke on the solution. Clean both sides of the gums, inside the cheeks, and the roof of the mouth | _____ | _____ |

and the tongue. Change swabs often. Put used swabs in the emesis basin.

- 15. Pat the lips and chin dry. Use a dry swab to remove extra solution, if needed. Prevent choking by making sure no liquid is left in the mouth. _____
- 16. Apply lip moisturizer. _____
- 17. Clean or dispose of supplies. _____
- 18. Remove gloves. _____
- Perform the Ending Five:**
- 19. Position the resident. _____
- 20. Open the room. _____
- 21. Wash hands. _____
- *** 22. Resident safety should be maintained at all times and call light placed within resident's reach. _____
- 23. Report and record. Report any abnormal finding immediately to your supervisor. _____
- *** 24. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Assisting with Undressing and Dressing

Name: _____

Score Required: 18/26

Actual Score: _____

Critical Steps

Steps of the Procedure:

Satisfactory

Needs Review

Supplies: Clothing and bath blanket

- | | | | |
|-----|--|-------|-------|
| | 1. Gather the needed supplies | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| *** | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| | 7. Position the bed to a comfortable working height. | _____ | _____ |
| | 8. Apply gloves if appropriate. | _____ | _____ |
| | 9. Cover the resident with a bath blanket and fanfold the top linens to the bottom of the bed. | _____ | _____ |
| | Assist with undressing (For soiled clothing, follow facility policy.) | _____ | _____ |
| | 10. Unfasten any buttons, zippers or fasteners. | _____ | _____ |
| | 11. If clothing fastens in the front: | _____ | _____ |
| | a. If sitting or standing, slide garment off the strong side first. Bring garment over to the impaired side and slide off the weak arm. | | |
| | b. If supine, gently lift the resident's head and shoulders, and gather the clothing around the resident's neck. If this is not possible, roll the resident to his/her side and continue with the procedure. | | |
| | c. Remove unimpaired arm from the garment and tuck the removed part under the resident. Turn resident to a side-lying position and make sure the resident will not lie on the garment. | | |
| | d. Turn the resident back to a supine position and remove the garment from the weak side. | | |
| | e. Remove clothing from the neck and head. | | |

12. If pullover garment: _____
 - a. Remove garment from strong side.
 - b. Raise head and shoulders, or turn resident to side-lying position.
 - c. Bring garment up to neck.
 - d. Remove garment from weak side.
 - e. Remove garment from the neck and head.
13. Ask resident to lift his/her hips, and gently slide pants and undergarments down the legs. If the resident cannot lift his/her hips, roll the person to the side and slide the garments down the legs. _____
- Assist with dressing.** _____
14. **Underwear:** Facing the foot of the bed, gather underwear together at the leg openings and the waistband. Slip one foot at a time through the openings. Slide the garments up as far as possible, and ask the resident to lift his/her hips off the bed. Slide the underwear over the buttocks and hips. Underwear and pants can be pulled up at the same time over the hips to reduce stress on the resident. _____
15. **Bra:** Working with the weak side first, slide the bra straps over the arms and position the bra on the chest. Adjust the cups to fit the breasts. Assist the resident to lean forward, and fasten the bra. _____
16. **Pants:** Assist the resident following the same procedures as the underwear. Secure any fasteners. _____
17. **Shirts that fasten in the front:** _____
 - a. Place your hand through the wrist of the sleeve on the weak side first. Hold the resident's hand, and slide the shirt up his/her arm. Adjust it to the shoulder.
 - b. Raise the resident's head and shoulder, and slide the shirt behind the resident.
 - c. Guide the person's strong arm into the sleeve.
 - d. Fasten any buttons, snaps or zippers.
18. **Pullover shirts:** _____
 - a. Facing the head of the bed, gather the shirt together at the neck.
 - b. Place the shirt over the resident's head.
 - c. Working with the impaired side first, slip the arms through the openings.
 - d. Assist the resident to lean forward, and slide the shirt down the trunk.

- 19. **Socks or stockings:** _____

 - a. Gather the opening of the sock to the toe area.
 - b. Slip the stocking over the foot and slide the stocking into position.
 - c. Adjust for comfort and smooth any wrinkles.

- 20. **Shoes:** _____

 - a. Loosen fastenings to shoes.
 - b. Guide the foot into the shoe. Make sure the foot is properly seated in the shoe.
 - c. Secure the shoe.

- Perform the Ending Five**
- 21. **Position the resident.** _____
- 22. **Open the room.** _____
- 23. **Wash hands.** _____
- *** 24. **Resident safety should be maintained at all times and call light placed within resident's reach.** _____
- 25. **Report and record. Report any abnormal finding immediately to your supervisor.** _____
- *** 26. **Standard precautions should be maintained at all times, with no contamination.** _____

Comments:

Date: _____
 Tester: _____
 Student: _____

Nail Care

Name: _____

Score Required: 16/22

Actual Score: _____

Critical Steps

Steps of the Procedure:

Satisfactory **Needs Review**

Supplies: Two basins with warm water, nail clippers, emery board, towel, disposable underpads or paper towel, gloves if indicated, lotion for dry skin

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | _____ | _____ |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| | 7. Place underpad or paper towel on the overbed table. Place basin on the overbed table and ask the resident to place his/her fingertips into the water. | _____ | _____ |
| | 8. Place underpad or paper towel on the floor (if resident is sitting) or on the bed. Place basin on the underpad and assist the resident to place his/her feet into the basin. In bed, the resident may only be able to place one foot at a time in the basin. | _____ | _____ |
| | 9. If not performed after a bath, soak the feet or hands for 10 minutes. Add more warm water if needed at 105-110 degrees. | _____ | _____ |
| | 10. Put on gloves. | _____ | _____ |
| | 11. Remove one foot or hand at a time and pat dry with towel. (Ensure in between toes are completely dried to prevent breakdown, fungal infections and irritation.) | _____ | _____ |
| | 12. Clean under nails and gently push back cuticles with towel. | _____ | _____ |
| *** | 13. Clip nails with the nail clippers. Clip the fingernails and the toenails straight across and even with the tips of the fingers and toes. Smooth rough edges and slightly round the corners of the nails with an emery board. | _____ | _____ |

- | | | | |
|-----|---|-------|-------|
| | 14. Apply lotion if the skin is dry. Do not apply between the toes. | _____ | _____ |
| | 15. Remove gloves. | _____ | _____ |
| | 16. Clean and return supplies to storage. | _____ | _____ |
| | Perform the Ending Five: | _____ | _____ |
| | 17. Position the resident. | _____ | _____ |
| | 18. Open the room. | _____ | _____ |
| | 19. Wash hands. | _____ | _____ |
| *** | 20. Resident safety should be maintained at all times and call light placed within resident's reach. | _____ | _____ |
| | 21. Report and record. Report any abnormal finding immediately to your supervisor. | _____ | _____ |
| *** | 22. Standard precautions should be maintained at all times, with no contamination. | _____ | _____ |

Comments:

Date: _____

Tester: _____

Student: _____

Shaving with an Electric Razor

Name: _____

Score Required: 16/21

Actual Score: _____

Critical
Steps

Steps of the Procedure:

Satisfactory **Needs**
Review

Supplies: Electric razor, pre-shave and aftershave (if the resident uses them), mirror, gloves, paper towels, damp washcloth.

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. Prepare the tray table and cover with paper towels. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| | 7. Adjust lighting onto the area to be shaved. | _____ | _____ |
| | 8. Apply gloves. | _____ | _____ |
| | 9. Wash the resident's face, removing any food from around mouth and folds of skin. | _____ | _____ |
| | 10. Apply pre-shave if the resident uses it. | _____ | _____ |
| | 11. Place towel across the chest or drape around the shoulders. | _____ | _____ |
| *** | 12. Holding the skin tight with one hand, shave the skin using gentle strokes. | _____ | _____ |
| | 13. Apply aftershave or lotion if the resident uses it. | _____ | _____ |
| | 14. Clean the razor and return it to the storage area. Disinfect the razor according to facility policy if more than one resident uses the shaver. | _____ | _____ |
| | 15. Remove gloves and dispose of properly. | _____ | _____ |
| | Perform the Ending Five: | | |
| | 16. Position the resident. | _____ | _____ |
| | 17. Open the room. | _____ | _____ |
| | 18. Wash hands. | _____ | _____ |
| *** | 19. Resident safety should be maintained at all times and call light placed within resident's reach. | _____ | _____ |
| | 20. Report and record. Report any abnormal finding immediately to your supervisor. | _____ | _____ |

*** 21. Standard precautions should be maintained at all _____ times, with no contamination.

Comments:

Date: _____ Tester: _____

Student: _____

Male Perineal Care

Name: _____

Score Required: 33/47

Actual Score: _____

Critical Steps

Steps of the Procedure:

Satisfactory **Needs Review**

Supplies: Basin with warm water, washcloths or disposable wipes, towels, pericream if ordered, soap or cleaning solution, incontinent brief if used, disposable gloves, plastic bags, toilet tissue, bath blanket, bed protector

Apply other personal protective supplies if indicated.

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. Cover the overbed table with a towel and arrange supplies. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| *** | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| | 7. Fill basin ½ full with warm water (105-110 degrees) and place on overbed table. | _____ | _____ |
| | 8. Position the bed to a comfortable working height. | _____ | _____ |
| | 9. Put on disposable gloves. | _____ | _____ |
| *** | 10. Cover the resident with a bath blanket. Without exposing the resident, pull the bed linens from under the bath blanket and fanfold linens to the foot of the bed. | _____ | _____ |
| | 11. Place a bed protector under the resident if needed. | | |
| | 12. Offer the urinal or toilet. (If the resident urinates, change gloves and perform hand hygiene before proceeding.) | _____ | _____ |
| | 13. Draw the bath blanket up to expose the genitalia. | _____ | _____ |
| | 14. Instruct/assist the resident to lie on his back with knees bent and feet on the mattress. | | |
| | 15. Wet the washcloth in warm water, wring out and apply soap. Form a mitt around hand with washcloth. Use a different section of the washcloth or disposable wipe for each stroke. Do not put the washcloth back into the basin of water. Change washcloths as needed, placing used cloths | _____ | _____ |

- in separate plastic bag. Never place used tissue or washcloths on the bed or overbed table.
16. Hold penis upright. _____
 17. Observe for skin irritation or breakdown. _____
 18. Pull back the foreskin of the uncircumcised penis. _____
 - *** 19. Wash the urinary meatus (tip of penis) in a circular motion starting at the tip. Use a clean part of the washcloth for each stroke. Be sure to wash all skin folds thoroughly. (Always wash away from the urinary meatus.) _____
 20. Using a clean washcloth, rinse using the same process. (Note: If disposable peri wipes are used, rinsing may not be necessary.) _____
 21. Pat the area dry in the same direction used for washing. _____
 22. Return the foreskin to the natural position for the uncircumcised male. _____
 23. Wet and soap a new washcloth. With downward strokes (away from urinary meatus), wash down the shaft of the penis, then scrotum, perineum and thigh creases. Follow by rinsing and patting dry in the same order and direction as washing. _____
 24. Wash and dry the lower abdomen and over the mons or pubic hair. _____
 25. Cover the resident with the bath blanket. _____
 26. Turn the resident onto his side with his back toward you and his leg slightly bent. Expose the resident's buttocks. Apply bed protector if not already in place. _____
 27. Cover the resident, exposing only the buttocks. _____
 28. If feces is present, remove with toilet tissue and change gloves. _____
 - *** 29. Wash the perineum and the anal area with a soapy washcloth or disposable wipe. Wash from front to back (from perineum to buttocks, going away from the urinary meatus). Place washcloth or disposable wipe in plastic bag. _____
 30. Rinse the perineum and then the anal area using a clean washcloth. Place washcloth in plastic bag. _____
 31. Pat dry. _____
 32. Change gloves and perform hand hygiene if applying pericream. If pericream is being used to treat skin breakdown, ask a nurse to apply it. _____
 33. Observe for drainage or discharge. _____

