

PROCEDURE LISTS FOR TESTABLE SKILLS

The following procedure lists should be used by the instructor to prepare students for the state manual skills test. Only testable skills are included. While recognizing there are numerous, acceptable ways to perform these tasks, each of these individual procedures are used for the manual skills exam to allow a consistent and objective test result. Textbooks should be consulted for untested skills.

Key Points to Remember:

- The manual skills test will be performed in front of a qualified evaluator, called a Rater. Candidates will demonstrate the skills for the Rater, making sure to correctly show the critical steps of each skill being demonstrated.
- Critical steps are **bolded and asterisked (*)**.
- During testing, 100% of critical steps must be demonstrated, 80% of non-critical steps must be demonstrated.
- Performing hand hygiene immediately before and after gloving is an important infection control issue.
- The person's privacy and safety, as well as infection control must be maintained throughout the entire procedure. These are always critical steps.
- Testing is done as one (1) scenario.
- Pre-steps are to be done once at the beginning of the scenario.
- Post-steps are done one (1) time following completion of the scenario.
- You are required to wash your hands as a skill at the beginning of testing. You will be expected to use hand sanitizer at other appropriate times throughout the test.
- Respirations and pulse must be checked using an analog clock.
- Please note: Bedrails in nursing homes are not common, however, you are required to know how to provide care with, and without, the use of bedrails.
- Raise and lower bed as appropriate for body mechanics. All scenarios will end with bed in lowest position.

Pre-steps:

- a) Knock. ***
- b) Introduce self. ***
- c) Identify the person. ***
- d) Provide Privacy by pulling curtain and closing door. ***
- e) Ensure bed wheels are locked. ***
- f) Explain procedure. ***
- g) Hand hygiene - demonstrate handwashing. * (Must be done before care is started)**

Post-steps:

- a) Place call light within reach. ***
- b) Ensure comfort. ***
- c) Lower bed. ***
- d) Lower side rails per care plan. ***
- e) Open privacy curtain and door per patient request.
- f) Hand hygiene – demonstrate alcohol-based rub. ***
- g) Document. ***

Hand Hygiene using Soap and Water:

1. **Wet your hands with clean, running water (warm or cold) with fingertips pointing downward. ***
2. **Apply soap to hands and wrists, enough to produce a soapy lather. ***
3. **Lather your hands by rubbing them together with the soap. ***
 - a) Rub hands together in a circular motion.
 - b) Interlace fingers and rub back and forth.
 - c) Rub back of hands and wrists.
 - d) Clean nails by running them over soap lathered palm of opposite hand.
4. **Scrub your hands for at least 20 seconds. ***
5. **Rinse your hands well under clean, running water. ***
6. **Dry hands with a clean, dry paper towel keeping finger tips pointed up. ***
7. **Turn off faucet (if not automated) with a new, clean, dry paper towel. ***
8. **Discard towel without contaminating clean hands. ***

Hand Hygiene using Alcohol-based Hand Rub:

1. **Apply the gel product to the palm of one hand (read the label to learn the correct amount). ***
2. **Rub your hands together. ***
3. **Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds. ***

Vital Signs:

1. **Assemble equipment. ***
 - a. Analog clock with synchronized start will be used by student and rater.
2. Pre-steps
3. Communicate with person throughout skill.

Checking a Radial Pulse:

- a) Place the person in comfortable position with arm well supported.
- b) **Place tips of first two or three fingers (not thumb) over radial artery on thumb side of the person's wrist. ***
- c) When pulse is felt, count for 1 minute (or 30 seconds and multiply by 2).
- d) **Pulse must be within 4 beats per minute of the rater. ***

Counting Respirations:

- a) Do not indicate to the person that you are counting respirations.
- b) Observe and count respirations in one minute (or 30 seconds and multiply by 2).
- c) **Respirations must be within 2 respirations of the rater. ***

Measuring Blood Pressure:

