



Nurse Aide Registry  
Oklahoma State  
Department of Health



Oklahoma State Department of Health

Nurse Aide Registry

P.O. Box 268816

Oklahoma City, OK 73126-8816

Telephone: (405) 271-4085 or 800-695-2157

FAX: (405) 271-1130

## Feeding Assistant Proficiency Checklist

**Section A. Name of trainee:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

### Section B. Evaluation of Skills Task Performances

Each evaluation of a task (B.1 through B.6) is to be completed by an instructor (licensed nurse) during observation of 100% unassisted performance of the procedure by the trainee.

Score each task as follows:      **S** = Satisfactory      **U** = Unsatisfactory

#### B. 1. Safety and emergency procedures including the Heimlich Maneuver

Equipment:    No equipment

\_\_\_\_\_ 1. Asks the resident if he or she can speak. If resident can speak, does not interfere. If the foreign object or material does not dislodge, applies the Heimlich Maneuver.

\_\_\_\_\_ 2. Calls for help.

#### 3. If the resident is seated or standing:

\_\_\_\_\_ a. Stands behind the resident and wraps arms around him or her.

\_\_\_\_\_ b. Puts the thumb side of one hand on the resident's abdomen (thumb should be tucked into fist). Places fist, thumb side in, against the resident's abdomen between the navel and tip of sternum.

\_\_\_\_\_ c. Grasps hand with the other hand while bending the resident forward slightly and presses it into the abdomen with a quick upward movement.

\_\_\_\_\_ d. Repeats until the foreign object or material is expelled (6 to 10 times) or until the resident becomes unconscious.

\_\_\_\_\_ e. Keeps calling for help. Licensed nurses and trained personnel must be summoned to activate CPR and to call 911.

#### 4. If resident is lying down:

\_\_\_\_\_ a. Places or ensures resident is flat on his or her back.

\_\_\_\_\_ b. While facing the resident, kneels astride the resident's hips.

- \_\_\_\_\_ c. With one of your hands on top of the other, places the heel of the bottom of the hand on the resident's abdomen.
- \_\_\_\_\_ d. Places the bottom hand over the navel and just below the sternum.
- \_\_\_\_\_ e. Presses into the resident's abdomen with a quick upward thrust (toward sternum).
- \_\_\_\_\_ f. Repeats until the foreign object or material is expelled (6 to 10 times) or until the resident becomes unconscious.
- \_\_\_\_\_ g. Keeps calling for help. Licensed nurses and trained personnel must be summoned to initiate CPR and to call 911.

**Pass: Yes** \_\_\_\_\_ **(all tasks performed satisfactorily)**  
**No** \_\_\_\_\_ **(not all tasks performed satisfactorily)**

**Instructor typed or printed name** \_\_\_\_\_

**Instructor signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skill procedure.**

## B.2. Sanitation and washing hands

Equipment: lavatory/sink with faucet, soap, paper towels, waste basket, hand brush

- \_\_\_\_\_ 1. Assembles equipment.
- \_\_\_\_\_ 2. Turns on faucet with paper towel held between hand and faucet.
- \_\_\_\_\_ 3. Wets hands with fingertips pointing downward.
- \_\_\_\_\_ 4. Applies soap to hands.
- \_\_\_\_\_ 5. Holds hands downward and lower than elbows while washing.
- \_\_\_\_\_ 6. Rubs hands together vigorously for at least ten seconds.
- \_\_\_\_\_ 7. Works up a good lather. Spreads lather over the entire area of hands and wrists (two inches above the wrist). Gets soap under nails and between fingers. Adds water while washing.
- \_\_\_\_\_ 8. Rinses thoroughly, from wrists to fingertips, keeping fingertips down.
- \_\_\_\_\_ 9. Dries hands thoroughly with a clean paper towel.
- \_\_\_\_\_ 10. Uses a paper towel to turn off faucet. Does not touch inside of sink with clean hands.
- \_\_\_\_\_ 11. Discards paper towel in wastebasket. Does not touch wastebasket.
- \_\_\_\_\_ 12. Does not lean against sink or splatter clothes.

**Pass:** Yes \_\_\_\_\_ (all tasks performed satisfactorily)  
No \_\_\_\_\_ (not all tasks performed satisfactorily)

**Instructor typed or printed name** \_\_\_\_\_

**Instructor signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skill procedure.**

### B.3. Serving a Meal Tray

Equipment: damp washcloth (or disposable towelettes), paper towel or napkin, food tray with food and condiments, clothing protector, and assistive devices as needed.