- | | | | |
|---------|---|-------|-------|
| 34. | Apply incontinent brief if used (see procedure for applying incontinent brief). Remove bed protector and place into plastic bag or laundry bag. | _____ | _____ |
| 35. | Remove gloves and wash hands. | _____ | _____ |
| 36. | Assist the resident to a comfortable position. Adjust bed linens and clothing. | _____ | _____ |
| 37. | Lower bed to lowest position for resident. | _____ | _____ |
| 38. | Pour water from basin into toilet and flush the toilet. Clean the basin and return it to storage. | _____ | _____ |
| 39. | Remove the towel from the overbed table and place in a plastic bag. | _____ | _____ |
| 40. | Tie up bags of soiled linen and trash, and dispose in proper receptacles. Replace any trash bag liners in the can. | _____ | _____ |
| 41. | Return the bedside table to the proper position. | _____ | _____ |
| | Perform the Ending Five: | _____ | _____ |
| 42. | Position the resident. | _____ | _____ |
| 43. | Open the room. | _____ | _____ |
| 44. | Wash hands. | _____ | _____ |
| *** 45. | Resident safety should be maintained at all times and call light placed within resident's reach. | _____ | _____ |
| 46. | Report and record. Report any abnormal finding immediately to your supervisor. | _____ | _____ |
| *** 47. | Standard precautions should be maintained at all times, with no contamination. | _____ | _____ |

Comments:

Date: _____ Tester: _____

Student: _____

Female Perineal Care

Name: _____

Score Required: 30/43

Actual Score: _____

Critical
Steps

Steps of the Procedure:

Satisfactory **Needs**
Review

Supplies: Basin with warm water, washcloths or disposable wipes, towels, pericream if ordered, soap or cleaning solution, incontinent brief if used, disposable gloves, plastic bags, toilet tissue, bath blanket, bed protector

- | | | | |
|-----|--|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. Cover the overbed table with a towel and arrange supplies. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| *** | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| | 7. Fill basin ½ full with warm water (105-110 degrees) and place on overbed table. | _____ | _____ |
| | 8. Position bed to a comfortable working height. | _____ | _____ |
| | 9. Put on disposable gloves. | _____ | _____ |
| *** | 10. Cover the resident with a bath blanket. Without exposing the resident, pull the bed linens from under the bath blanket and fanfold linens back. | _____ | _____ |
| | 11. Place a bed protector under the resident if needed. | _____ | _____ |
| | 12. Offer the bedpan or toilet. (If the resident urinates, change gloves and perform hand hygiene before proceeding.) | _____ | _____ |
| | 13. Draw the bath blanket up to expose only the genitalia. Assist the resident to bend her knees or separate legs if possible. | _____ | _____ |
| | 14. Wet the washcloth in warm water, wring out and apply soap. Form a mitt around hand with washcloth. | _____ | _____ |
| | 15. Observe for drainage, bleeding, irritation or pain. | _____ | _____ |
| | 16. Gently separate the labia and hold this position. | _____ | _____ |

17. Wash down the center of the genitalia over the meatus and perineum toward the anus in one smooth stroke. (Always wash away from the urinary meatus.) _____
18. Wash the labia using downward strokes, alternating side to side, moving outward with each stroke and ending with the thigh creases. _____
- *** 19. Wipe only from front to back. Use a different section of the washcloth or disposable wipe for each stroke. Do not put the washcloth back into the basin of water. Change washcloths as needed, placing used cloths in a plastic bag. Never place used wipes or washcloths on the bed linens or overbed table. _____
20. Using a clean washcloth, rinse using the same process. (Note: If disposable peri wipes are used, rinsing may not be necessary.) _____
21. Pat the area dry in the same direction used for washing. _____
22. If the resident was incontinent, wash, rinse and dry the mons and lower abdomen.
23. Turn the resident onto her side with back toward you. Adjust the bath blanket to keep the resident covered. Expose only the resident's buttocks. _____
24. If feces is present, remove with toilet tissue and change gloves.
- *** 25. Wash the perineum and then the anal area with a soapy washcloth or disposable wipe. Work from front to back, away from the vagina and over the anus. Place the washcloth or wipe in the plastic bag. _____
26. Rinse the perineum and then the anal area using a clean washcloth. Place washcloth in plastic bag. _____
27. Pat dry. _____
28. Change gloves and perform hand hygiene if applying pericream. If pericream is being used to treat skin breakdown, ask a nurse to apply it. _____
29. Apply incontinent brief if used (see procedure for applying incontinent brief). Remove bed protector and place into plastic bag or laundry bag. _____
30. Remove gloves and wash hands. _____
31. Assist the resident to a comfortable position. Adjust bed linens and clothing. _____
32. Lower bed to lowest position for resident. _____
33. Pour water from basin into toilet and flush the toilet. Clean the basin and return it to storage. _____

- 34. Remove the towel from the overbed table and place in a plastic bag. _____
- 35. Tie up bags of soiled linen and trash, and dispose in proper receptacles. Replace any trash bag liners in the can. _____
- 36. Clean the supplies and return them to storage. _____
- 37. Return the bedside table to the proper position. _____
- Perform the Ending Five:**
- 38. **Position** the resident. _____
- 39. **Open** the room. _____
- 40. **Wash** hands. _____
- *** 41. **Resident safety** should be maintained at all times and call light placed within resident's reach. _____
- 42. **Report and record.** Report any abnormal finding immediately to your supervisor. _____
- *** 43. **Standard precautions** should be maintained at all times, with no contamination. _____

Comments:

Date: _____
 Tester: _____
 Student: _____

Shower

Name: _____

Score Required: 25/35

Actual Score: _____

Critical
Steps

Steps of the Procedure:

Satisfactory **Needs**
Review

Supplies: Shower chair, washcloth, at least two towels and/or a bath blanket, soap, lotion, powder, deodorant (if used), clean clothing, bath thermometer, disposable gloves, shower cap (if the hair is to be kept dry), shampoo or other toiletries (if hair is to be washed), disinfectant for cleaning shower according to facility policy

- | | | | |
|-----|--|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| *** | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| | 7. Check the shower room for cleanliness and air temperature. Prepare the room. | _____ | _____ |
| | 8. Obtain a shower chair if needed. | _____ | _____ |
| | 9. Assist the resident to the toilet if needed. | _____ | _____ |
| | 10. Take the resident and supplies to the shower room. | _____ | _____ |
| | 11. Assist the resident to undress. | _____ | _____ |
| *** | 12. Turn on the water and check the temperature (105°-110°) before placing the resident under the water. Continue to check the water temperature throughout the shower. | _____ | _____ |
| | 13. Put on gloves. | _____ | _____ |
| | 14. Place the resident in the shower chair. Cover genitalia with a towel. | _____ | _____ |
| | 15. Rinse the resident with water. | _____ | _____ |
| | 16. If the resident is able to complete some tasks, place needed supplies within easy reach of the resident. Give him/her a washcloth to wash as much as possible. Maintain privacy. | _____ | _____ |
| | 17. Shampoo the hair if needed. | _____ | _____ |

- *** 18. Form a washcloth into a mitt around a hand. Wash _____
body in cleanest to dirtiest order. Generally the _____
following:
- Eyes:** Have resident close eyes, and wash
from inner corner to outer corner of eye
without using soap.
- Face, neck and ears:** Wash from the top of
the face to the bottom. Nose and mouth
should be last. Ask the resident if he/she
prefers soap.
- Arms and axilla:** Wash arm starting at the
shoulders and move downward. Wash hand.
Wash axilla. Repeat with other arm.
- Chest and abdomen:** Using long, firm
strokes, gently wash chest and abdomen.
- Legs and feet:** Wash from thigh to foot.
Wash feet.
- Back and buttocks:** Wash from top of back
to buttocks.
- Perineal care:** Wash per perineal care
procedure.
19. Wash any other areas the resident cannot reach; _____
wash the perineal area last. _____
20. Rinse the resident from head toward feet. _____
21. Turn off water and cover the resident with towels _____
and/or bath blanket. _____
22. Remove gloves and replace if contact with body _____
fluids is likely. _____
23. Assist resident to dry. _____
24. Assist resident to apply deodorant, lotion and _____
powder according to resident need and preference. _____
25. Provide back massage if directed. _____
26. Assist resident to dress and groom. _____
27. Remove gloves if indicated. _____
28. Return the resident and supplies to the resident's _____
room. _____
- Perform the Ending Five:**
29. **Position** the resident. _____
30. **Open** the room. _____
31. **Wash** hands. _____
32. **Report and record.** Report any abnormal finding _____
immediately to your supervisor. _____
- *** 33. **Resident safety** should be maintained at all times _____
and call light placed within resident's reach. _____

34. Return to shower room. Place used linen into the _____
laundry hamper. Disinfect the shower and chair _____
according to facility policy. Wash hands
following disinfecting the shower.
- *** 35. Standard precautions should be maintained at all _____
times, with no contamination. _____

Comments:

Date: Tester: _____

Student: _____

Tub Bath

Name: _____

Score Required: 26/37

Actual Score: _____

Critical Steps

Steps of the Procedure:

Satisfactory **Needs Review**

Supplies: Washcloth, soap, deodorant (if used), lotion, powder, at least two bath towels and/or bath blanket, disposable gloves, shampoo (if hair is to be washed) and other toiletries, clean clothing, bath thermometer, disinfectant for cleaning tub according to facility policy

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| *** | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| | 7. Check the bathing room for cleanliness and air temperature. Clean tub per facility procedure. | _____ | _____ |
| | 8. Assist the resident to the toilet if needed. | _____ | _____ |
| | 9. Take the resident and supplies to the tub room. | _____ | _____ |
| *** | 10. Fill the tub half full with warm water. Test the water temperature (105°-110°) and have the resident test the temperature. Add liquid cleanser if used. | _____ | _____ |
| | 11. Apply gloves. | _____ | _____ |
| | 12. Assist resident to undress. Cover the genitalia with a towel. Cover resident's shoulders with a towel to prevent chilling. | _____ | _____ |
| | 13. Assist resident into the tub chair. Secure safety straps. | _____ | _____ |
| | 14. Observe the skin for irritation or breakdown. | _____ | _____ |
| | 15. Follow facility policy to move the chair and resident into the tub. Stay next to the resident during the lift procedure. | _____ | _____ |