- a) Clean ear pieces and diaphragm of stethoscope with alcohol.
 - b) Place person in comfortable position with arm well supported.
 - c) **Wrap cuff around arm, position 1-2 inches above elbow. ***
 - d) **Center arrow of cuff over brachial artery. ***
 - e) **Place stethoscope in ears and place diaphragm over brachial artery. ***
 - f) Pump cuff up.
 - g) **Open valve slowly and release pressure in cuff steadily and gradually. ***
 1. (Note: If beat is heard immediately, release all the air and let the arm rest for 30 seconds. Then, re-pump to 20mmHg higher. Again, listen for the first and last beat).
 - h) **Readings must be within 6 mmHg of the /rater. ***
 - i) Record your findings.
 - j) Remove the cuff and make the person comfortable.
4. Clean and put equipment away.
 5. Post-steps.

Donning and Doffing Personal Protective Equipment (PPE):

1. Perform hand hygiene using alcohol-based hand rub. *
2. Put on gown by slipping arms into sleeves. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. *
3. Fasten securely in back of neck and waist. *
4. Put on face mask. *
 - a) Secure ties or elastic bands at middle of head and neck.
 - b) Fit flexible band to nose bridge.
 - c) Fit snug to face and below chin.
 - d) Fit-check respirator.
5. Put on face shield/goggles: *
 - a) Adjust face shield/goggles to fit. Be careful not to touch your face with your hands.
 - b) Place over face and eyes and adjust to fit.
6. Perform hand hygiene, and put on clean gloves. Extend to cover wrist of isolation gown, making sure cuffs of gloves overlap gown. *
7. Removing contaminated gloves: *
 - a) Grasp outside of glove with opposite gloved hand; peel off.
 - b) Hold removed glove in gloved hand.
 - c) Slide fingers of ungloved hand under remaining glove at wrist.
 - d) Peel glove off over first glove.
 - e) Discard gloves in waste container.
8. Perform hand hygiene. *
9. Remove face shield/goggles: *
 - a) To remove, handle by head band or ear pieces.
 - b) Place in designated receptacle for reprocessing or in waste container.
10. Perform hand hygiene. *
11. Remove gown: *
 - a) Unfasten ties.
 - b) Pull away from neck and shoulders, touching inside of gown only.
 - c) Turn gown inside out.
 - d) Fold or roll into a bundle and discard.
12. Perform hand hygiene. *
13. Remove mask: *
 - a) Do not touch the front of mask/respirator because it is contaminated.
 - b) Grasp bottom, then top ties or elastics and remove.
 - c) Discard in waste container.
14. Perform hand hygiene. *

Undressing and Dressing a Person Who Has Limited Use of Limbs

1. Pre-steps.
2. Communicate with person throughout skill.
3. Provide clothing or assist with selection.
4. Assist person to a supine or sitting position.
5. If in supine position, raise side rails or have two care givers to provide person's safety, and raise bed to a level for best body mechanics.
6. If used, lower side rail on the side you are working on.
7. **Maintain person's privacy. ***
8. **If person has affected side, begin undressing on strong side first. ***
9. Remove person's upper clothing by pulling off one arm sleeve at a time.
10. Remove person's lower clothing by lowering pants to the knees, then pulling off one pant leg at a time.
11. Place removed clothing properly for reuse or place in laundry receptacle.
12. **If person has affected side, begin dressing with affected side first. ***
13. Assist with underclothing as needed.
14. Undo all fasteners of clothing to be put on.
15. Assist person to put on pants:
 - a) Gather one pant leg on affected side. Lift person's leg at ankle and pull pant leg over person's foot and ankle.
 - b) Repeat for other leg.
 - c) Pull pants up legs as far as possible.
 - d) Have the person lift buttocks or roll to the side to pull pants up to waist.
 - e) Fasten pants as needed.
16. Assist the person to put on top (opening at front):
 - a) Gather sleeve, grasp person's affected arm at wrist and slide sleeve over arm.
 - b) Have the person roll away from you and tuck garment beneath person's back.
 - c) Have the person roll towards you and pull garment out from under arm.
 - d) Gather next sleeve, grasp person's strong arm at wrist and slide sleeve over arm.
 - e) Adjust garment and fasten as needed.
17. Assist the person to put on top (pullover):
 - a) **Place the person's hands in sleeves, starting with weak side. ***
 - b) Pull garment up arms.
 - c) Carefully pull neck opening over the person's head.
 - d) Pull garment down over trunk, adjust and fasten.
18. Assist the person to put on footwear:
 - a) Carefully put stockings onto feet.
 - b) Put on shoes or slippers.
19. Post-steps.

