

OKLAHOMA STATE DEPARTMENT OF HEALTH

SKILLS AND PROCEDURES PERFORMANCE RECORD NURSE AIDE TRAINING PROGRAM

STUDENT INFORMATION

STUDENT'S NAME: _____ SSN#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____

DATE OF BIRTH: _____ DATE OF HIRE: _____ TRAINING START DATE: _____

TELEPHONE NUMBER: _____

COURSE INFORMATION

NAME OF TRAINING PROGRAM: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____

RN SUPERVISOR: _____ DATE COMPLETED: _____

TELEPHONE NUMBER: _____

CLINICAL SITE(S)

NAME OF FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____

INSTRUCTOR FOR CLINICAL SUPERVISION: _____

CLINICAL COMPLETION DATE: _____

NAME OF FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____

INSTRUCTOR FOR CLINICAL SUPERVISION: _____

CLINICAL COMPLETION DATE: _____

CORE SKILLS AND PROCEDURES

1. Handwashing *
2. Gloves *
3. Supine Position
4. Lateral Position
5. Fowler's Position
6. Semi-Fowler's Position
7. Sit On Edge of Bed
8. Assist Resident to Move to Head of Bed
9. Protective Devices
10. Walking
11. Assist with Walker
12. Assist to Chair
13. Transfer to Wheelchair and Transport
14. Drape and Undrape
15. Rub Back
16. Heel or Elbow Protectors
17. Check Skin
18. Range of Motion
19. Change Gown
20. Dressing a Dependent Resident
21. Unoccupied Bed *
22. Occupied Bed
23. Fingernail Care
24. Safety Razor
25. Electric Razor
26. Denture Care
27. Oral Care
28. Oral care for Unconscious
29. Comb Hair
30. Assist to Eat
31. Feeding
32. Shower
33. Bed Bath
34. Perineal Care
35. Assist to Bathroom
36. Bedside Commode
37. Bedpan/Fracture Pan
38. Urinal
39. Empty Urinary Drainage Bag *
40. Weight
41. Pulse and Respiration
42. Oral Temperature
43. Axillary Temperature
44. Blood Pressure
45. Choking *
46. Fire *
47. Seizures *
48. Falling or Fainting *

* Can be simulated in laboratory if clinical experience is not available.

When beginning and ending a procedure, the learner must perform specific steps to ensure residents' rights and provide for COMMUNICATION, privacy, safety, infection control and Comfort. The learner is expected to perform all steps appropriate for the individual resident.

INITIAL STEPS	
STEP	RATIONALE
1. ASK NURSE ABOUT RESIDENT'S NEEDS, ABILITIES AND LIMITATIONS, IF NECESSARY	1. Prepares you to provide best possible care to resident
2. KNOCK BEFORE ENTERING ROOM	2. Maintains resident's right to privacy
3. GREET RESIDENT BY NAME AND CHECK IDENTIFICATION	3. Shows respect for resident
4. IDENTIFY YOURSELF BY NAME AND TITLE	4. Resident has right to know identity and qualifications of their care giver
5. EXPLAIN WHAT YOU WILL BE DOING. ENCOURAGE RESIDENT TO HELP AS ABLE	5. Promotes understanding and independence
6. GATHER SUPPLIES AND CHECK EQUIPMENT	6. Organizes work and provides for safety
7. WASH YOUR HANDS	7. Provides for Infection Control
8. CLOSE CURTAINS, DRAPES AND DOORS. KEEP RESIDENT COVERED. EXPOSE ONLY AREA OF RESIDENT'S BODY NECESSARY TO DO PROCEDURE	8. Maintains resident's right to privacy and dignity
9. RAISE SIDE RAILS BEFORE RAISING BED TO COMFORTABLE WORKING HEIGHT, USUALLY WAIST HIGH. LOWER SIDE RAIL ON SIDE CARE IS BEING GIVEN	9. Prevents injury to you and to resident
10. WEAR GLOVES AS INDICATED BY STANDARD PRECAUTIONS	10. Protects you from contamination by bodily fluids
11. USE GOOD BODY MECHANICS	11. Prevents you from injuring yourself