- | | | | |
|---------|--|-------|-------|
| 16. | If the resident is able to complete some tasks, place needed supplies within easy reach of the resident. Give him/her a washcloth to wash as much as possible. Maintain privacy. | _____ | _____ |
| 17. | Assist the resident to wash his/her face. Ask resident if he/she prefers soap. | _____ | _____ |
| 18. | Activate whirlpool for five minutes (or according to facility policy) if present and recommended for the resident. | _____ | _____ |
| 19. | Shampoo the hair if needed. | _____ | _____ |
| *** 20. | Fold washcloth into fourths or form a mitt around hand. Wash the upper and lower body. Wash and rinse body parts in cleanest to dirtiest order. Generally the following:
Eyes: Have resident close eyes, and wash from inner corner to outer corner of eye without using soap.
Face, neck and ears: Wash from the top of the face to the bottom. Nose and mouth should be last. Ask the resident if he/she prefers soap.
Arms and axilla: Wash arm starting at the shoulders and move downward. Wash the hand. Wash the axilla. Repeat with other arm.
Chest and abdomen: Using long, firm strokes, gently wash chest and abdomen.
Legs and feet: Wash from the thigh to the foot. Wash feet.
Back and buttocks: Wash from top of back to buttocks.
Perineal care: Wash per perineal care procedure. | _____ | _____ |
| 21. | Give the resident a washcloth and ask him/her to wash the genitalia. | _____ | _____ |
| 22. | Wash the resident's back and any other areas the resident cannot reach. | _____ | _____ |
| 23. | Ensure use of disposable gloves and wash the perineal area last if the resident cannot perform this part of the bath. Remove gloves and wash hands. | _____ | _____ |
| 24. | Drain the water and raise the chair and resident out of the tub using facility procedure. | _____ | _____ |
| *** 25. | Cover the resident with towels or bath blanket. | _____ | _____ |
| 26. | Assist resident to dry completely. | _____ | _____ |

- 27. Assist resident to apply deodorant, lotion and powder according to the resident's preference and plan of care. _____
- 28. Provide back massage if indicated. _____
- 29. Assist resident to dress. _____
- 30. Return the resident and supplies to the resident's room. _____
- Perform the Ending Five:**
- 31. **Position** the resident. _____
- 32. **Open** the room. _____
- 33. **Wash** hands. _____
- *** 34. **Resident safety** should be maintained at all times and call light placed within resident's reach. _____
- 35. **Report and record.** Report any abnormal finding immediately to your supervisor. _____
- 36. Return to the tub room. Place used linen in the laundry hamper, and disinfect the tub and chair according to facility policy. Wear gloves during this process. Wash hands. _____
- *** 37. **Standard precautions** should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Bed Bath

Name: _____

Score Required: 36/51

Actual Score: _____

Critical Steps

Steps of the Procedure:

Satisfactory **Needs Review**

Supplies: Overbed table, chair, basin with warm water (105°-110°), bath thermometer, paper towels, bath blanket, towels, washcloths, soap, lotion, deodorant, powder, laundry hamper or bag, clean clothes or gown, disposable gloves, clean bed linens if bed is to be changed

- | | | | |
|-----|--|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. Cover tray table with towels and arrange supplies. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| *** | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety | _____ | _____ |
| | 7. Assist resident to the toilet if needed. | _____ | _____ |
| *** | 8. Place the basin 2/3 full of water between 105-110 degrees (use a bath thermometer; water is slightly warmer when placed in a small basin) on the overbed table on top of towel. Place linens on chair in the order they are to be used. | _____ | _____ |
| | 9. Adjust bed to a comfortable working height and ensure bed wheels are locked. | _____ | _____ |
| *** | 10. Cover the resident with a bath blanket. Fanfold the top linens to the bottom of the bed. Assist the resident to remove his/her gown or clothing. Keep the resident covered. | _____ | _____ |
| | 11. Put on gloves. | _____ | _____ |
| | 12. Assist the resident to undress, maintaining privacy. | _____ | _____ |
| | 13. Place a towel on the resident's chest. | _____ | _____ |
| | 14. If resident is able to complete some tasks, place needed supplies within easy reach. Give him/her a washcloth to wash as much as possible. Maintain privacy. | _____ | _____ |
| | 15. Observe the skin for irritation or breakdown. | _____ | _____ |
| | 16. Without using soap, wipe the eyes from the inside to the outside. Use a different part of the washcloth for each eye. | _____ | _____ |

- | | | |
|---|-------|-------|
| 17. Ask the resident if soap can be used on his/her face. Wash the face, ears and neck moving from the top of the head downward. Rinse and pat dry with a towel. | _____ | _____ |
| 18. Place a towel under the farthest arm. Form a mitt with the washcloth around the hand or fold washcloth into fourths, and wash the arm and axilla. Use long, downward strokes. Support the arm at the elbow. Using a clean washcloth, rinse and dry the arm with a towel. | _____ | _____ |
| 19. Place the basin of water under the resident's hand, and place the hand into the water. Clean under fingernails. Wash, rinse and dry the hand. | _____ | _____ |
| 20. Return the basin to the overbed table. | _____ | _____ |
| 21. Repeat the same procedure for the nearest arm. | _____ | _____ |
| 22. Fold the bath blanket down to the resident's waist. | _____ | _____ |
| 23. Wash, rinse and dry the chest. Keep a towel over the chest as you work. For female residents, clean and dry under each breast carefully. | _____ | _____ |
| 24. Wash, rinse and dry the abdomen. Cover the chest and abdomen with the bath blanket, and remove the towel. | _____ | _____ |
| 25. Change the water in the basin when cool, dirty or soapy. | _____ | _____ |
| 26. Fold the towel or bath blanket back from the leg farthest from you. Place a towel under the resident's leg. If the resident can easily bend the knee, place the foot into the basin of water. Support the leg as needed. Wash, rinse and dry the leg, foot and between the toes. If the resident is unable to hold leg, do not immerse foot. Wash with a washcloth. | _____ | _____ |
| 27. Return the basin to the overbed table. Remove the towel and cover the leg. | _____ | _____ |
| 28. Repeat leg procedure for the leg nearest you. | _____ | _____ |
| 29. Change the water in the basin. | _____ | _____ |
| 30. Assist the resident to a side-lying position, keeping the resident covered. | _____ | _____ |
| 31. Place a towel lengthwise next to the resident's back on the bed. | _____ | _____ |
| 32. Wash, rinse and dry the resident's back. Give a back massage if indicated. Be careful not to massage any reddened areas. Cover the back with the towel. | _____ | _____ |

- 33. Expose the buttocks. Place a towel next to the buttock on the bed. Put on disposable gloves. Wash, rinse and dry the buttocks. Do not put the washcloth back into the basin. Change washcloths if needed. _____
- 34. Wash, rinse and dry the rectal area beginning with the perineum, from front to back. _____
- 35. Change gloves and wash hands. _____
- 36. Assist the resident to turn onto his/her back, keeping the resident covered. _____
- 37. Perform front pericare. If resident is able to perform own pericare, provide supplies, ensure understanding, and provide the call light and privacy. _____
- 38. Change gloves to apply cream or powder, if part of the plan of care. _____
- 39. Remove gloves and wash hands. _____
- 40. Assist resident to dress and groom including lotion, deodorant and other personal care products. _____
- 41. Change bed linens per facility procedure. _____
- 42. Move the resident to the center of the bed, if needed, and position the resident comfortably. _____
- 43. Dispose of the wash water. Place all used linen into designated container per facility policy. _____
- 44. Clean supplies and return to storage. _____
- 45. Clean overbed table according to facility policy. Straighten the resident's room. _____
- Perform the Ending Five:**
- 46. **Position** the resident. _____
- 47. **Open** the room. _____
- 48. **Wash** hands. _____
- *** 49. **Resident safety** should be maintained at all times and call light placed within resident's reach. _____
- 50. **Report and record.** Report any abnormal finding immediately to your supervisor. _____
- *** 51. **Standard precautions** should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Partial Bath

Name: _____

Score Required: 21/30

Actual Score: _____

Critical Steps

Steps of the Procedure:

Satisfactory **Needs Review**

Supplies: Basin with warm water (105°-110°), bath thermometer, paper towels, two towels, bath blanket, washcloths, soap, deodorant, lotion, powder, disposable gloves, clean clothing or gown, laundry bag or hamper, bed linens as needed

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. Cover tray table with towels and arrange supplies. Place clean linens on the chair in the order they are be used. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| *** | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| *** | 6. Maintain safety. | _____ | _____ |
| *** | 7. Place the basin 2/3 full of water between 105-110 degrees (use a bath thermometer; water is slightly warmer in a basin) on the overbed table. | _____ | _____ |
| | 8. Assist resident to the toilet if needed. | _____ | _____ |
| | 9. If resident is in bed, adjust the bed height and ensure the bed wheels are locked. | _____ | _____ |
| | 10. Assist the resident to remove his/her clothing or gown, and cover resident with a bath blanket for privacy and warmth. | _____ | _____ |
| | 11. Encourage the resident to perform as much of the bath as possible. If you leave the room, make sure resident has the call light and is safe. | _____ | _____ |
| | 12. Put on gloves. | _____ | _____ |
| | 13. Observe for skin breakdown. | _____ | _____ |
| *** | 14. Wash, rinse and dry the face, armpits and hands per regular bed bath procedure. | _____ | _____ |
| | 15. Apply deodorant, lotion and powder as the resident directs and/or according to the plan of care. Encourage the resident to do as much as possible. | _____ | _____ |
| | 16. Give back massage if indicated. | _____ | _____ |

- | | | | |
|-----|--|-------|-------|
| 17. | Provide perineal care. | _____ | _____ |
| 18. | Remove gloves and wash hands. | _____ | _____ |
| 19. | Change and/or straighten the bed linen as needed. | _____ | _____ |
| 20. | Assist the resident to dress and with any additional grooming needs. | _____ | _____ |
| 21. | Return the resident to a comfortable position. | _____ | _____ |
| 22. | Clean and store supplies (wear gloves if soiled). | _____ | _____ |
| 23. | Clean the overbed table according to facility policy. | _____ | _____ |
| 24. | Bag and remove soiled linen and trash from the resident's room and place in appropriate receptacles. | _____ | _____ |
| | Perform the Ending Five: | _____ | _____ |
| 25. | Position the resident. | _____ | _____ |
| 26. | Open the room. | _____ | _____ |
| 27. | Wash hands. | _____ | _____ |
| 28. | Report and record. Report any abnormal finding immediately to your supervisor. | _____ | _____ |
| *** | 29. Resident safety should be maintained at all times and call light placed within resident's reach. | _____ | _____ |
| *** | 30. Standard precautions should be maintained at all times, with no contamination. | _____ | _____ |

Comments:

Date: _____ Tester: _____

Student: _____

Procedure for Turning Resident to a Lateral Position

Name: _____

Score Required: 21/30

Actual Score: _____

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u>
<u>Steps</u>			<u>Review</u>
Supplies: Pillows			
	1. Gather the needed supplies.	_____	_____
	Perform the Beginning Five:		
	2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do.	_____	_____
***	3. Identify the resident.	_____	_____
	4. Provide privacy.	_____	_____
	5. Wash hands.	_____	_____
***	6. Maintain safety.	_____	_____
	7. Position the bed to a comfortable working height. Make sure the wheels are locked.	_____	_____
	8. Place pillow at the head of the bed.	_____	_____
	9. Lower the head of the bed so it is flat. Fanfold the linens to the bottom of the bed while protecting resident privacy.	_____	_____
	10. Stand at the side of the bed with feet approximately 12 inches apart and knees slightly bent.	_____	_____
	11. Move the resident to the middle of the bed. This may be done in sections, such as moving the legs and feet first, then the hips, and finally the head and chest.	_____	_____
	12. Cross the resident's arms over his/her chest and bend the resident's leg that will not be against the mattress, placing the foot on the bed.	_____	_____
***	13. Place one hand on the resident's shoulder and the other on the hip, or grasp the lift sheet in the same locations.	_____	_____
***	14. Keep knees and hips bent and back straight. Gently roll the resident onto his/her side. Maintain control of the resident's movement at all times.	_____	_____
	15. Adjust the pillow under the head and neck.	_____	_____
	16. Position lower arm bent and in front of the chest. Bring shoulder blade forward.	_____	_____