Making an Occupied Bed

1. Pre-steps.
2. Communicate with person throughout skill.
3. Assemble linen and place it in a clean, convenient location.
4. **Raise side rails or have two care givers to provide person's safety. ***
5. Raise bed to a level for best body mechanics.
6. Lower head of bed to make bed as flat as the person can tolerate.
7. If used, lower side rail on the side you are working on.
8. **Do not shake linens at any time throughout the procedure. ***
9. **Perform hand hygiene and put on gloves. ***
10. Loosen top linens from foot of bed and place spread in laundry receptacle or in clean location if it will be reused.
11. Provide privacy with top sheet or bath blanket.
12. **Position the person on his/her side facing away from you and toward raised side rail or second care giver. ***
13. Place pillow under head for comfort.
14. Loosen the bottom linens, roll soiled linens toward the person and tuck under them.
15. **Remove gloves, perform hand hygiene, and put on gloves. ***
16. Place clean bottom sheet on mattress so that stitching is away from the person, pull nearest corners into place and tuck remaining sheet under person. Smooth any wrinkles.
17. If used, place the cotton turn/lift sheet on the middle portion of the bed, tuck under the person and smooth any wrinkles.
18. **Raise side rail. Go to other side of bed and lower side rail, or trade places with other caregiver. ***
(Note: In a facility, the other care giver would typically perform the rest of the steps.)
19. Assist the person to roll toward the opposite side of the bed maintaining privacy.
20. Adjust pillow for comfort.
21. Remove bottom linen.
22. **Remove gloves, perform hand hygiene, and put on new gloves. ***
23. Pull clean bottom sheet toward you, pull corners into place.
24. Pull turn/lift sheet toward you and tuck under mattress.
25. Smooth any wrinkles.
26. Position the person in supine position in the middle of the bed and adjust pillow.
27. Unfold clean top sheet without shaking it and place it on top of the used sheet so that the center is in middle of the bed, but do not tuck in.
28. The hemstitching should be to the outside and even with the top of the mattress without covering the person's face.
29. Have the person hold top sheet or tuck it under the person's shoulders.
30. **Remove privacy cover without exposing the person. ***
31. Place bedspread evenly on bed and unfold to cover the person, the other linen, and is even on both sides of bed.
32. Avoid covering the face and pull the top linen up to the shoulder/chin (as the person desires) then fold the excess back down, making a smooth cuff.
33. Tuck top linens together at the bottom of the bed and make a mitered corner.
34. Raise side rail.
35. Repeat process on the other side of the bed.
 - a) Adjust the top linens over the person.
 - b) Tuck top linens together at the bottom of the bed.
 - c) Make a mitered corner.
36. Ensure the linens are loose enough so that the person's feet have room to move.
37. **Ensure there are no wrinkles. ***
38. Change the pillowcases without shaking or contaminating them.
39. Place the pillow at the head of the bed so that the open end is away from the door and the seam is toward the head of the bed.
40. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
41. Clean and put equipment away.
42. **Remove gloves and perform hand hygiene. ***

43. Post-steps.

Application of Anti-embolic Stocking

Note: During testing you will apply only one stocking on a weak leg.

1. Obtain stocking.
2. Pre-steps.
3. Communicate with person throughout skill.
4. Raise side rails or have two caregivers to provide person's safety.
5. Raise bed to a level for best body mechanics.
6. Lower side rail on the side you are working on.
7. Have the person lying supine in bed.
8. **Expose only the leg used for placement of the stocking. ***
9. Grasp stocking from top and turn inside out to the ankle or bunch with right side out.
10. Slide stocking over toes, foot, and heel.
11. **Ensure the stocking is seam side out and the heel is positioned correctly. ***
12. Re-grasp remaining portion of stocking and pull stocking up to knee or thigh, depending on the length of the stocking.
13. Release stocking gently. Do not snap.
14. **Ensure stockings are smooth and wrinkle free. ***
15. Post-steps.