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

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Name/Location of Lab: _____

OR

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

FINAL STEPS	
STEP	RATIONALE
1. USE GOOD BODY MECHANICS	1. Prevents you from injuring yourself
2. BE CERTAIN RESIDENT IS COMFORTABLE AND IN GOOD ALIGNMENT	2. Reduces stress and improves resident's sense of well being
3. LOWER BED HEIGHT AND POSITION SIDE RAILS AS APPROPRIATE	3. Provides for safety. Bed rails are considered a restraint and can only be used with a Doctor's order
4. PLACE CALL LIGHT AND WATER WITHIN RESIDENT'S REACH	4. Allows resident to communicate with staff as necessary
5. ASK RESIDENT IF ANY THING ELSE IS NEEDED	5. Encourages resident to express needs
6. THANK RESIDENT	6. Shows your respect toward resident
7. REMOVE SUPPLIES AND CLEAN EQUIPMENT ACCORDING TO CURRENT NURSING PRACTICES	7. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility
8. REMOVE GLOVES IF APPLICABLE AND WASH YOUR HANDS	8. Provides for Infection Control
9. OPEN CURTAINS, DRAPES AND DOOR ACCORDING TO RESIDENT'S WISHES	9. Provides resident with right to choose
10. PERFORM A SAFETY CHECK OF RESIDENT AND ENVIRONMENT	10. Prevents injury to you and resident
11. REPORT UNEXPECTED FINDINGS TO NURSE	11. Provides nurse with necessary information to properly assess resident's condition and needs
12. DOCUMENT PROCEDURES ACCORDING TO CURRENT NURSING PRACTICES	12. What you write is a legal record of what you did. If you don't document it, legally it didn't happen

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PROCEDURE 1: HANDWASHING	
STEP	RATIONALE
1. Turn on faucet with a clean paper towel	1. Faucet may be used by residents/visitors and should be kept as clean as possible
2. ADJUST WATER TO ACCEPTABLE TEMPERATURE	2. Hot water opens pores which may cause irritation
3. Angle arms down holding hands lower than elbows. Wet hands and wrists	3. The hands are most contaminated. Water should run from cleanest to dirtiest
4. Put soap in hands	
5. LATHER ALL AREAS OF HANDS AND WRISTS, RUBBING VIGOROUSLY FOR AT LEAST 10 SECONDS	5. Lather and friction loosen skin oils and allow pathogens to be rinsed away
6. CLEAN NAILS BY RUBBING THEM IN PALM OF OTHER HAND	6. Most pathogens on hands come from beneath the nails (McGinley et al, 1988)
7. RINSE THOROUGHLY, RUNNING WATER DOWN FROM WRISTS TO FINGERTIPS	7. Wrists are cleanest, fingertips dirtiest. Soap left on skin may cause irritation and rashes
8. Pat dry with paper towel	8. Skin may chap if left damp
9. TURN OFF FAUCET WITH PAPER TOWEL AND DISCARD TOWEL IMMEDIATELY	9. Hands will be recontaminated if you touch the dirty faucet with clean hands or if the towel is used after turning off the faucet

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PROCEDURE 2: GLOVES	
STEP	RATIONALE
1. Wash hands (according to procedure 1)	
2. Put on gloves	
3. Check for tears	3. Damaged gloves do not protect you or the resident
4. Perform procedure	
5. REMOVE ONE GLOVE BY GRASPING OUTER SURFACE JUST BELOW CUFF	5. Both gloves are contaminated and should not touch unprotected skin
6. PULL GLOVE OFF SO THAT IT IS INSIDE OUT	6. The dirtiest part of glove is concealed
7. HOLD THE REMOVED GLOVE IN YOUR GLOVED HAND	
8. PLACE TWO FINGERS OF UNGLOVED HAND UNDER CUFF OF OTHER GLOVE AND PULL DOWN SO FIRST GLOVE IS INSIDE SECOND GLOVE	8. Touching the outside of the glove with an ungloved hand causes contamination
9. DISPOSE OF GLOVES WITHOUT CONTAMINATING HANDS	9. Hands may be contaminated if gloves are rolled or moved from hand to hand
10. Wash hands (according to procedure 1)	

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PROCEDURE 3: SUPINE POSITION	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Lower head of bed	2. When bed is flat, resident can be moved without working against gravity
3. Move resident to head of bed if necessary (according to procedure 4)	3. Places resident in proper position in bed
4. POSITION RESIDENT FLAT ON BACK WITH LEGS SLIGHTLY APART	4. Prevents friction in thigh area
5. Align resident's shoulders and hips	5. Reduces stress to spine
6. Use supportive padding if necessary	6. Maintains position, prevents friction and reduces pressure on bony prominences. Padding may be used under neck, shoulders, arms, hands, ankles, lower back. Never use padding under knees unless directed by nurse as it may restrict blood flow to lower legs
7. DO FINAL STEPS	