- \_\_\_\_\_ 1. Washes hands (in accordance with correct hand-washing procedure).
- \_\_\_\_\_ 2. Greets resident and identifies self. Addresses resident in pleasant manner by Mr. or Ms. (or preferred name).
- \_\_\_\_\_ 3. Identifies resident and checks to be sure resident has correct tray, correct diet and any special instructions.
- \_\_\_\_\_ 4. Checks to make sure tray has everything needed (utensils, condiments, napkin, straw, etc.)
- \_\_\_\_\_ 5. Checks for food that looks or smells spoiled.
- \_\_\_\_\_ 6. Serves promptly. Food should be attractively served and placed within reach. Placed according to need of the resident (weakness or paralysis on one side).
- \_\_\_\_\_ 7. Assists resident as needed:
  - assists with placement of clothing protector
  - cuts meats (per instruction from diet card or supervising nurse)
  - pours liquids or opens container and places straw in drink
  - butters bread
  - opens containers/condiments
  - stirs food if needed
  - peels fruit if needed
  - assists with sugar/sweetener
- \_\_\_\_\_ 8. Encourages resident's independence to feed self as much as possible
- \_\_\_\_\_ 9. Has assistive devices ready (as directed):
  - utensils with special handles
  - special plates with edges/guards
  - special cups or glasses

**Note:** This task scored only if used during procedure
- \_\_\_\_\_ 10. For visually-impaired:
  - tells resident location of foods in clock-wise order
  - asks resident if assistance is needed
  - aware of hot or cold food temps and advises resident of caution.

**Note:** This task scored only if used during procedure
- \_\_\_\_\_ 11. If delivering tray to resident's room:
  - knocks, identifies self, awaits permission to enter
  - adjusts over-bed table to correct height

**Note:** This task scored only if used during procedure
- \_\_\_\_\_ 12. Removes tray when finished. Assists resident to clean hands and face.
- \_\_\_\_\_ 13. Notes and reports the amount of food eaten or not eaten per instruction from supervising nurse.
- \_\_\_\_\_ 14. Places call bell/signal within reach after removing tray (score only if performed in resident's room).

\_\_\_\_\_ 15. Washes hands.

The trainee shall be considered successful only if the above tasks have been performed satisfactorily while demonstrating the following knowledge and ability:

\_\_\_\_\_ 16. Infection prevention and control.

\_\_\_\_\_ 17. Communication and interpersonal skills.

\_\_\_\_\_ 18. Promoting resident independence and resident's rights.

\_\_\_\_\_ 19. Appropriate response to resident behavior.

**Pass: Yes \_\_\_\_\_ (all tasks performed satisfactorily)**

**No \_\_\_\_\_ (not all tasks performed satisfactorily)**

**Instructor typed or printed name \_\_\_\_\_**

**Instructor signature \_\_\_\_\_ Date \_\_\_\_\_**

**The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skill procedure.**

#### **B.4. Assistance with Resident Requiring Total Feeding**

Equipment: damp washcloth (or disposable towelettes), paper towel or napkin, food tray with condiments, clothing protector, and assistive devices as needed.

- \_\_\_\_\_ 1. Washes hands (in accordance with correct hand-washing procedure).
- \_\_\_\_\_ 2. Greets resident and identifies self. Addresses resident in pleasant manner using Mr. or Ms. (or preferred name). Explain the assistance being offered.
- \_\_\_\_\_ 3. Washes resident's hands and face (if not already done prior to coming to dining room).
- \_\_\_\_\_ 4. Makes sure resident is positioned correctly. Calls for assistance from trained staff to position.
- \_\_\_\_\_ 5. Obtains food tray. Checks to be sure resident has correct tray, correct diet or special instructions. Checks for food that looks or smells spoiled.
- \_\_\_\_\_ 6. Describes meal to resident. Checks to be sure tray has everything needed (utensils, condiments, napkin, straw, etc.).
- \_\_\_\_\_ 7. Prepares as needed:
  - placement of clothing protector
  - cuts meats (per instruction from diet card or supervising nurse)
  - pours liquids, or opens and places straw in drink
  - butters bread
  - opens containers/condiments
  - stirs food if needed
  - peels food if needed
  - assists with sugar/sweetener per resident choice
- \_\_\_\_\_ 8. Unless ordered otherwise, seasons food to resident's taste and allows the resident the choice of the order of food.
- \_\_\_\_\_ 9. Sits to feed the resident (if right-handed, sits on resident's right side; if left-handed, sits on resident's left side).
- \_\_\_\_\_ 10. Tells the resident what is served for each bite and allows the resident the choice of the next food item if resident is able to communicate and or respond. Obtains substitutes as requested or needed.
- \_\_\_\_\_ 11. Aware of hot or cold food temperature and advises resident of caution. (Does not blow on food).
- \_\_\_\_\_ 12. Feeding of the resident:
  - feeds alternate solids and liquids in a manner the resident prefers
  - feeds slowly and does not offer more food until the last bite has been swallowed
  - does not over-fill spoon
  - takes care that spoon has cleared the teeth
  - does not mix food items unless resident requests it
  - does not rake food from lips and returns to mouth
- \_\_\_\_\_ 13. Wipes the resident's mouth and hands as necessary during feeding, using napkin.