Assisting a Person with Eating

1. Pre-steps.
2. Communicate with person throughout skill.
3. **Before delivery, check tray with dietary card to make sure meal is correct. ***
4. Ensure the person is sitting in a chair.
5. Assist the person with hand hygiene.
6. Place food on table in front of the person.
7. Offer napkin for lap.
8. Use clothing protector only if included in care plan.
9. Open containers and prepare food. Avoid touching food with fingers unless gloves are worn.
10. Inform the person about food.
11. Caregiver should sit facing person.
12. Serve food as required/requested by the person.
13. Make eating as pleasant as possible by:
 - a) Checking with the person about food temperature.
 - b) Serving small amounts from tip of spoon.
 - c) Offering straws for fluids.
 - d) Alternating solids and liquids.
 - e) Not rushing.
 - f) Communicating.
14. **Observe the person for signs of choking. * If choking, respond: ***
 - a) **Stop offering food or fluid. ***
 - b) **Ask if they are OK. ***
 - c) **Encourage hard coughing. ***
 - d) **Offer sips of fluid when the airway is clear. ***
 - e) **Report choking to the nurse. ***
15. Encourage food intake.
16. Be sure the person's mouth is clear of food and face is clean during and after feeding.
17. Remove napkin or, if used, clothing protector and assist the person with hand hygiene.
18. **Record intake of fluid and percent of meal eaten. ***
19. Clean and put equipment away.
20. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
21. Post-steps.

Body Mechanics

Note: When performing this skill, you will be lifting a 10 lb. box.

1. Assess weight of load and need for assistive device.
2. **Demonstrate proper body alignment, including: ***
 - a) **Wide base of support, feet shoulder width apart. ***
 - b) **Back straight – do not bend at the waist. ***
3. Position body close to and facing object to be moved.
4. **Bend from hips and knees, keeping back in alignment. ***
5. Use large muscles (gluteal, shoulders, upper arms and thighs) to lift the object.
6. Use both hands and arms to lift, move, or carry heavy items.
7. **Carry item close to body. ***
8. Do not lift object higher than chest level.
9. **Move feet and turn the whole body when changing direction (NO TWISTING). ***
10. Work with smooth movements, no jerky or sudden moves.
11. Set objects on edge of table and push to center.

Cleaning Dentures

Note: During testing you will clean upper denture only.

1. Assemble equipment.
2. Pre-steps.
3. Communicate with person throughout skill.
4. **Ensure the person is in a safe, comfortable sitting position. ***
5. **Perform hand hygiene and put on gloves. ***
6. Spread towel across the person's chest.
7. Ask the person to remove his/her dentures. Assist if needed.
8. Place dentures in a safe sanitary container.
9. Transport them to the sink.
10. Line bottom of the sink with wash cloth/paper towel.
11. Turn faucet on with paper towel.
12. **Rinse each denture under cool running water. ***
13. Use toothpaste or denture cleanser to clean the dentures.
14. **With dentures in your hand, brush all surfaces until they are clean. ***
15. **Rinse dentures thoroughly under cool running water. ***
16. Place dentures in a clean denture cup, labeled with the person's name and filled with cool water.
17. Turn faucet off with new paper towel.
18. Cover the cup to transport back to the person.
19. Assist the person with oral hygiene. Provide oral hygiene by:
 - a) Cleaning upper and lower gums using moistened foam-tipped applicator.
 - b) Offering the person a cup of water to rinse mouth.
 - c) Providing emesis basin or disposable cup to use for spitting.
20. Have the person replace the dentures in his/her mouth, if desired. If not, store in person's nightstand or sink countertop. Dentures must be in water or in a denture soaking solution.
21. Leave the area around the person's mouth clean and dry when care is completed.
22. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
23. Clean and put equipment away.
24. **Remove gloves and perform hand hygiene. ***
25. Post-steps.