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PROCEDURE 4: LATERAL POSITION	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Place resident in supine position (according to procedure 3)	2. Places resident in proper position and alignment
3. Move resident to side of bed closest to you	3. Allows resident to be positioned in center of bed when turned
4. Cross resident's arms over chest	4. Reduces stress on shoulders during move
5. Slightly bend knee of nearest leg to you or cross nearest leg over farthest leg at ankle	5. Reduces stress on hip joint during turn
6. PLACE YOUR HANDS UNDER RESIDENT'S SHOULDER BLADE AND BUTTOCK. TURN RESIDENT AWAY FROM YOU ONTO SIDE	6. Prevents stress on shoulder and hip joints
7. PLACE SUPPORTIVE PADDING BEHIND BACK, BETWEEN KNEES AND ANKLES, AND UNDER TOP ARM	7. Maintains position, prevents friction and reduces pressure on bony prominences
8. DO FINAL STEPS	

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PROCEDURE 5: FOWLER'S POSITION	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Move resident to supine position (according to procedure 3)	2. Places resident in proper position and alignment
3. ELEVATE BED 45 to 60 DEGREES	3. Improves breathing, allows resident to see room and visitors
4. Use supportive padding if necessary	4. Maintains position, prevents friction and reduces pressure on bony prominences. Padding may be used under neck, shoulders, arms, hands, ankles, lower back. Never use padding under knees unless directed by nurse as it may restrict blood flow to lower legs
5. DO FINAL STEPS	

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Instructor's Signature: _____ Date: _____

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PROCEDURE 6: SEMI-FOWLER'S POSITION	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Move resident to supine position (according to procedure 3)	2. Places resident in proper position and alignment
3. ELEVATE HEAD OF BED 30 TO 45 DEGREES	3. Improves breathing, allows resident to see room and visitors
4. Use supportive padding if necessary	4. Maintains position, prevents friction and reduces pressure on bony prominences. Padding may be used under neck, shoulders, arms, hands, ankles, lower back. Never use padding under knees unless directed by nurse as it may restrict blood flow to lower legs
5. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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PROCEDURE 7: SIT ON EDGE OF BED	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. ADJUST BED HEIGHT TO LOWEST POSITION	2. Allows resident's feet to touch floor when sitting. Reduces chance of injury if resident falls
3. Move resident to side of bed closest to you	3. Resident will be close to edge of bed when sitting up
4. Raise head of bed to sitting position, if necessary	4. Resident can move without working against gravity
5. PLACE ONE ARM UNDER RESIDENT'S SHOULDER BLADES AND THE OTHER ARM UNDER RESIDENT'S THIGHS	5. Placing your arm under the resident's neck may cause injury
6. ON COUNT OF THREE, SLOWLY TURN RESIDENT INTO SITTING POSITION WITH LEGS DANGLING OVER SIDE OF BED	
7. SUPPORT FOR 10 TO 15 SECONDS, CHECK FOR DIZZINESS	7. Change of position may cause dizziness due to a drop in blood pressure
8. ASSIST RESIDENT TO PUT ON SHOES OR SLIPPERS	8. Prevents sliding on floor and protects resident's feet from contamination
9. MOVE RESIDENT TO EDGE OF BED SO FEET ARE FLAT ON FLOOR	9. Allows resident to be in stable position
10. DO FINAL STEPS	

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PROCEDURE 8: ASSIST RESIDENT TO MOVE TO HEAD OF BED	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. LOWER HEAD OF BED AND LEAN PILLOW AGAINST HEAD BOARD	2. When bed is flat, resident can be moved without working against gravity. Pillow prevents injury should resident hit the head of bed
3. Ask resident to bend knees, put feet flat on mattress	3. Gives resident leverage to help with move
4. PLACE ONE ARM UNDER RESIDENT'S SHOULDER BLADES AND THE OTHER ARM UNDER RESIDENT'S THIGHS	4. Putting your arm under resident's neck could cause injury
5. ASK RESIDENT TO PUSH WITH FEET ON COUNT OF THREE	5. Enables resident to help as much as possible and reduces strain on you
6. Place pillow under resident's head	6. Provides for resident's comfort
7. DO FINAL STEPS	