- 17. Upper arm and hand are supported on pillows at the same level as the shoulder. _____
- 18. Lower leg is slightly bent. _____
- 19. Upper leg should be bent at the hip and knee supported on pillows at the same level as the hip. _____
- 20. Upper foot is supported at the same level as the hip. _____
- 21. Place a pillow behind the back to hold the resident in position. _____
- 22. Visually evaluate the resident to determine if he/she looks comfortable and is in good body alignment. _____
- 23. Return bed to lowest position. _____
- 24. Adjust clothing, bed linens and tubing. _____
- Perform the Ending Five:**
- 25. **Position** the resident. _____
- 26. **Open** the room. _____
- 27. **Wash** hands. _____
- 28. **Report and record.** Report any abnormal finding immediately to your supervisor. _____
- 29. **Resident safety should be maintained at all times, with call light placed within resident's reach.** _____
- 30. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Procedure for Turning Resident to a Lateral Position Facing Toward You

Name: _____

Score Required: 21/30

Actual Score: _____

**Critical
Steps**

Steps of the Procedure:

Satisfactory

**Needs
Review**

Supplies: Pillows

- | | | | |
|-----|--|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| | 6. Maintain safety. | _____ | _____ |
| | 7. Position the bed to a comfortable working height. Make sure the wheels are locked. | _____ | _____ |
| | 8. Place pillow at the head of the bed. | _____ | _____ |
| | 9. Lower the head of the bed so it is flat. Fanfold the linens to the bottom of the bed while protecting resident privacy. | _____ | _____ |
| | 10. Stand at the side of the bed with feet approximately 12 inches apart and knees slightly bent. | _____ | _____ |
| | 11. Move the resident to the opposite side of the bed that they will be facing when laying on their side. This may be done in sections, such as moving the legs and feet first, then the hips, and finally the head and chest. | _____ | _____ |
| | 12. Cross the resident's arms over his/her chest and bend the resident's leg that will not be against the mattress, placing the foot on the bed. | _____ | _____ |
| *** | 13. Place one hand on the resident's shoulder and the other on the hip farthest from you, or grasp the lift sheet in the same locations. | _____ | _____ |
| *** | 14. Keep knees and hips bent and back straight. Gently roll the resident onto his/her side toward you. Maintain control of the resident's movement at all times. | _____ | _____ |

- | | | |
|---|-------|-------|
| 15. Adjust the pillow under the head and neck. | _____ | _____ |
| 16. Position lower arm bent and in front of the chest.
Bring shoulder blade forward. | _____ | _____ |
| 17. Upper arm and hand are supported on pillows at
the same level as the shoulder. | _____ | _____ |
| 18. Lower leg is slightly bent. | _____ | _____ |
| 19. Upper leg should be bent at the hip and knee
supported on pillows at the same level as the hip. | _____ | _____ |
| 20. Upper foot is supported at the same level as the
hip. | _____ | _____ |
| 21. Place a pillow behind the back to hold the resident
in position. | _____ | _____ |
| 22. Visually evaluate the resident to determine if
he/she looks comfortable and is in good body
alignment. | _____ | _____ |
| 23. Return bed to lowest position. | _____ | _____ |
| 24. Adjust clothing, bed linens and tubing. | _____ | _____ |
| Perform the Ending Five: | | |
| 25. Position the resident. | _____ | _____ |
| 26. Open the room. | _____ | _____ |
| 27. Wash hands. | _____ | _____ |
| 28. Report and record. Report any abnormal finding
immediately to your supervisor. | _____ | _____ |
| 29. Resident safety should be maintained at all
times, with call light placed within resident's
reach. | _____ | _____ |
| 30. Standard precautions should be maintained at all
times, with no contamination. | _____ | _____ |

Comments:

Date: _____ Tester: _____

Student: _____

Procedure for Turning Resident to a Lateral Position Facing Away From You

Name: _____

Score Required: 21/30

Actual Score: _____

**Critical
Steps**

Steps of the Procedure:

Satisfactory

**Needs
Review**

Supplies: Pillows

- | | | | |
|-----|--|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| | 6. Maintain safety. | _____ | _____ |
| | 7. Position the bed to a comfortable working height. Make sure the wheels are locked. | _____ | _____ |
| | 8. Place pillow at the head of the bed. | _____ | _____ |
| | 9. Lower the head of the bed so it is flat. Fanfold the linens to the bottom of the bed while protecting resident privacy. | _____ | _____ |
| | 10. Stand at the side of the bed with feet approximately 12 inches apart and knees slightly bent. | _____ | _____ |
| | 11. Move the resident to the side of the bed nearest you. This may be done in sections, such as moving the legs and feet first, then the hips, and finally the head and chest. | _____ | _____ |
| | 12. Cross the resident's arms over his/her chest and bend the resident's leg that will not be against the mattress, placing the foot on the bed. | _____ | _____ |
| *** | 13. Place one hand under the shoulder and the other under the hip. | _____ | _____ |
| *** | 14. Keep knees and hips bent and back straight. Gently roll the resident onto his/her side toward you. Maintain control of the resident's movement at all times. | _____ | _____ |
| | 15. Adjust the pillow under the head and neck. | _____ | _____ |

- | | | |
|---|-------|-------|
| 16. Position lower arm bent and in front of the chest.
Bring shoulder blade forward. | _____ | _____ |
| 17. Upper arm and hand are supported on pillows at
the same level as the shoulder. | _____ | _____ |
| 18. Lower leg is slightly bent. | _____ | _____ |
| 19. Upper leg should be bent at the hip and knee
supported on pillows at the same level as the hip. | _____ | _____ |
| 20. Upper foot is supported at the same level as the
hip. | _____ | _____ |
| 21. Place a pillow behind the back to hold the resident
in position. | _____ | _____ |
| 22. Visually evaluate the resident to determine if
he/she looks comfortable and is in good body
alignment. | _____ | _____ |
| 23. Return bed to lowest position. | _____ | _____ |
| 24. Adjust clothing, bed linens and tubing. | _____ | _____ |
| Perform the Ending Five: | | |
| 25. Position the resident. | _____ | _____ |
| 26. Open the room. | _____ | _____ |
| 27. Wash hands. | _____ | _____ |
| 28. Report and record. Report any abnormal finding
immediately to your supervisor. | _____ | _____ |
| 29. Resident safety should be maintained at all
times, with call light placed within resident's
reach. | _____ | _____ |
| 30. Standard precautions should be maintained at all
times, with no contamination. | _____ | _____ |

Comments:

Date: _____ Tester: _____

Student: _____

Moving a Resident Up in Bed: One Assist Procedure

Name: _____

Score Required: 16/23

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
	Perform the Beginning Five:		
	1. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do.	_____	_____
***	2. Identify the resident.	_____	_____
	3. Provide privacy.	_____	_____
	4. Wash hands.	_____	_____
	5. Maintain safety.	_____	_____
	6. Position the bed to a comfortable working height. Make sure the wheels are locked.	_____	_____
	7. Remove the pillow from the head of the bed.	_____	_____
	8. Lower the head of the bed so it is flat. Flatten the knee gatch if elevated.	_____	_____
	9. Fanfold the linens to the bottom of the bed while protecting resident privacy.	_____	_____
	10. Ask the resident to bend his/her knees.	_____	_____
***	11. Place your feet about 12 inches apart and turn the foot closest to the head in that direction. Keep your back straight, and bend at the hips and knees.	_____	_____
***	12. Place one arm under the shoulders and the other under the hips, or place both arms under the shoulders and neck, reaching toward the far shoulder.	_____	_____
***	13. Tell the resident on the count of three to push against the mattress with his/her feet and lift his/her hips. At the same time, move the resident up by shifting your weight from the foot toward the bottom of the bed to the foot pointed toward the top.	_____	_____
	14. Visually evaluate the resident to determine if he/she looks comfortable and is in good body alignment. Reposition if needed.	_____	_____
	15. Replace the pillow under the head.	_____	_____
	16. Return bed to lowest position.	_____	_____

- 17. Adjust clothing, bed linens and tubing. _____
- Perform the Ending Five:**
- 18. Position the resident. _____
- 19. Open the room. _____
- 20. Wash hands. _____
- 21. Report and record. Report any abnormal finding immediately to your supervisor. _____
- *** 22. **Resident safety should be maintained at all times and call light placed within resident's reach.** _____
- 23. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Procedure for Moving a Dependent Resident in Bed with a Lift Sheet: Two Assist

Name: _____

Score Required: 18/26

Actual Score: _____

<u>Critical</u>	<u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u>
			_____	Review
	Supplies:	Lift sheet		
	1.	Gather the needed supplies.	_____	_____
		Perform the Beginning Five:		
	2.	Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do.	_____	_____
***	3.	Identify the resident.	_____	_____
	4.	Provide privacy.	_____	_____
	5.	Wash hands.	_____	_____
	6.	Maintain safety.	_____	_____
	7.	Ask for help from a coworker. One worker should be on each side of the bed.	_____	_____
	8.	Position the bed to a comfortable working height. Make sure the wheels are locked.	_____	_____
	9.	Remove the pillow from the head of the bed.	_____	_____
	10.	Lower the head of the bed so it is flat. Flatten the knee gatch if elevated. Fanfold the linens to the bottom of the bed while protecting resident privacy.	_____	_____
	11.	Check to make sure a lift or draw sheet is on the bed and positioned under the resident's shoulders and hips.	_____	_____
	12.	Roll the sides of the lift sheet close to the resident's body.	_____	_____
	13.	Grasp the edge of the lift sheet with both hands, with palms and fingers facing up. One hand should be at the shoulders and the other at the hips.	_____	_____
	14.	If the resident is able to raise his/her legs, have the resident bend legs and put feet flat on the bed.	_____	_____
***	15.	Position feet 12 inches apart with the foot at the top of the bed pointed in the direction you are moving the resident. Keep your back straight and bend at the hips and knees. The coworker should do the same.	_____	_____

- *** 16. Tell the resident and your coworker to lift on the count of three. Bend at the hips and knees. With your back straight and on the count of three, lift the resident in the correct direction. Avoid dragging the resident across the bed. _____
- 17. Replace the pillow under the head. _____
- 18. Visually evaluate the resident to determine if he/she looks comfortable and is in good body alignment. Reposition if needed. _____
- 19. Return bed to lowest position. _____
- 20. Adjust clothing, bed linens and tubing. _____
- Perform Ending Five:**
- 21. Position the resident. _____
- 22. Open the room. _____
- 23. Wash hands. _____
- 24. Report and record. Report any abnormal finding immediately to your supervisor. _____
- *** 25. **Resident safety should be maintained at all times and call light placed within resident's reach.** _____
- 26. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Transferring From Bed to Chair or Wheelchair