Perineal Care-Female

Note: Some facilities may use pre-moistened cloths or special solutions. For testing purposes, soap and water will be used.

1. Assemble equipment.
2. Pre-steps.
3. Communicate with person throughout skill.
4. Fill the washbasin with water, making sure the temperature is comfortable.
5. **Raise side rails or have two care givers to provide person's safety. ***
6. Raise bed to a level for best body mechanics.
7. If used, lower side rail on the side you are working on.
8. **Perform hand hygiene and put on gloves. ***
9. Assist the person to a supine position and cover the person with bath blanket/sheet.
10. Place bath blanket over bedspread and remove bedspread and top sheet from under the bath blanket.
11. Position the person on her back, with knees bent. (Lithotomy Position.)
12. Place waterproof pad or towel under her buttocks.
13. **Drape the person so as to provide privacy. ***
14. **Apply soap to wet washcloth. ***
15. **Uncover just enough of the perineal area to provide care. *** Note: Covering lower legs is optional.
16. **Separate labia with thumb and forefinger, ***
 - a) **With moist soaped washcloth, gently wash down one side of the labia, from front to back (urinary meatus to vagina), ***
 - b) **Change to clean area of wash cloth and wash down other side of the labia,**
 - c) **Wash pubic and groin area. ***
17. Rinse and pat dry.
18. Help lower person's legs.
19. **While maintaining privacy turn the person onto her side; facing away from you (toward a raised side rail or the other care giver). ***
20. **Clean the buttocks and rectal area from front to back (vagina to anus). Change to clean area of washcloth with each stroke. ***
21. Rinse and pat dry the buttocks and rectal area.
22. Remove waterproof pad/towel.
23. **Remove gloves and perform hand hygiene. ***
24. Place incontinent pad per care plan.
25. Return person to position of comfort.
26. **Replace linens and remove drape while maintaining privacy. ***
27. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
28. Clean and put equipment away.
29. Post-steps.

Side-lying Position

1. Assemble equipment.
2. Pre-steps.
3. Communicate with person throughout skill.
4. **Raise side rails or have two care givers to provide person's safety. ***
5. Raise bed to a level for best body mechanics.
6. If used, lower side rail on the side you are working on.
7. Ensure person is in supine position and head of bed is lowered.
8. Assist the person to move to the edge of the bed closest to you.
9. Turn the person onto side (facing side rail or the other care giver).
10. **Place support pillow behind person's back and tuck underneath. ***
11. Raise side rail. Go to other side of bed and lower side rail, or trade places with other caregiver.
12. Position pillow to support head and neck in level position.
13. **Adjust lower shoulder to prevent direct body pressure upon it. ***
14. Straighten lower leg.
15. Flex upper leg and place in alignment with body.
16. **Use pillow or pillows to prevent direct body pressure on knees and ankles to ensure leg is level from hip to foot. ***
17. Position lower arm with elbow flexed and palm up, or with elbow straight and arm alongside of body.
18. **Support upper arm with pillow, in front of body. ***
 - a) Use pillow or pillows to prevent direct body pressure on elbow and wrist.
19. Adjust linens as needed.
20. Post-steps.

Range of Motion Exercises

Note: During testing you will do Range of Motion on one side only.