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PROCEDURE 9: PROTECTIVE DEVICES	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. APPLY VEST ACCORDING TO MANUFACTURER'S DIRECTIONS	2. If device is not applied according to manufacturer's directions, legally you are responsible for injuries
3. APPLY SOFT BELT ACCORDING TO MANUFACTURER'S DIRECTIONS	3. If device is not applied according to manufacturer's directions, legally you are responsible for injuries
4. FASTEN WITH QUICK RELEASE TIE TO MOVEABLE PART OF BED FRAME OR KICK SPURS OF WHEELCHAIR	4. In an emergency, tie must release quickly. Device must move with resident if head of bed is elevated. When fastened to kick spurs, belt is at 45° angle, reducing pressure on the diaphragm
5. PLACE OPEN HAND FLAT BETWEEN RESIDENT AND PROTECTIVE DEVICE	5. Ensures that device fits properly and is comfortable for the resident
6. DO FINAL STEPS	
7. VISIT RESIDENT AT LEAST EVERY HOUR AND RELEASE PROTECTIVE DEVICE AT LEAST EVERY TWO HOURS	7. Meets regulations. Visiting includes observing resident for safety and comfort and spending time communicating with resident. Releasing includes removing device, assisting with Activities of Daily Living and repositioning

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PROCEDURE 10: WALKING	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. ASSIST RESIDENT TO SIT ON EDGE OF BED (according to procedure 7)	2. Allows resident to adjust to position change
3. ASSIST resident to stand on count of three	3. Allows you and resident to work together
4. allow resident to gain balance	4. Change in position may cause dizziness due to a drop in blood pressure
5. STAND TO SIDE AND SLIGHTLY BEHIND RESIDENT	5. Allows clear path for the resident and puts you in a position to assist resident if needed
6. Walk at resident's pace	6. Reduces risk of resident falling
7. DO FINAL STEPS	

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 11: ASSIST WITH WALKER	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. ASSIST RESIDENT TO SIT ON EDGE OF BED (according to procedure 7)	2. Allows resident to adjust to position change
3. PLACE WALKER IN FRONT OF RESIDENT	
4. Have resident grasp both arms of walker	4. Helps steady resident
5. Brace leg of walker with your foot and place your hand on top of walker	5. Prevents walker from moving
6. ASSIST RESIDENT TO STAND ON COUNT OF THREE	6. Allows you and resident to work together
7. STAND TO SIDE AND SLIGHTLY BEHIND RESIDENT	7. Puts you in a position to assist resident if needed
8. Have resident move walker ahead 6 to 10 inches then step up to walker	8. Resident may fall forward if he steps too far into walker
9. DO FINAL STEPS	

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PROCEDURE 12: ASSIST TO CHAIR	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. PLACE CHAIR ON RESIDENT'S UNAFFECTED SIDE. BRACE FIRMLY AGAINST SIDE OF BED	2. Unaffected side supports weight. Helps stabilize chair and is shortest distance for resident to turn
3. ASSIST RESIDENT TO SIT ON EDGE OF BED (according to procedure 7)	3. Allows resident to adjust to position change
4. Stand at resident's side	4. Puts you in position to help resident if needed
5. HAVE RESIDENT GRASP FARTHEST ARM OF CHAIR	5. Maintains stability during move
6. TELL RESIDENT TO STAND ON COUNT OF THREE	6. Allows you and resident to work together
7. Help resident slowly turn and sit	
8. Check body alignment	8. Shoulders and hips should be in straight line to reduce stress to spine and joints
9. DO FINAL STEPS	

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 13: TRANSFER TO WHEELCHAIR AND TRANSPORT

STEP	RATIONALE
1. DO INITIAL STEPS	
2. PLACE WHEELCHAIR ON RESIDENT'S UNAFFECTED SIDE. BRACE FIRMLY AGAINST SIDE OF BED WITH WHEELS LOCKED AND FOOT RESTS OUT OF WAY	2. Unaffected side supports weight. Helps stabilize chair and is the shortest distance for the resident to turn. Wheel locks prevent chair from moving
3. ASSIST RESIDENT TO SIT ON EDGE OF BED (according to procedure 7)	3. Allows resident to adjust to position change
4. STAND IN FRONT OF RESIDENT AND BLOCK RESIDENT'S FEET WITH YOUR FEET	4. Allows you to stabilize resident and prevent slipping
5. PLACE YOUR HANDS UNDER RESIDENT'S ARMS AND AROUND RESIDENT'S SHOULDER BLADES	5. Reduces pressure on armpits and shoulders
6. ASK RESIDENT TO PLACE HIS HANDS ON YOUR UPPER ARMS	6. You may be injured if resident grabs around your neck
7. ON THE COUNT OF THREE, HELP RESIDENT INTO STANDING POSITION BY STRAIGHTENING YOUR KNEES	7. Allows you and resident to work together. Minimizes strain on your back
8. ALLOW RESIDENT TO GAIN BALANCE, CHECK FOR DIZZINESS	8. Change of position may cause dizziness due to drop in blood pressure
9. MOVE YOUR FEET 18 INCHES APART AND SLOWLY TURN RESIDENT	9. Improves your base of support and allows space for resident to turn
10. LOWER RESIDENT INTO WHEELCHAIR BY BENDING YOUR KNEES AND LEANING FORWARD	10. Minimizes strain on your back
11. Align resident's body and position foot rests	11. Shoulders and hips should be in straight line to reduce stress on spine and joints
12. TRANSPORT RESIDENT FORWARD THROUGH OPEN DOORWAY AFTER CHECKING FOR TRAFFIC	12. Provides for safety
13. TRANSPORT RESIDENT UP TO CLOSED DOOR, OPEN DOOR AND BACK WHEELCHAIR THROUGH DOORWAY	13. Prevents door from closing on resident
14. TAKE RESIDENT TO DESTINATION AND LOCK WHEELCHAIR	14. Prevents wheelchair from rolling if resident attempts to get up
15. DO FINAL STEPS	