- \_\_\_\_\_ 14. When serving liquids with a straw, holds the straw in place while resident drinks.
- \_\_\_\_\_ 15. Encourages resident to eat as much as possible without forcing.
- \_\_\_\_\_ 16. Removes tray as soon as resident is finished. Cleans resident's hands and face with napkin, towelette or washcloth.
- \_\_\_\_\_ 17. Notes and reports the amount of food eaten or not eaten per instruction of supervising nurse.
- \_\_\_\_\_ 18. Makes resident comfortable.
- \_\_\_\_\_ 19. Reports to the supervising nurse any other observations made about the resident (nausea, choking, decreased appetite, etc.).
- \_\_\_\_\_ 20. Washes hands.

The trainee shall be considered successful only if all the above tasks have been performed satisfactorily while demonstrating the following knowledge and ability:

- \_\_\_\_\_ 21. Infection prevention and control.
- \_\_\_\_\_ 22. Communication and interpersonal skills.
- \_\_\_\_\_ 23. Promoting residents' independence and residents' rights.
- \_\_\_\_\_ 24. Appropriate response to resident behavior.

**Pass: Yes \_\_\_\_\_ (all tasks performed satisfactorily)**  
**No \_\_\_\_\_ (not all tasks performed satisfactorily)**

**Instructor typed or printed name** \_\_\_\_\_

**Instructor signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skill procedure.**

## B.5. Serving Supplemental Nourishments

Equipment (supplies): Nourishments, napkins, utensils, straws or other aids

- \_\_\_\_\_ 1. Receives directions from supervising nurse regarding residents with special dietary needs.
- \_\_\_\_\_ 2. Washes hands (in accordance with correct handwashing procedure).
- \_\_\_\_\_ 3. Assembles supplies.
- \_\_\_\_\_ 4. Allows each resident to choose from available nourishments.
- \_\_\_\_\_ 5. Places nourishment, napkin and any eating utensils/aids within reach of resident.
- \_\_\_\_\_ 6. Provides assistance as needed or requested.
- \_\_\_\_\_ 7. Removes glasses or dishes after use and discards to designated area.
- \_\_\_\_\_ 8. Repeats for each resident assigned.
- \_\_\_\_\_ 9. Reports and records as directed by supervising nurse.
- \_\_\_\_\_ 10. Washes hands.

The trainee shall be considered successful only if all the above tasks are performed satisfactorily while demonstrating the following knowledge and ability:

- \_\_\_\_\_ 11. Infection prevention and control.
- \_\_\_\_\_ 12. Communication and interpersonal skills.
- \_\_\_\_\_ 13. Promoting residents' independence and residents' rights.
- \_\_\_\_\_ 14. Appropriate response to resident behavior.

**Pass: Yes** \_\_\_\_\_ **(all tasks performed satisfactorily)**  
**No** \_\_\_\_\_ **(not all tasks performed satisfactorily)**

**Instructor typed or printed name** \_\_\_\_\_

**Instructor signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skill procedure.**

## B.6. Serving Fresh Drinking Water

Equipment (supplies): Cart, pitcher of fresh water, cups/glasses, trays, ice, scoop for ice, straws or other aids

- \_\_\_\_\_ 1. Receives directions from supervising nurse regarding residents with special needs (NPO, fluid restrictions, no ice).
- \_\_\_\_\_ 2. Washes hands (in accordance with correct handwashing procedure).
- \_\_\_\_\_ 3. Assembles supplies.
- \_\_\_\_\_ 4. Adds ice (use scoop) to pitcher of water, places on cart and delivers to each resident.
- \_\_\_\_\_ 5. Fills cup with fresh water, adds ice (using scoop) as requested by resident.
- \_\_\_\_\_ 6. If requested or needed, offers straw. Holds straw while resident drinks, if needed.
- \_\_\_\_\_ 7. Provides other assistance as requested or needed.
- \_\_\_\_\_ 8. Removes and discards cups/glasses when resident is finished.
- \_\_\_\_\_ 9. Reports and records as directed by supervising nurse.
- \_\_\_\_\_ 10. Washes hands.

The trainee shall be considered successful only if all the above tasks are performed satisfactorily while demonstrating the following knowledge and ability:

- \_\_\_\_\_ 11. Infection prevention and control.
- \_\_\_\_\_ 12. Communication and interpersonal skills.
- \_\_\_\_\_ 13. Promoting residents' independence and residents' rights.
- \_\_\_\_\_ 14. Appropriate response to resident behavior.

**Pass: Yes** \_\_\_\_\_ (all tasks performed satisfactorily)

**No** \_\_\_\_\_ (Not all tasks performed satisfactorily)

**Instructor typed or printed name** \_\_\_\_\_

**Instructor signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skill procedure.**