1. Pre-steps.
2. Communicate with person throughout skill.
3. **Raise side rails or have two care givers to provide person's safety. ***
4. Raise bed to a level for best body mechanics.
5. If used, lower side rail on the side you are working on.
6. **Place person in a supine position in the middle of the bed to provide for their safety. ***
7. **Move each joint slowly, always supporting the part being exercised. Never go beyond the person's joint resistance. ***
8. **Monitor persons tolerance to activity. If at any time the person shows verbal or non-verbal signs of new discomfort/pain, stop and report to the nurse to receive further directives. ***
9. **Cover person to maintain their privacy throughout procedure, exposing only the area being worked on. ***
10. Shoulder Flexion and Extension – Holding the person's wrist and elbow, raise the arm straight in front and overhead, then bring arm down to side-repeat 3 times.
11. Shoulder Abduction and Adduction – Holding the person's wrist and elbow, move straight arm away from the side of the body then back to the side-repeat 3 times.
12. Elbow Flexion and Extension – Holding the person's wrist and elbow alongside the body, bend elbow so hand touches shoulder, straighten the arm-repeat 3 times.
13. Forearm Supination and Pronation – With arm alongside body, bend elbow to 90 degrees. Turn forearm so palm faces head of bed, then so palm faces foot of bed-repeat 3 times.
14. Wrist Flexion and Extension –hold the person's wrist and hand, bend the persons hand up and down at the wrist- repeat 3 times.
15. Ulnar and Radial Deviation - bend the person's hand at wrist from side to side-repeat 3 times.
16. Straight Leg Raises – Supporting the lower calf and back of knee, keep knee straight and raise leg off bed, then return to bed-repeat 3 times.
17. Hip Abduction and Adduction – Supporting leg at ankle and knee, with knee pointing up, draw leg out to side, then back to touch other leg—repeat 3 times.
18. Hip/Knee Flexion and Extension – Supporting leg at foot/heel and calf bend knee to chest and then straighten leg back onto bed-repeat 3 times.
19. Ankle Dorsiflexion and Plantar Flexion – Supporting heel, bend foot so that toes point to head then down towards foot of bed-repeat 3 times.
20. Foot Supination and Pronation – Turn sole of foot inward, then sole of foot outward- repeat 3 times.
21. Repeat on other side as directed by care plan.
22. Cover the person with top linens.
23. Post-steps.

Ambulation of a Person Using a Transfer Belt

1. Assemble equipment.
2. Pre-steps.
3. Communicate with person throughout skill.
4. Know the distance to be walked.
5. Ensure bed wheels are locked.
6. Assist the person to a sitting position on the edge of the bed.
7. **Ensure the person is wearing non-slip footwear and appropriate clothing. ***
8. **With person seated, apply gait belt snugly around person's waist. ***
9. Position the person's feet shoulder width apart, flat on the floor with slightly bent knees.
10. Have the person prepare to push up by placing their hands on the bed.
11. **Using good body mechanics, facing the person, grasp gait belt with both hands, equal distance apart, and assist the person to stand. ***
12. **Position self slightly behind and to the person's side, holding the belt at the side and back. ***
13. Allow the person to begin walking. Ambulate in step with him/her.
14. Cue the person to use good posture, looking ahead and to walk without shuffling.
15. Monitor the person's tolerance.
16. Assist the person to a comfortable position when ambulation is completed.
17. Remove gait belt.
18. Put equipment away.
19. Post-steps.

Assisting a Person with an Affected Side into a Wheelchair

1. Assemble equipment and place wheelchair within reach.
2. Ensure wheelchair is in good repair, with cushion or as per care plan.
3. Pre-steps.
4. Communicate with person throughout skill.
5. **Place foot pedals in up position and to the side, or remove from wheelchair. ***
6. Ensure Bed wheels are locked.
7. Assist the person to a sitting position on the edge of the bed.
8. **Ensure the person is wearing non-slip footwear and appropriate clothing. ***
9. **With the person seated, apply gait belt snugly around the person's waist. ***
10. **Position wheelchair/ chair near and parallel, or slightly angled, to the bed on person's strongest side. ***
11. **Lock the wheelchair brakes. ***
12. Position the person's feet shoulder width apart, flat on floor with slightly bent knees.
13. Position affected arm for protection.
14. Have the person prepare to push up with their strong hand by placing that hand on the bed.
15. **Using good body mechanics, facing the person, grasp gait belt with both hands, equal distance apart, and assist the person to stand. ***
16. When balanced, adjust your footing and assist the person to pivot (ball of foot remains stationary) until aligned with the wheelchair/ chair.
17. Have the person reach back and grasp the arm of the chair.
18. Assist the person to slowly lower self to a comfortable sitting position.
19. Replace foot pedals on wheel chair if the person requests.
20. **Unlock wheelchair brakes. ***
21. Remove gait belt.
22. Post-steps.