PROCEDURE 13: TRANSFER TO WHEELCHAIR AND TRANSPORT (Continued)

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PROCEDURE 14: DRAPE AND UNDRAPE	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. TO DRAPE, UNFOLD DRAPE OVER TOP LINEN	2. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm
3. Ask resident to hold drape or tuck drape under resident's shoulders	3. Keeps drape in place while linen is being removed
4. ROLL TOP LINEN FROM BENEATH DRAPE TO FOOT OF BED	4. Reduces spread of infection and makes it easier to re-cover resident
5. Perform procedure	
6. TO UNDRAPE, COVER RESIDENT WITH TOP LINEN	6. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm
7. Ask resident to hold top of linen or tuck under resident's shoulders	
8. ROLL DRAPE FROM UNDER TOP LINEN TO FOOT OF BED AND REMOVE	8. Reduces spread of infection
9. DO FINAL STEPS	

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PROCEDURE 15: RUB BACK	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. PLACE RESIDENT ONTO SIDE WITH BACK TOWARD YOU	
3. Expose back and shoulders	
4. RUB LOTION BETWEEN YOUR HANDS	4. Warms lotion and increases resident's comfort
5. MAKE LONG, FIRM STROKES ALONG SPINE FROM BUTTOCKS TO SHOULDERS. MAKE CIRCULAR STROKES DOWN ON SHOULDERS, UPPER ARMS AND BACK TO BUTTOCKS	5. Long upward strokes release muscle tension. Circular strokes increase circulation in muscle areas
6. Repeat for at least 3-5 minutes	6. Ensures minimum benefit from procedure
7. Gently pat off excess lotion with towel. Cover and position resident as requests	7. Provides for resident's comfort
8. DO FINAL STEPS	

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PROCEDURE 16: HEEL OR ELBOW PROTECTORS	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Check skin on resident's heels or elbows	2. Allows you to identify early signs of skin breakdown
3. Report any unexpected findings to nurse immediately	3. Provides nurse with necessary information to properly assess resident's condition and needs
4. APPLY HEEL OR ELBOW PROTECTORS ACCORDING TO MANUFACTURER'S DIRECTIONS	4. Equipment used incorrectly may cause discomfort and injury to resident
5. PLACE WIDTH OF TWO FINGERS BETWEEN RESIDENT AND PROTECTOR	5. Ensures that device fits properly and is comfortable for the resident
6. DO FINAL STEPS	

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PROCEDURE 17: CHECK SKIN	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Drape resident (according to procedure 14)	2. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm
3. CHECK BONY AREAS INCLUDING EARS, SHOULDER BLADES, ELBOWS, COCCYX, HIPS, KNEES, ANKLES AND HEELS FOR REDNESS AND WARMTH	3. Redness and warmth indicates that the skin is under pressure and position should be changed more frequently
4. CHECK FRICTION AREAS INCLUDING UNDER BREASTS AND ARMS, BETWEEN BUTTOCKS, GROIN, THIGHS, SKIN FOLDS, CONTRACTED AREAS, AND AROUND ANY TUBING FOR REDNESS, IRRITATION, MOISTURE AND ODOR	4. Pressure, rubbing and perspiration will cause skin to break down
5. Undrape resident (according to procedure 14)	
6. REPORT ANY UNUSUAL FINDINGS TO THE NURSE IMMEDIATELY	6. Provides nurse with necessary information to properly assess resident's condition and needs
7. DO FINAL STEPS	