Name: _____

Score Required: 22/31

Actual Score: _____

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
Supplies: Chair, shoes gait belt			
	1. Gather the needed supplies	_____	_____
	Perform the Beginning Five:		
	2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do.	_____	_____
***	3. Identify the resident.	_____	_____
	4. Provide privacy.	_____	_____
	5. Wash hands.	_____	_____
	6. Maintain safety.	_____	_____
	7. Position the chair next to the bed. If the resident has a weak side, position the chair so the resident will be turning toward his/her stronger side.	_____	_____
***	8. Lock the wheels of the bed and lower the bed height to the lowest position.	_____	_____
***	9. Lock the wheels of the wheelchair. Remove the footrests of the wheelchair and position out of the way.	_____	_____
	10. Raise the head of the bed so the resident is in a sitting position. Fanfold the top bed linens back and out of the way.	_____	_____
	11. Assist the resident to put on shoes and any needed clothing.	_____	_____
	12. Assist the resident to sit on the edge of the bed with feet on the floor.	_____	_____
	13. Allow the resident to dangle for 1-2 minutes or as needed.	_____	_____
	14. Observe for dizziness or fainting. If this occurs and does not pass quickly, assist the resident to lie down and call the nurse.	_____	_____
	15. Properly apply the gait belt.	_____	_____
	16. Have resident place hands on the bed and push off the bed when standing. Make sure the resident's feet are flat on the floor.	_____	_____
***	17. Stand facing the resident with feet 12 inches apart, alongside the resident's feet. Position your legs to block the resident's legs from buckling while standing.	_____	_____
	18. Grasp the gait belt on both sides of the resident's waist, keeping your back straight and bending at the hips and knees.	_____	_____

- 19. Tell the resident to stand and pivot to the chair on the count of three. _____
- *** 20. Have resident lean forward and stand up while pushing off the bed. Pull on the transfer belt while straightening your knees until the resident is standing. Keep back straight. _____
- *** 21. Pivot the resident to his/her strong side toward the chair, keeping your back and the resident's back straight. The resident's legs should be centered with the front of the chair. The back of his/her legs should touch the front of the chair. _____
- 22. Ask the resident to reach for the arms of the chair. Bending at the hips and knees, lower the resident into the chair. _____
- 23. Position the resident in good body alignment and sitting back in the chair. _____
- 24. Remove the gait belt. _____
- 25. Arrange clothing and cover the resident with a lap robe, if desired. Place the resident's feet on the footrest, if present. _____
- Perform the Ending Five:**
- 26. Position the resident. _____
- 27. Open the room. _____
- 28. Wash hands. _____
- 29. Report and record. Report any abnormal finding immediately to your supervisor. _____
- *** 30. **Resident safety should be maintained at all times and call light placed within resident's reach.** _____
- 31. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Transferring From Wheelchair to Toilet or Chair

Name: _____

Score Required: 21/29

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
---------------------------------	--------------------------------	---------------------	-------------------------------

Supplies: Chair/toilet, gait belt

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| | 6. Maintain safety. | _____ | _____ |
| | 7. Position the wheelchair next to the toilet or chair so the resident will pivot to his/her strong side. Lock the wheelchair in place and move the footrests out of the way. | _____ | _____ |
| | 8. Properly apply the gait belt. Unfasten the resident's pants, or arrange clothing if necessary. | _____ | _____ |
| | 9. Make sure the resident's feet are flat on the floor. Have the resident place his/her hands on the armrests and push off the chair when standing. | _____ | _____ |
| *** | 10. Stand facing the resident with your feet 12 inches apart, alongside the resident's feet. Position your legs to block the resident's legs from buckling while standing. Grasp the gait belt on both sides of the resident's waist, keeping your back straight and bending at the hips and knees. | _____ | _____ |
| | 11. Tell the resident to stand and pivot to the toilet on the count of three. | _____ | _____ |
| *** | 12. Have the resident lean forward and stand up while pushing off the wheelchair. Grasp and pull on the gait belt on each side of the resident's waist while straightening your knees until the resident is standing. Keep your back straight. | _____ | _____ |
| *** | 13. Pivot the resident on the strong side toward the toilet, keeping your back and the resident's back straight. The resident's legs should be centered in | _____ | _____ |

front of the toilet. The back of his/her legs should touch the front of the toilet.

- 14. Ask the resident to hold on to the grab bars. _____
- 15. Adjust the resident's clothing as needed. _____
- 16. Bending at the hips and knees, lower the resident using the gait belt. _____
- *** 17. Make sure the call light is within easy reach. _____
- 18. Remain nearby when the resident is using the bathroom. _____
- 19. Close bathroom door for privacy. _____
- 20. Put on gloves and assist resident to stand, then provide perineal care and hygiene. _____
- 21. Remove gloves and perform hand hygiene. If the resident is unable to stand independently, remove gloves after cleansing the resident's skin for perineal care and before readjusting the resident's clothing. _____
- 22. Assist with clothing. _____
- 23. When finished toileting or sitting in the chair, transfer the resident back to the wheelchair by reversing the steps. _____
- Perform the Ending Five:**
- 24. **Position the resident.** _____
- 25. **Open the room.** _____
- 26. **Wash hands.** _____
- 27. **Report and record. Report any abnormal finding immediately to your supervisor.** _____
- *** 28. **Resident safety should be maintained at all times and call light placed within resident's reach.** _____
- 29. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Assisting to Ambulate

Name: _____

Score Required: 22/31

Actual Score: _____

Critical Steps

Steps of the Procedure:

Satisfactory

Needs Review

Supplies: Shoes, assistive device, gait belt

- | | | | |
|-----|--|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| | 6. Maintain safety. | _____ | _____ |
| | 7. Assist the resident with applying his/her shoes. | _____ | _____ |
| | 8. If the resident is in bed, make sure the bed is in the lowest position and the wheels are locked. | _____ | _____ |
| | 9. Assist the resident to dangle. | _____ | _____ |
| | 10. Evaluate the resident for discomfort, lightheadedness, or dizziness. | _____ | _____ |
| | 11. Properly apply the gait belt. | _____ | _____ |
| | 12. Have the resident lean forward. | _____ | _____ |
| | 13. Grasp the gait belt at each side. | _____ | _____ |
| | 14. Position your feet alongside the resident's feet and brace his/her shins with your shins to prevent buckling. | _____ | _____ |
| | 15. Have resident push off and stand up on the count of three. Pull on the gait belt and assist the resident to stand. | _____ | _____ |
| | 16. Have resident grasp the assistive device to maintain balance. | _____ | _____ |
| *** | 17. Stand at the side and a little behind the resident, and grasp the gait belt at the resident's back as he/she walks. | _____ | _____ |
| | 18. If the resident has a weak side, stand on that side. Some residents may be weak enough that two staff are needed, one on each side of the resident. In this case, both workers should grasp the gait belt. | _____ | _____ |

Some residents may feel safer if staff also hold their arm(s).

- 19. Ambulate with the resident the appropriate distance. _____
- 20. Remind the resident to look straight ahead and stand tall. _____
- 21. Return the resident to the chair or bed. _____
- 22. Position the resident in good body alignment. _____
Remove the gait belt. _____
- Perform the Ending Five:**
- 23. Position the resident. _____
- 24. Open the room. _____
- 25. Wash hands. _____
- 26. Report and record. Report any abnormal finding immediately to your supervisor. _____
- If resident begins to fall:**
- 27. Place your feet wide apart _____
- 28. Pull the resident against you _____
- 29. Gently lower the resident to the floor in a sitting position. _____
- *** 30. **Resident safety should be maintained at all times and call light placed within resident's reach.** _____
- *** 31. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Procedure for Assisting to Ambulate with a Cane

Name: _____

Score Required: 16/23

Actual Score: _____

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
Supplies: Shoes, cane, gait belt.			
	1. Gather the needed supplies.	_____	_____
	Perform the Beginning Five:		
	2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do.	_____	_____
***	3. Identify the resident.	_____	_____
	4. Provide privacy.	_____	_____
	5. Wash hands.	_____	_____
	6. Maintain safety.	_____	_____
	7. Check the condition of the cane.	_____	_____
	8. Assist the resident to put on his/her shoes.	_____	_____
	9. Apply the gait belt.	_____	_____
	10. Using the gait belt, assist the resident to stand.	_____	_____
***	11. Place the cane in the unimpaired hand so the resident can grasp it.	_____	_____
***	12. Stand on the weak side, slightly behind the resident, and grasp the back of the gait belt.	_____	_____
	13. Instruct the resident to move the cane 10-18" forward, then the weak leg, then the strong leg.	_____	_____
	14. Ambulate the resident the distance ordered on the care plan.	_____	_____
	15. Return the resident to his/her chair.	_____	_____
	16. Remove the gait belt.	_____	_____
	17. Store supplies in storage area.	_____	_____
	Perform the Ending Five:		
	18. Position the resident.	_____	_____
	19. Open the room.	_____	_____
	20. Wash hands.	_____	_____
	21. Report and record. Report any abnormal finding immediately to your supervisor.	_____	_____
***	22. Resident safety should be maintained at all times and call light placed within resident's reach.	_____	_____

23. Standard precautions should be maintained at all _____ times, with no contamination.

Comments:

Date:

Tester: _____

Student: _____

Procedure for Assisting to Ambulate with a Walker

Name: _____

Score Required: 16/23

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
---------------------------------	--------------------------------	---------------------	-------------------------------

Supplies: Shoes, walker, gait belt

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| | 6. Maintain safety. | _____ | _____ |
| | 7. Check the walker to be sure it is in good repair. | _____ | _____ |
| | 8. Assist the resident to put on his/her shoes. | _____ | _____ |
| | 9. Apply the gait belt. | _____ | _____ |
| | 10. Using the gait belt, assist the resident to stand. | _____ | _____ |
| *** | 11. Place the walker where the resident can grasp it. | _____ | _____ |
| *** | 12. Stand on the weak side, slightly behind the resident, and grasp the back of the gait belt. | _____ | _____ |
| | 13. Instruct the resident to place the walker 10-18" in front of him/her, then step forward with the weak leg, then the strong leg. | _____ | _____ |
| | 14. Ambulate the resident the distance ordered on the care plan. | _____ | _____ |
| | 15. Return the resident to his/her chair. | _____ | _____ |
| | 16. Remove the gait belt. | _____ | _____ |
| | 17. Store supplies in storage area. | _____ | _____ |
| | Perform the Ending Five: | | |
| | 18. Position the resident. | _____ | _____ |
| | 19. Open the room. | _____ | _____ |
| | 20. Wash hands. | _____ | _____ |
| | 21. Report and record. Report any abnormal finding immediately to your supervisor. | _____ | _____ |
| *** | 22. Resident safety should be maintained at all times and call light placed within resident's reach. | _____ | _____ |
| | 23. Standard precautions should be maintained at all times, with no contamination. | _____ | _____ |

Comments:

Date: Tester: _____

Student: _____

Range of Motion Exercises

Name: _____

Score Required: 19/27

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
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Supplies: Bath blanket