Indwelling Catheter Care - Female

Note: Some facilities may use pre-moistened cloths or special solutions. For testing purposes, soap and water will be used

1. Assemble equipment.
2. Pre-steps.
3. Communicate with person throughout skill.
4. Fill the wash basin with water, making sure the temperature is comfortable.
5. **Raise side rails or have two care givers to provide person's safety. ***
6. Raise bed to a level for best body mechanics.
7. If used, lower side rail on the side you are working on.
8. **Perform hand hygiene and put on gloves. ***
9. Assist the person to a supine position and cover the person with bath blanket/sheet.
10. Place bath blanket over bedspread and remove bedspread and top sheet from under the bath blanket.
11. Position the person on her back, with knees bent. (Lithotomy Position.)
12. Place waterproof pad or towel under buttocks.
13. **Drape the person so as to provide privacy. ***
14. **Apply soap to wet washcloth. ***
15. **Uncover just enough of the perineal area to provide care. *** Note: Covering lower legs is optional.
16. **Separate labia with thumb and forefinger,**
 - a) **With moist soaped washcloth, gently wash down one side of the labia, from front to back (urinary meatus to vagina), ***
 - b) **Change to clean area of wash cloth and wash down other side of the labia, ***
 - c) **Anchoring catheter between two fingers, wash from meatus down catheter tubing four inches, with clean part of washcloth. ***
 - d) **Wash pubic and groin area. ***
17. Rinse and pat dry.
18. Dry catheter with clean area of towel.
19. Help lower person's legs.
20. Ensure catheter tubing is secured to upper thigh by appropriate means, positioned for drainage and attached to the bed frame.
21. **While maintaining privacy turn the person onto side; facing away from you (toward a raised side rail or the other care giver). ***
22. **Clean the buttocks and rectal area from front to back (vagina to anus). Change to clean area of wash cloth with each stroke. ***
23. Rinse and pat dry the buttocks and rectal area in the same manner.
24. Remove waterproof pad/towel.
25. **Remove gloves and perform hand hygiene. ***
26. Place incontinent pad per care plan.
27. Return person to position of comfort.
28. **Replace linens and remove drape while maintaining privacy. ***
29. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
30. Clean and put equipment away.
31. Post-steps.

Giving a Bed Bath

Note: Sequence of washing is not important as long as eyes are cleaned first and perineum is cleaned last.

Note: During testing you will be expected to give a modified bed bath and follow care plan that states to wash face, ears, neck, chest, one hand, arm, and axilla area, including assisting person to dress in clean gown.

1. Assemble equipment (water should be appropriate temperature).
2. Pre-steps.
3. Communicate with person throughout skill.
4. Fill basin with warm water. Change water if it becomes cool.
5. **Raise side rails or have two care givers to provide person's safety. ***
6. Raise bed to a level for best body mechanics.
7. Adjust the bed to a comfortable position.
8. Lower side rail on the side you are working on.
9. **Perform hand hygiene. Don gloves according to standard precautions. ***
10. Place bath blanket over bedspread and remove bedspread and top sheet from under the bath blanket.
11. **Remove the person's gown while maintaining privacy. ***
12. Place a towel over the person's chest.
13. **Wash the eyes (no soap) from the nose toward the ear, using a different area of the washcloth for each stroke. ***
14. Wash and rinse the face, ears, and neck. (Do not use soap on face area unless requested).
15. Pat all areas dry.
16. Leaving the towel on the chest, reach under the towel and fold the bath blanket to the waist.
17. Lifting the towel one part at a time, wash with soap chest, abdomen, and navel (observe under person's breasts or skin folds for redness).
18. Rinse and pat dry the chest, abdomen, and navel.
19. **Cover the chest and abdomen with bath blanket and remove the towel from the chest without exposing the person. ***
20. Place a towel lengthwise under the arm nearest you.
21. Wash and rinse the hand, arm, axilla and shoulder.
22. Pat dry and remove towel from under the arm and replace bath blanket.
23. Turn the person on their side, facing away from you and towards the raised side rail or the other care giver.
24. Place a towel on the bed against their back.
25. Wash and rinse the back and back of the neck.
26. Pat dry and remove towel.
27. Reposition the person on their back.
28. Place bath towel lengthwise under leg nearest you.
29. Wash and rinse leg and foot.
30. Pat dry and remove towel.
31. **Raise the side rail or trade places with other care giver. ***
32. Rinse bath basin and refill with clean water.
33. Go to other side of bed and lower side rail, or trade places with other care giver.
34. Repeat steps for cleaning arm and leg on other side.
35. Provide perineal care. (See Perineal Care skill)
36. **Remove gloves and perform hand hygiene. ***
37. Assist the person to dress and groom.
38. **Replace linen and remove drape while maintaining privacy. ***
39. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
40. Clean and put equipment away.
41. Post-steps.