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PROCEDURE 18: RANGE OF MOTION	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Position resident in good body alignment	2. Reduces stress to joints
3. CHECK JOINTS. IF SWELLING, REDNESS OR WARMTH IS PRESENT, OR IF RESIDENT COMPLAINS OF PAIN, NOTIFY NURSE. CONTINUE PROCEDURE ONLY IF INSTRUCTED	3. Indicates inflammation in joint which can be worsened if procedure is continued
4. SUPPORT LIMB ABOVE AND BELOW JOINT	4. Allows you to control joint movement and minimize resident's discomfort
5. Begin range of motion at shoulders and include the shoulders, elbows, wrists, thumbs, fingers, hips, knees, ankles, and toes	
6. SLOWLY MOVE JOINT IN ALL DIRECTIONS IT NORMALLY MOVES	6. Rapid movement may cause injury
7. REPEAT MOVEMENT AT LEAST FIVE TIMES	7. Ensures benefit from procedure
8. Encourage resident to participate as much as possible	8. Promotes resident's independence and self-esteem
9. STOP PROCEDURE AT ANY SIGN OF PAIN AND REPORT TO NURSE IMMEDIATELY	9. Pain is a warning sign for injury
10. DO FINAL STEPS	

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OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 19: CHANGE GOWN	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Untie soiled gown	
3. DRAW TOP SHEET OVER RESIDENT'S CHEST	3. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm
4. REMOVE RESIDENT'S ARMS FROM GOWN, UNAFFECTED ARM FIRST	4. Undressing unaffected arm first requires less movement
5. ROLL SOILED GOWN FROM NECK DOWN AND REMOVE FROM BENEATH SHEET	5. Rolling reduces spread of infection
6. SLIDE RESIDENT'S ARMS INTO CLEAN GOWN, AFFECTED ARM FIRST	6. Dressing affected side first requires less movement and reduces stress to joints
7. Tie gown	
8. REMOVE TOP SHEET FROM BENEATH CLEAN GOWN AND COVER RESIDENT	8. Maintains resident's dignity and right to privacy
9. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 20: DRESSING A DEPENDENT RESIDENT	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Assist resident to choose clothing	2. Allows resident as much choice as possible to improve self-esteem
3. Move resident onto back	
4. DRAPE RESIDENT (according to procedure 14)	4. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm
5. GUIDE FEET THROUGH LEG OPENINGS OF UNDERWEAR AND PANTS, AFFECTED LEG FIRST. PULL GARMENTS UP LEGS TO BUTTOCKS	5. Dressing affected side first requires less movement and reduces stress to joints
6. SLIDE ARM INTO SHIRT SLEEVE, AFFECTED SIDE FIRST	6. Dressing lower and upper body together reduces number of times resident needs to be turned
7. TURN RESIDENT ONTO UNAFFECTED SIDE. PULL LOWER GARMENTS OVER BUTTOCKS AND HIP. TUCK SHIRT UNDER RESIDENT	
8. TURN RESIDENT ONTO AFFECTED SIDE. PULL LOWER GARMENTS OVER BUTTOCKS AND HIP AND STRAIGHTEN SHIRT	
9. TURN RESIDENT ONTO BACK AND SLIDE ARM INTO SHIRT SLEEVE. ALIGN AND FASTEN GARMENTS	
10. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 21: UNOCCUPIED BED

STEP	RATIONALE
1. Collect clean linen in order of use	1. Organizing linen allows procedure to be completed faster
2. CARRY LINEN AWAY FROM YOUR UNIFORM	2. If linen touches your uniform, it becomes contaminated
3. DO INITIAL STEPS	
4. PLACE LINEN ON CLEAN SURFACE (bedside stand, overbed table or back of chair)	4. Prevents contamination of linen
5. Put bed in flattest position	5. Allows you to make a neat, wrinkle-free bed
6. REMOVE PILLOWCASE	
7. LOOSEN SOILED LINEN. ROLL LINEN FROM HEAD TO FOOT OF BED AND PLACE IN HAMPER/BAG, AT FOOT OF BED OR IN CHAIR	7. Always work from cleanest (head of bed) to dirtiest (foot of bed) to prevent spread of infection. Rolling puts dirtiest surface of linen inward, lessening contamination
8. FANFOLD BOTTOM SHEET TO CENTER OF BED AND FIT CORNERS	8. Shaking linen spreads infection
9. FANFOLD TOP SHEET TO CENTER OF BED	
10. Fanfold blanket over top sheet	
11. TUCK TOP LINEN UNDER FOOT OF MATTRESS AND MITER CORNER	11. Mitering prevents resident's feet from being restricted by or tangled in linen when getting in or out of bed
12. MOVE TO OTHER SIDE OF BED	12. Completing one side of bed at a time allows procedure to be completed faster and reduces strain on you
13. FIT CORNERS OF BOTTOM SHEET, UNFOLD TOP LINEN, TUCK IT UNDER FOOT OF MATTRESS, AND MITER CORNER	
14. Fold top of sheet over blanket to make cuff	
15. PUT ON PILLOWCASE AND PLACE AT HEAD OF BED WITH OPEN END AWAY FROM DOOR	
16. FOR OPEN BED: MAKE TOEPLIAT AND FANFOLD TOP LINEN TO FOOT OF BED WITH TOP EDGE CLOSEST TO CENTER OF BED	16. Top edge of top linen must be closest to head of bed so resident can easily reach covers
17. FOR CLOSED BED: PULL BEDSPREAD OVER PILLOW AND TUCK BEDSPREAD UNDER LOWER EDGE OF PILLOW. MAKE TOEPLIAT	17. Toepliata automatically reduces pressure of top linen on feet when resident returns to bed
18. DO FINAL STEPS	