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | 2. Check the resident's plan of care for any special instructions or exceptions to this procedure. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 3. K nock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 4. I dentify the resident. | _____ | _____ |
| | 5. P rovide privacy. | _____ | _____ |
| | 6. W ash hands. | _____ | _____ |
| | 7. M aintain safety. | _____ | _____ |
| | 8. Raise the bed to a comfortable working height and make sure the wheels are locked. | _____ | _____ |
| | 9. Place the resident in a flat, supine position if possible. | _____ | _____ |
| | 10. Cover the resident with a bath blanket and fanfold the top linens to the bottom of the bed. | _____ | _____ |
| | 11. Expose only the body part that is being exercised. | _____ | _____ |
| | 12. Unless otherwise indicated perform each exercise 3-5 times. | _____ | _____ |
| | 13. Exercise the neck. | _____ | _____ |
| | Forward and backward flexion (chin to chest and chin to ceiling) | | |
| | Side to side flexion (ear to shoulder) | | |
| | Rotation (side to side) | | |
| | 14. Exercise the shoulder. Support the arm at the elbow and wrist. | _____ | _____ |
| | • Extension, flexion (lift arm so it is alongside ear) | | |
| | • Abduction, adduction (move arm away from the side of the body and back) | | |
| | • Horizontal abduction and adduction (move arm away from side of body; bend elbow and touch hand to the opposite | | |

- shoulder; straighten and return arm to side)
- Rotation (move arm away from side of body and bend elbow; move forearm up and down like when signaling someone to stop)
15. Exercise the elbow. Support the arm at the elbow _____
- and wrist. _____
- Flexion, extension (bend arm, moving the hand toward the shoulder, and straighten)
 - Supination and pronation (move arm away from body and gently rotate hand palm up, then palm down)
16. Exercise the wrist. Support the wrist and hand. _____
- Flexion, extension (gently bend the hand down and back)
 - Rotation (gently turn the palm face up, then face down)
17. Exercise each finger. Support the wrist and hand. _____
- Flexion, extension (flex each finger and thumb to make a fist, then extend or straighten)
 - Abduction and adduction (spread each finger from the rest, one at a time; bend thumb into palm and extend)
 - Opposition (touch each fingertip to thumb)
18. Exercise the hip. Support the leg at the knee and ankle. _____
- Flexion, extension (gently bend the knee and move it toward the head; slowly straighten the knee and lower the leg. This also exercises the knee.)
 - Abduction, adduction (keeping the leg straight, move the leg away from the side of the body and return to original position)
 - Rotation (keeping the leg straight, gently turn the leg inward and outward)
19. Exercise the ankle. Support the ankle and foot. _____
- Dorsiflexion and plantar flexion (gently bend the foot up toward the head, then point the toes away)

- Rotation (gently turn the foot inward and outward)
20. Exercise the toes. _____
- Flexion, extension (curl the toes downward and straighten)
 - Abduction and adduction (spread each toe from each other individually)
21. Straighten bed linen and remove bath blanket. _____
Return the bed to lowest position.
- Perform the Ending Five:**
22. Position the resident. _____
23. Open the room. _____
24. Wash hands. _____
25. Report and record. Report any abnormal finding immediately to your supervisor. _____
- *** 26. **Resident safety should be maintained at all times and call light placed within resident's reach.** _____
27. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Assisting the Dependent Resident with Dining

Name: _____

Score Required: 23/32

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
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Supplies: Meal, napkin, utensils, assistive devices, hand sanitizer

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | 2. Check the resident's plan of care for any special instructions or exceptions to this procedure. | | |
| | Perform the Beginning Five: | | |
| | 3. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 4. Identify the resident. | _____ | _____ |
| | 5. Provide privacy. | _____ | _____ |
| | 6. Wash hands. | _____ | _____ |
| | 7. Maintain safety. | _____ | _____ |
| | 8. Prepare the resident for dining. Assist with toileting, washing, mouth care and grooming. | _____ | _____ |
| | 9. Wash hands. | _____ | _____ |
| | 10. Assist the resident to the dining room and/or position upright. | _____ | _____ |
| | 11. Place the napkin on the resident. | _____ | _____ |
| | 12. Wash hands. | _____ | _____ |
| | 13. Carry the resident's food to the dining table. | _____ | _____ |
| *** | 14. Check to be sure you have delivered the correct diet to the correct resident. | _____ | _____ |
| | 15. Sit down next to the resident at eye level. | _____ | _____ |
| | 16. Check the temperature of the food and liquid. | _____ | _____ |
| | 17. Offer fluids first to moisten the resident's mouth. | _____ | _____ |
| | 18. Encourage the resident to do as much as possible independently. | _____ | _____ |
| | 19. Fill the front half of a teaspoon. Place the spoon on the resident's tongue. Encourage the resident to pull the food off the spoon with his/her lips. | _____ | _____ |
| | 20. Make sure the resident chews and swallows between each bite. Offer fluids between bites. Wipe face as needed. | _____ | _____ |
| | 21. Encourage the resident to eat all the food, but do not force food on the resident. | _____ | _____ |

- | | | | |
|---------|---|-------|-------|
| 22. | When the resident is finished, observe what the resident has eaten. Remove the tray if appropriate. | _____ | _____ |
| 23. | Assist the resident to wash hands and face. | _____ | _____ |
| 24. | Assist the resident to leave the dining area, and be sure he/she is positioned comfortably and has a call light when appropriate. | _____ | _____ |
| 25. | Wash hands. | _____ | _____ |
| 26. | Record food and fluid intake according to facility policy. | _____ | _____ |
| | Perform the Ending Five: | | |
| 27. | Position the resident. | _____ | _____ |
| 28. | Open the room. | _____ | _____ |
| 29. | Wash hands. | _____ | _____ |
| 30. | Report and record. Report any abnormal findings immediately to your supervisor. | _____ | _____ |
| *** 31. | Resident safety should be maintained at all times and call light placed within resident's reach. | _____ | _____ |
| *** 32. | Standard precautions should be maintained at all times, with no contamination. | _____ | _____ |

Comments:

Date: _____ Tester: _____

Student: _____

Measuring an Electronic Oral Temperature

Name: _____

Score Required: 16/23

Actual Score: _____

<u>Critical Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
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Supplies: Thermometer, probe cover, tissues

- | | | | |
|-----|--|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash hands. | _____ | _____ |
| | 6. Maintain safety. | _____ | _____ |
| | 7. Put on disposable gloves if contact with body fluids is likely. | _____ | _____ |
| | 8. Ask the resident if he/she has had anything to eat or drink in the last 15 minutes. If so, wait 15 minutes before proceeding. Turn on the thermometer unit. | _____ | _____ |
| | 9. Apply a disposable probe cover to the oral thermometer probe. | _____ | _____ |
| | 10. Ask the resident to open his/her mouth, and place the probe under the resident's tongue at a slight angle to the left or right. | _____ | _____ |
| | 11. Instruct the resident to close his/her mouth around the probe. | _____ | _____ |
| | 12. Hold the probe in place until the machine signals. Remove the probe from the resident's mouth. | _____ | _____ |
| *** | 13. Correctly read the temperature from the display window of the thermometer unit. | _____ | _____ |
| | 14. Discard the probe cover in a waste container without touching it. | _____ | _____ |
| | 15. Remove gloves if appropriate. | _____ | _____ |
| | 16. Turn off the thermometer unit, if applicable. | _____ | _____ |
| | Perform the Ending Five: | | |
| | 17. Position the resident. | _____ | _____ |
| | 18. Open the room. | _____ | _____ |
| | 19. Wash hands. | _____ | _____ |

- 20. **Report and record.** Report any abnormal findings _____ immediately to your supervisor. _____
- 21. **Resident safety** should be maintained at all times _____ and call light placed within resident’s reach. _____
- 22. Return thermometer unit to storage container and _____ to the charger if applicable. _____
- 23. Standard precautions should be maintained at all _____ times, with no contamination. _____

Comments:

Date: Tester: _____

Student: _____

Measuring a Radial Pulse

Name: _____

Score Required: 12/16

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
	Supplies: Watch with a second hand		
	1. Gather the needed supplies.	_____	_____
	Perform the Beginning Five:		
	2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do.	_____	_____
***	3. Identify the resident.	_____	_____
	4. Provide privacy.	_____	_____
	5. Wash hands.	_____	_____
	6. Maintain safety.	_____	_____
	7. Position the resident's hand and arm so the resident is comfortable and the arm is supported.	_____	_____
	8. Place the middle two or three fingers of your hand on the thumb side of the resident's wrist.	_____	_____
	9. Press gently until you feel the pulse. Note the strength and regularity of the pulse.	_____	_____
***	10. Count the pulse for one minute by watching the second hand on the watch. Some facilities allow the pulse to be counted for 30 seconds and multiplied by 2 (accurate within 4 BPM)	_____	_____
	Perform the Ending Five:		
	11. Position the resident.	_____	_____
	12. Open the room.	_____	_____
	13. Wash hands.	_____	_____
	14. Report and record. Report any abnormal findings immediately to your supervisor.	_____	_____
***	15. Resident safety should be maintained at all times and call light placed within resident's reach.	_____	_____
	16. Standard precautions should be maintained at all times, with no contamination.	_____	_____

Comments:

Date:

Tester: _____

Student: _____

Measuring Respirations

Name: _____

Score Required: 10/14

Actual Score: _____

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u>
<u>Steps</u>			<u>Review</u>
Supplies: Watch with a second hand			
1.	Gather the needed supplies:	_____	_____
	Perform the Beginning Five:	_____	_____
2.	Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do.	_____	_____
*** 3.	Identify the resident.	_____	_____
4.	Provide privacy.	_____	_____
5.	Wash hands.	_____	_____
6.	Maintain safety.	_____	_____
7.	Position the resident appropriately.	_____	_____
*** 8.	Count the number of respirations for one full minute. (accurate within 2 breaths)	_____	_____
	Perform the Ending Five:	_____	_____
9.	Position the resident.	_____	_____
10.	Open the room.	_____	_____
11.	Wash hands.	_____	_____
12.	Report and record. Report any abnormal findings immediately to your supervisor.	_____	_____
13.	Resident safety should be maintained at all times and call light placed within resident's reach.	_____	_____
14.	Standard precautions should be maintained at all times, with no contamination.	_____	_____

Comments:

Date: _____ Tester: _____

Student: _____

Measuring Blood Pressure

Name: _____

Score Required: 16/23

Actual Score: _____

Critical Steps

Steps of the Procedure:

Satisfactory

Needs Review

Supplies: Blood pressure cuff, stethoscope, antiseptic wipes

- | | | | |
|-----|--|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | 2. Clean the stethoscope earpieces and diaphragm with antiseptic wipes. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 3. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 4. Identify the resident. | _____ | _____ |
| | 5. Provide privacy. | _____ | _____ |
| | 6. Wash hands. | _____ | _____ |
| | 7. Maintain safety. | _____ | _____ |
| | 8. Position the resident comfortably in the bed or chair, and rest the resident's arm so it is supported, preferably level with the heart. Move sleeves to expose the upper arm. | _____ | _____ |
| | 9. Wrap the proper size cuff around the resident's arm 1-1 1/2 inches above the elbow. | _____ | _____ |
| | 10. With your fingertips, palpate the inside of the elbow to locate the brachial artery. Center the cuff above the brachial artery. Place the arrow mark of the cuff above the brachial artery. | _____ | _____ |
| | 11. Close the valve on the sphygmomanometer bulb. | _____ | _____ |
| | 12. Place the stethoscope diaphragm over the brachial artery and the earpieces into your ears. | _____ | _____ |
| | 13. Inflate to 30 mm Hg above the point where the brachial (when listening for pulse) or radial (when feeling for pulse) pulse disappears; this is to find the starting point. Deflate the cuff and wait 15 seconds. Re-inflate the cuff to the starting point, or 30 mm Hg above where the pulse disappeared. | _____ | _____ |
| *** | 14. Slowly open the valve and allow the cuff to deflate while listening through the stethoscope. Note the measurement of the first sound (the | _____ | _____ |

systolic number) and the last clear sound heard (the diastolic number) through the stethoscope. Also note when the sound disappears; this may occur at the same time. (accurate within 4 mm Hg)