Helping a Person to the Commode

1. Assemble equipment.
2. Pre-steps.
3. Communicate with person throughout skill.
4. Ensure bed wheels are locked.
5. **Perform hand hygiene and put on gloves. ***
6. Prepare commode and position commode near and parallel, or slightly angled, to the bed. Lock wheels of commode.
7. **Remove gloves, perform hand hygiene, and replace gloves. ***
8. Assist the person to a sitting position on the edge of the bed.
9. **Ensure the person is wearing non-slip footwear and appropriate clothing. ***
10. **With the person seated, apply gait belt snugly around the person's waist. ***
11. Position the person's feet shoulder width apart, flat on floor with slightly bent knees.
12. Have the person prepare to push up with their hands by placing them on the bed.
13. **Using good body mechanics, facing the person, grasp gait belt with both hands, equal distance apart, and assist the person to stand. ***
14. When balanced, adjust your footing and assist the person until aligned with the commode.
15. Have the person reach back and grasp the arm of the commode.
16. Move clothing out of the way (pull down pants).
17. Assist the person to lower self slowly to comfortable seated position.
18. Ensure warmth with robe or blanket.
19. Place toilet tissue within reach.
20. **Place call light within reach. Ask the person to call when ready or if assistance is needed. ***
21. **Remove gloves and perform hand hygiene. ***
22. Leave room if the person's condition allows.
23. When person signals, return promptly to assist.
24. **Perform hand hygiene and put on gloves. ***
25. Assist the person with hand hygiene.
26. **With person standing, provide perineal/anal care (clean from urinary meatus to anus). ***
27. **Make sure the person is safe, then remove gloves and perform hand hygiene. ***
28. Reposition clothing.
29. Assist the person to the bed.
30. Remove footwear and transfer belt.
31. Position person comfortably in bed.
32. **Perform hand hygiene and put on gloves. ***
33. Cover and remove container from commode.
34. Note contents and measure output per care plan.
35. Empty contents into the toilet.
36. Clean/disinfect container per policy.
37. Replace container in commode.
38. Clean commode.
39. **Remove gloves and perform hand hygiene. ***
40. Return commode and other supplies to appropriate area.
41. Post-steps.

Hair Brushing/Combing

1. Pre-steps.
2. Communicate with person throughout skill.
3. Assemble the person's brush or comb.
4. Assist the person to sitting or Fowler's position.
5. Place towel around person's shoulders.
6. If hair is tangled, separate small lock of hair and grasp it firmly with one hand to prevent pulling on scalp. Begin brushing or combing from bottom of lock toward scalp as tangles are removed.
7. After tangles are out, or if hair is not tangled, brush or comb from scalp to hair ends.
8. If hair is kinky or curly, a pic style comb may be used to gently comb hair.
9. Arrange hair in style preferred by the person.
10. Remove towel.
11. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
12. Clean and put equipment away.
13. Post-steps.

Charting

1. **Use black/blue ink in all charting. ***
2. **Chart person's name at the top of the charting sheet. ***
3. **Mark vital signs in appropriate space. ***
4. **If required mark intake and output in % and ml.***
5. **Initial all skills you performed. ***
6. Chart that you informed the nurse if you noticed any areas of concern or change in the person's condition and what those areas were. Be specific.
7. If error occurs, use one line to cross out and then initial the change.
8. **Initial, sign the bottom of the form with your full first name, last name, title (NA), date, and time. ***
9. Use electronic documentation per facility policy.