PROCEDURE 21: UNOCCUPIED BED (Continued)

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 22: OCCUPIED BED	
STEP	RATIONALE
1. Collect clean linen in order of use	1. Organizing linen allows procedure to be completed faster
2. CARRY LINEN AWAY FROM YOUR UNIFORM	2. If linen touches your uniform, it becomes contaminated
3. DO INITIAL STEPS	
4. PLACE LINEN ON CLEAN SURFACE (bedside stand, overbed table or back of chair)	4. Prevents contamination of linen
5. Lower head of bed	5. When bed is flat, resident can be moved without working against gravity
6. DRAPE RESIDENT (according to procedure 14)	6. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm
7. Turn resident away from you toward side rail	
8. LOOSEN BOTTOM LINENS AND ROLL LINEN TOWARD RESIDENT TUCKING IT SNUGLY AGAINST RESIDENT'S BACK	8. Rolling puts dirtiest surface of linen inward, lessening contamination. The closer the linen is rolled to resident, the easier it is to remove from the other side
9. FANFOLD BOTTOM SHEET TO CENTER OF BED AND FIT CORNERS OVER MATTRESS	9. Shaking linen spreads infection
10. TURN RESIDENT ONTO BACK, RAISE SIDE RAIL, MOVE TO OTHER SIDE OF BED AND LOWER SIDE RAIL	
11. Turn resident away from you toward side rail	
12. LOOSEN SOILED LINEN, ROLL LINEN FROM HEAD TO FOOT OF BED AND PLACE IN HAMPER/BAG, AT FOOT OF BED OR IN CHAIR	12. Always work from cleanest (head of bed) to dirtiest (foot of bed) to prevent spread of infection. Rolling puts dirtiest surface of linen inward, lessening contamination
13. UNFOLD BOTTOM SHEET AND FIT CORNERS OVER MATTRESS	
14. Place resident in supine position and raise side rail	
15. REMOVE PILLOW, CHANGE PILLOWCASE AND PLACE PILLOW UNDER RESIDENT'S HEAD WITH OPEN END AWAY FROM DOOR	
16. PLACE CLEAN TOP SHEET OVER RESIDENT AND REMOVE DRAPE (according to procedure 14)	16. Maintains resident's dignity and right to privacy by not exposing body
17. Unfold blanket over top sheet and make cuff	
18. TUCK TOP LINENS UNDER FOOT OF MATTRESS AND MITER CORNERS	18. Mitering prevents resident's feet from being restricted by or tangled in linen when getting in and out of bed

PROCEDURE 22: OCCUPIED BED	
STEP	RATIONALE
19. LOOSEN TOP LINENS OVER RESIDENT'S FEET	19. Prevents pressure on feet which can cause pressure sores
20. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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Name/Location of Lab: _____