- 15. When sounds are no longer heard, open the valve completely and allow the cuff to completely deflate; remove it from the resident's arm. _____
- 16. If needing to retake blood pressure, allow one minute before re-inflating the cuff. _____
Perform the Ending Five:
- 17. **Position the resident.** _____
- 18. **Open the room.** _____
- 19. **Wash hands.** _____
- 20. **Report and record.** Report any abnormal reading immediately to your supervisor. _____
- 21. **Resident safety should be maintained at all times and call light placed within resident's reach.** _____
- 22. **Clean the ear pieces and the diaphragm of the stethoscope with antiseptic wipes. Return the supplies to storage.** _____
- 23. **Standard precautions should be maintained at all times, with no contamination.** _____

Comments:

Date: _____ Tester: _____

Student: _____

Measuring Height and Weight Using a Standing Scale

Name: _____

Score Required: 15/21

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
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Supplies: Scale

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies.
Perform the Beginning Five. | _____ | _____ |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |
| | 6. Maintain safety. | _____ | _____ |
| | 7. Check the accuracy of the scale by moving the weights to the left side of the scale. The scale should balance with the pointer in the center of the scale. If the scale is digital it should be zeroed before weight is performed. | _____ | _____ |
| | 8. Ask the resident to empty his/her bladder, if needed. Assist as necessary. | _____ | _____ |
| | 9. Assist the resident to remove his/her shoes, or weigh with similar shoes as previous weight. | _____ | _____ |
| | 10. Raise the height bar above the level of the resident's head. | _____ | _____ |
| | 11. Assist the resident to step onto the scale with his/her back to the scale and standing upright without holding onto anything that will affect the weight. (accurately within 1 lb.) | _____ | _____ |
| *** | 12. Slide the large weight bar first, then adjust the smaller weight bar until the weights are balanced again. Add the weights from each bar or activate the display and note the weight. | _____ | _____ |
| | 13. Adjust the height bar to the top of the resident's head so it is level with the top of the resident's head. Read the number where the height rod meets the scale height, and note the height. (accurate within ¼ in.) | _____ | _____ |

- 14. Assist the resident from the scale and to put on his/her shoes. _____
- Perform the Ending Five.**
- 15. Position the resident. _____
- 16. Open the room. _____
- 17. Wash hands. _____
- 18. Report and record. Report any abnormal findings immediately to your supervisor. _____
- *** 19. Resident safety should be maintained at all times and call light placed within resident's reach. _____
- 20. Return the scale to the storage area. _____
- 21. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: Tester: _____

Student: _____

Application of Elastic Support Stockings

Name: _____

Score Required: 16/23

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
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Supplies: Elastic support stockings (correct size), cornstarch or powder (optional)

- | | | | |
|-----|--|-------|-------|
| | 1. Gather needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Maintain safety. | _____ | _____ |
| | 6. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |
| | 7. Adjust the bed to a comfortable working height. | _____ | _____ |
| | 8. Elevate resident's legs for a few minutes, with resident supine on the bed for 15-30 minutes. | _____ | _____ |
| | 9. Fanfold blankets to expose only one leg at a time. | _____ | _____ |
| | 10. Evaluate skin for redness or open areas. Evaluate for sensitivity, swelling, temperature and ability to move. Make sure skin is clean and dry. | _____ | _____ |
| | 11. Using a clean stocking, turn it inside out down to the heel and position the stocking over the toes of the foot. Powder may be applied to the stocking or leg to assist with application if facility policy allows and the resident has no sensitivity to powder. The toe opening is positioned at the toes per manufacturer's instructions. | _____ | _____ |
| | 12. Proceed to slide the stocking over the foot, fitting the heel into the heel pocket. | _____ | _____ |
| *** | 13. Pull the stocking up the leg, making sure fabric is evenly distributed and free of wrinkles. | _____ | _____ |
| | 14. Cover the leg. | _____ | _____ |
| | 15. Repeat with other stocking. | _____ | _____ |
| | 16. Assist the resident to put on shoes or slippers if getting out of bed. | _____ | _____ |

17. Remove and reapply stockings according to the plan of care and facility policy (usually for 30 minutes every shift). _____

Perform the Ending Five:

18. Position the resident. _____

19. Open the room. _____

20. Wash hands. _____

21. Report and record. Report any abnormal findings immediately to your supervisor. _____

*** 22. Resident safety should be maintained at all times and call light placed within resident's reach. _____

23. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: Tester: _____

Student: _____

Measuring Fluid Intake

Name: _____

Score Required: 11/16

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
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Supplies: None

Perform the Beginning Five:

- | | | | |
|-----|--|-------|-------|
| | 1. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 2. Identify the resident. | _____ | _____ |
| | 3. Provide privacy. | _____ | _____ |
| | 4. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |
| | 5. Maintain safety. | _____ | _____ |
| | 6. Record all fluids taken by the resident during the shift. | _____ | _____ |
| | 7. Estimate how much is gone from a container. | _____ | _____ |
| *** | 8. Convert to ml. | _____ | _____ |
| | 9. Total the amounts for the shift. (accurate within 15 ml) | _____ | _____ |
| | 10. Record according to facility policy. | _____ | _____ |
| | Perform the Ending Five: | | |
| | 11. Position the resident. | _____ | _____ |
| | 12. Open the room. | _____ | _____ |
| | 13. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |
| | 14. Report and record. Report any abnormal finding immediately to your supervisor. | _____ | _____ |
| | 15. Resident safety should be maintained at all times and call light placed within resident's reach. | _____ | _____ |
| | 16. Standard precautions should be maintained at all times, with no contamination. | _____ | _____ |

Comments:

Date: _____ Tester: _____
Student: _____

Measuring Fluid Output

Name: _____

Score Required: 15/21

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
Supplies:	Graduate, gloves		
1.	Gather the needed supplies.	_____	_____
	Perform the Beginning Five:		
2.	Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do.	_____	_____
*** 3.	Identify the resident.	_____	_____
4.	Provide privacy.	_____	_____
5.	Wash and dry hands thoroughly using the proper technique.	_____	_____
6.	Maintain safety.	_____	_____
7.	Put on disposable gloves.	_____	_____
8.	Pour urine or other body fluid from the bedpan, urinal, emesis basin or catheter bag into a graduate.	_____	_____
*** 9.	Read the graduate at eye level on a flat surface with a barrier or paper towel under it. (accurate within 15 ml)	_____	_____
10.	Observe the urine for cloudiness, blood, sediment, odor or dark color.	_____	_____
11.	Pour urine into the toilet and flush.	_____	_____
12.	Rinse and/or disinfect bedpan or urinal and graduate according to facility policy, and store.	_____	_____
13.	Remove gloves and wash hands.	_____	_____
14.	Record the amount of urine on the intake/output form.	_____	_____
15.	Total the amount of output at the end of the shift.	_____	_____
	Perform the Ending Five:		
16.	Position the resident.	_____	_____
17.	Open the room.	_____	_____
18.	Wash and dry hands thoroughly using the proper technique.	_____	_____
19.	Report and record. Report any abnormal finding immediately to your supervisor.	_____	_____
*** 20.	Resident safety should be maintained at all times and call light placed within resident's reach.	_____	_____
*** 21.	Standard precautions should be maintained at all times, with no contamination.	_____	_____

Comments:

Date: Tester: _____

Student: _____

Use of a Urinal

Name: _____

Score Required: 18/26

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
Supplies:	Urinal and cover, disposable gloves, wash cloth, towel		
1.	Gather the needed supplies	_____	_____
	Perform the Beginning Five:		
2.	Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do.	_____	_____
*** 3.	Identify the resident.	_____	_____
*** 4.	Provide privacy.	_____	_____
5.	Wash and dry hands thoroughly using the proper technique.	_____	_____
6.	Maintain safety.	_____	_____
7.	Put on disposable gloves.	_____	_____
8.	Assist resident to a comfortable position or to stand.		
9.	Hand urinal to the resident. If he is unable to handle the urinal, place the urinal so that the penis is inside; remove gloves.		
10.	Cover resident and leave him alone if it is safe. If you leave the resident, place the call light where he can reach it and ask him to call when finished.	_____	_____
11.	Dispose of gloves, wash hands and leave the room, closing the door.	_____	_____
12.	Return to the room when the resident signals. Knock, wash hands and put on gloves.	_____	_____
13.	Have resident hand you the urinal or remove the urinal; cover with lid. Place on barrier.	_____	_____
14.	Assist resident with perineal care and handwashing. Change gloves after pericare is done.	_____	_____
15.	Reposition the resident for comfort.	_____	_____
16.	Cover the urinal, carry it to the bathroom, observe the urine, measure if necessary (place on barrier) and pour the urine into the toilet.	_____	_____
17.	Follow facility procedure for cleaning the urinal.	_____	_____
18.	Return the urinal to its storage area.	_____	_____
19.	Gather soiled linens and place in hamper if necessary. Dispose of trash in appropriate container.	_____	_____
20.	Remove and dispose of gloves.	_____	_____

Perform the Ending Five:

- 21. **Position** the resident. _____
- 22. **Open** the room. _____
- 23. **Wash** and dry hands thoroughly using the proper technique. _____
- 24. **Report** and record. Report any abnormal finding immediately to your supervisor. _____
- *** 25. **Resident** safety should be maintained at all times and call light placed within resident's reach. _____
- *** 26. **Standard** precautions should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Use of a Bedpan for a Resident

Name: _____

Score Required: 24/34

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
---------------------------------	--------------------------------	---------------------	-------------------------------

Supplies: Bedpan and cover, bed protector, disposable gloves, toilet paper, basin, washcloth, soap, towel

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| *** | 4. Provide privacy. | _____ | _____ |
| | 5. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |
| | 6. Maintain safety. | _____ | _____ |
| | 7. Adjust the bed to a comfortable working height. Lower the head of the bed. | _____ | _____ |
| | 8. Put on disposable gloves. | _____ | _____ |
| | 9. Fanfold the top bed linens back and adjust the resident's gown or clothing to expose the buttocks. Put bed protector on the bed if needed. | _____ | _____ |
| | 10. (Dependent resident) Turn the resident so his/her back is toward you. | _____ | _____ |
| *** | 11. (Dependent resident) Place bedpan in the proper position against the buttocks, then roll resident onto bedpan. | _____ | _____ |
| | 12. (Independent resident) Alternatively, have the resident bend his/her knees and lift buttocks off the mattress. Slide bedpan under the buttocks. | _____ | _____ |
| | 13. Raise the head of the bed, if permitted. Check the placement of the bedpan. Cover the resident with the bed linens. | _____ | _____ |
| | 14. Make sure toilet paper and call light are within reach. | _____ | _____ |
| | 15. Leave the resident, if safe to do so. Ask the resident to call when he/she is finished. Remove gloves and wash hands. | _____ | _____ |
| | 16. Return when the resident signals, and knock. When reentering the room, wash hands. | _____ | _____ |
| | 17. Lower the head of the bed. Put on gloves. | _____ | _____ |
| | 18. Fanfold the top linens to the bottom of the bed. | _____ | _____ |

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- *** 19. (Dependent resident) While holding the bedpan flat, roll the resident off the bedpan. _____
- 20. (Independent resident) Alternatively, if the resident is able, have him/her bend the knees and lift buttocks off the mattress. Slide the bedpan out from under the buttocks, and cover. _____
- 21. If the resident is unable to wipe, wipe from front to back using toilet tissue. _____
- 22. Provide pericare as needed and remove gloves; perform hand hygiene. _____
- 23. Help the resident wash and dry his/her hands. Straighten linens and assist resident to a comfortable position. _____
- 24. Put on gloves; take bedpan to bathroom and measure urine if indicated. _____
- 25. Observe contents. Note urine or stool characteristics. If anything unusual is observed, notify the nurse prior to emptying. _____
- 26. Empty and clean bedpan according to facility policy. _____
- 27. Place bedpan and cover in storage area. _____
- 28. Remove gloves. Wash hands. _____
- 29. **Perform the Ending Five:**
- 29. **Position** the resident. _____
- 30. **Open** the room. _____
- 31. **Wash and dry** hands thoroughly using the proper technique. _____
- 32. **Report and record.** Report any abnormal finding immediately to your supervisor. _____
- *** 33. **Resident safety** should be maintained at all times and call light placed within resident's reach. _____
- *** 34. **Standard precautions** should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____
 Student: _____

Changing Incontinent Briefs

Name: _____

Score Required: 16/23

Actual Score: _____

<u>Critical Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
------------------------------	---------------------------------------	----------------------------	----------------------------

Supplies: Clean brief, towel, disposable gloves, perineal care supplies, bag for disposal according to facility policy

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| *** | 4. Provide privacy. | _____ | _____ |
| | 5. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |
| | 6. Maintain safety. | _____ | _____ |
| | 7. Put on disposable gloves. | _____ | _____ |
| | 8. Adjust bed linen and resident clothing to expose the brief. Loosen the fasteners. | _____ | _____ |
| | 9. Roll front of brief downward from front, and between the legs. Keep perineal area covered with a towel or sheet to protect resident's privacy. | _____ | _____ |
| | 10. Perform perineal care. | _____ | _____ |
| | 11. Roll the resident so his/her back is toward you. Keep the resident covered as much as possible. | _____ | _____ |
| | 12. Remove the brief, rolling it inside itself. Dispose of the brief according to facility policy (i.e. bag open and ready for disposal). | _____ | _____ |
| | 13. Complete perineal care. Remove gloves. | _____ | _____ |
| | 14. Place clean brief next to buttocks and push brief between legs. | _____ | _____ |
| | 15. While resident is on his/her side, pull the brief up over the abdomen and place in correct position. | _____ | _____ |
| | 16. Roll resident onto back and fasten tabs, readjusting as needed. | _____ | _____ |
| | 17. Return clothing and bed linens to cover the resident. | _____ | _____ |
| | Perform the Ending Five: | | |
| | 18. Position the resident. | _____ | _____ |
| | 19. Open the room. | _____ | _____ |
| | 20. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |

- 21. **Report and record.** Report any abnormal finding immediately to your supervisor. _____
- *** 22. **Resident safety should be maintained at all times and call light placed within resident's reach.** _____
- *** 23. **Standard precautions should be maintained at all times, with no contamination.** _____

Comments:

Date: _____ Tester: _____

Student: _____

Emptying the Urinary Drainage Bag

Name: _____

Score Required: 16/23

Actual Score: _____

<u>Critical Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
-----------------------	--------------------------------	---------------------	---------------------

Supplies: Disposable gloves, alcohol wipes, graduate, paper towel

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| | 4. Provide privacy. | _____ | _____ |
| | 5. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |
| | 6. Maintain safety. | _____ | _____ |
| | 7. Put on disposable gloves. | _____ | _____ |
| | 8. Place paper towel on the floor under the drainage bag. | _____ | _____ |
| | 9. Place graduate on the paper towel. | _____ | _____ |
| | 10. Open the drain and allow urine to run into the graduate. Do not allow the drain tube to touch anything. | _____ | _____ |
| | 11. Clamp the drain tube. Wipe the tube with the alcohol wipe and replace it into its holder. | _____ | _____ |
| | 12. Pick up the graduate and the paper towel. Dispose of the paper towel. | _____ | _____ |
| *** | 13. Read the graduate at eye level on a flat surface with a barrier or paper towel under it. (accurate within 15 ml) | _____ | _____ |
| | 14. Observe the amount, color and appearance of the urine. | _____ | _____ |
| | 15. Dispose of the urine according to facility policy. | _____ | _____ |
| | 16. Clean and dry the graduate according to facility policy and return it to storage. | _____ | _____ |
| | 17. Remove disposable gloves. Wash hands. | _____ | _____ |
| | Perform the Ending Five: | | |
| | 18. Position the resident. | _____ | _____ |
| | 19. Open the room. | _____ | _____ |
| | 20. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |

- 21. **Report and record.** Report any abnormal findings immediately to your supervisor. _____
- *** 22. **Resident safety should be maintained at all times and call light placed within resident's reach.** _____
- *** 23. **Standard precautions should be maintained at all times, with no contamination.** _____

Comments:

Date: Tester: _____

Student: _____

Catheter Care

Name: _____

Score Required: 24/34

Actual Score: _____

Critical

Steps

Steps of the Procedure:

Satisfactory

Needs

Review

Supplies: Basin of warm water (110-115 degrees), soap, washcloths, towels, bath blanket, clean clothing, disposable gloves, paper towels, plastic bags, bed protector

- | | | | |
|-----|---|-------|-------|
| | 1. Gather the needed supplies. | _____ | _____ |
| | Perform the Beginning Five: | | |
| | 2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do. | _____ | _____ |
| *** | 3. Identify the resident. | _____ | _____ |
| *** | 4. Provide privacy. | _____ | _____ |
| | 5. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |
| | 6. Maintain safety. | _____ | _____ |
| | 7. Cover the bedside table with towels and arrange supplies. | _____ | _____ |
| | 8. Adjust bed to a comfortable working height. Lower the head of the bed as flat as possible. | _____ | _____ |
| | 9. Assist or instruct resident to lie on his/her back and to place feet on the mattress. | _____ | _____ |
| | 10. Cover resident with bath blanket and fanfold top linens to the bottom of the bed. | _____ | _____ |
| | 11. Place bed protector under the resident if needed. | _____ | _____ |
| | 12. Put on disposable gloves. | _____ | _____ |
| | 13. Expose the genitalia. | _____ | _____ |
| | 14. Remove the device securing the catheter to the resident's leg. | _____ | _____ |
| | 15. With the non-dominant hand, separate the labia of the female and hold in position. For the male, hold the penis upright and retract the foreskin on the male if uncircumcised. | _____ | _____ |
| | 16. Inspect the catheter insertion site for drainage, irritation, crustiness, swelling bleeding or pain. Report any findings. | _____ | _____ |
| *** | 17. Wet a washcloth, wring out and apply soap or cleansing agent. Clean the tissue surrounding the urinary meatus and the outside of the catheter where the two join. With clean washcloths rinse and pat dry skin. | _____ | _____ |

- | | | | |
|-----|--|-------|-------|
| *** | 18. Female: Wash the labia using downward strokes (away from urinary meatus), alternating sides and moving outward with each stroke, including the perineum.
Male: Return the foreskin to the normal position. Wash the shaft of the penis with downward strokes (away from the urinary meatus), then the scrotum and the perineum. With clean washcloths rinse and pat dry the skin in the same order as cleansed. | _____ | _____ |
| *** | 19. With the non-dominant hand, grasp the catheter just below the meatus and hold securely to prevent tugging on the catheter. Clean the catheter from the fingers, holding onto the catheter approximately four inches down. Avoid pulling on the catheter. With clean washcloths, rinse and pat dry using the same downward strokes. | _____ | _____ |
| | 20. Reattach the device to secure the catheter to the residents thigh. | _____ | _____ |
| | 21. Remove bed protector and place in a soiled linen bag. | _____ | _____ |
| | 22. Coil and secure the catheter's drainage tubing if the resident is staying in bed. Ensure the catheter is draining urine. | _____ | _____ |
| | 23. Remove gloves. | _____ | _____ |
| | 24. Return bed linens to cover the resident, and remove the bath blanket. | _____ | _____ |
| | 25. Assist with clothing. | _____ | _____ |
| | 26. Put on gloves. Pour water into the toilet and flush. Clean the supplies and return them to storage. | _____ | _____ |
| | 27. Remove towel from overbed table and bag soiled linen. | _____ | _____ |
| | 28. Remove disposable gloves and dispose. Wash hands. | _____ | _____ |
| | Perform the Ending Five: | | |
| | 29. Position the resident. | _____ | _____ |
| | 30. Open the room. | _____ | _____ |
| | 31. Wash and dry hands thoroughly using the proper technique. | _____ | _____ |
| | 32. Report and record. Report any abnormal finding immediately to your supervisor. | _____ | _____ |
| *** | 33. Resident safety should be maintained at all times and call light placed within resident's reach. | _____ | _____ |

*** 34. Standard precautions should be maintained at all _____ times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____

Backrub

Name: _____

Score Required: 16/23

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
Supplies: Lotion, bath towel			
	1. Gather the needed supplies. Warm the lotion with warm water prior to use.	_____	_____
	Perform the Beginning Five:		
	2. Knock on the door and request permission to enter. Introduce yourself to the resident and explain what you plan to do.	_____	_____
***	3. Identify the resident.	_____	_____
	4. Provide privacy.	_____	_____
	5. Wash and dry hands thoroughly using the proper technique.	_____	_____
	6. Maintain safety.	_____	_____
	7. Adjust bed to a comfortable working height.	_____	_____
	8. Position the resident in the prone or lateral position, whichever is most comfortable for the resident.	_____	_____
	9. Place towel on the bed next to the back.	_____	_____
	10. Expose the resident's back. Keep the rest of the resident covered with bed linen, clothing or bath towel.	_____	_____
	11. Pour lotion into the palm of your hand and rub hands together to distribute the lotion.	_____	_____
	12. Apply lotion to the resident's back with the palm of the hand. Massage the resident's back, beginning with long, gliding strokes from the center of the top of the buttocks to the shoulders, and back down along the outside of the back. Do not rub any reddened areas.	_____	_____
	13. Repeat smooth, gliding strokes from the center of the top of buttocks along spine and up toward shoulders. On downward strokes incorporate small, circular motions with palm of hand, including areas over coccyx.	_____	_____
	14. Finish with long, gliding strokes.	_____	_____
	15. Repeat each of the strokes at least four times for at least two minutes each (total time is 6-10 minutes).	_____	_____
	16. Pat the resident's back dry with the towel. Return clothing and bed linens to their normal position.	_____	_____
	17. Remove supplies and return to proper storage.	_____	_____

Perform the Ending Five:

- 18. **Position** the resident. _____
- 19. **Open** the room. _____
- 20. **Wash** and dry hands thoroughly using the proper technique. _____
- 21. **Report** and record. Report any abnormal finding immediately to your supervisor. _____
- *** 22. Resident safety should be maintained at all times and call light placed within resident's reach. _____
- *** 23. Standard precautions should be maintained at all times, with no contamination. _____

Comments:

Date: _____ Tester: _____

Student: _____