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 23: FINGERNAIL CARE	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. CHECK FINGERS AND NAILS FOR COLOR, SWELLING, CUTS OR SPLITS. CHECK HANDS FOR EXTREME HEAT OR COLD. REPORT ANY UNUSUAL FINDINGS TO NURSE BEFORE CONTINUING PROCEDURE	2. Provides nurse with necessary information to properly assess resident's conditions and needs
3. Raise head of bed so resident is sitting up	3. Puts resident in more natural position
4. FILL BATH BASIN HALFWAY WITH WARM WATER AND HAVE RESIDENT CHECK WATER TEMPERATURE	4. Resident's sense of touch may be different than yours, therefore, resident is best able to identify a comfortable water temperature
5. SOAK RESIDENT'S HANDS AND PAT DRY	5. Nail care is easier if nails are first softened
6. PUT ON GLOVES (according to procedure 2)	6. Nail care may cause bleeding
7. CLEAN UNDER NAILS WITH ORANGE STICK	7. Most pathogens on hands come from beneath the nails
8. CLIP FINGERNAILS STRAIGHT ACROSS, THEN FILE IN A CURVE	8. Clipping nails straight across prevents damage to skin. Filing in a curve smoothes nails and eliminates edge which may catch clothes or tear skin
9. REMOVE GLOVES (according to procedure 2)	
10. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 24: SAFETY RAZOR	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Raise head of bed so resident is sitting up	2. Puts resident in more natural position
3. FILL BATH BASIN HALFWAY WITH WARM WATER	3. Hot water opens pores and causes irritation
4. Drape towel under resident's chin	4. Protects resident's clothing and bed linen
5. PUT ON GLOVES (according to procedure 2)	5. Shaving may cause bleeding
6. MOISTEN BEARD WITH WASHCLOTH AND PUT SHAVING CREAM OVER AREA	6. Softens skin and hair
7. HOLD SKIN TAUT AND SHAVE BEARD IN DOWNWARD STROKES ON FACE AND UPWARD STROKES ON NECK	7. Maximizes hair removal by shaving in the direction of hair growth
8. RINSE RESIDENT'S FACE AND NECK	8. Removes soap which may cause irritation
9. Apply after-shave lotion as requested	9. Improves resident's self-esteem
10. Remove towel	
11. REMOVE GLOVES (according to procedure 2)	
12. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 25: ELECTRIC RAZOR	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Raise head of bed so resident is sitting up	2. Puts resident in more natural position
3. DO NOT USE ELECTRIC RAZOR NEAR ANY WATER SOURCE, WHEN OXYGEN IS IN USE OR IF RESIDENT HAS PACEMAKER	3. Electricity near water may cause electrocution. Electricity near oxygen may cause explosion. Electricity near some pacemakers may cause an irregular heartbeat
4. Drape towel under resident's chin	4. Protects resident's clothing and bed linen
5. PUT ON GLOVES (according to procedure 2)	5. Shaving may cause bleeding
6. Apply pre-shave lotion as resident wishes	
7. HOLD SKIN TAUT AND SHAVE RESIDENT'S FACE AND NECK ACCORDING TO MANUFACTURER'S GUIDELINES	7. Smooths out skin. Shave beard with back and forth motion in direction of beard growth with foil shaver. Shave beard in circular motion with three head shaver
8. Apply after-shave lotion as requested	8. Improves resident's self-esteem
9. Remove towel from resident	9. Restores resident's dignity
10. REMOVE GLOVES (according to procedure 2)	
11. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 26: DENTURE CARE	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Raise head of bed so resident is sitting up	2. Prevents fluids from running down resident's throat, causing choking
3. PUT ON GLOVES (according to procedure 2)	3. Prevents you from contamination by bodily fluids
4. Drape towel under resident's chin	4. Protect resident's clothing and bed linen
5. REMOVE UPPER DENTURES BY GENTLY MOVING THEM UP AND DOWN TO RELEASE SUCTION. TURN LOWER DENTURES SLIGHTLY TO LIFT OUT OF MOUTH	5. Prevent injury or discomfort to resident
6. Put dentures in denture cup marked with resident's name and take to sink	
7. LINE SINK WITH TOWEL AND FILL HALFWAY WITH WATER	7. Prevents dentures from breaking if dropped
8. Apply denture cleaner to toothbrush	
9. HOLD DENTURES OVER SINK AND BRUSH ALL SURFACES	
10. Rinse dentures under warm water, place in cup and fill with cool water	10. Hot water may damage dentures
11. Clean resident's mouth with swab if necessary. Help resident rinse mouth with water or mouthwash diluted with half water if requested	11. Removes food particles. Full strength mouthwash may irritate resident's mouth
12. CHECK TEETH, MOUTH, TONGUE, AND LIPS FOR ODOR, CRACKING, SORES, BLEEDING AND DISCOLORATION. CHECK FOR LOOSE TEETH. REPORT UNUSUAL FINDINGS TO NURSE	12. Provides nurse with necessary information to properly assess resident's condition and needs
13. Help resident place dentures in mouth if requested	13. Restores resident's dignity
14. REMOVE GLOVES (according to procedure 2)	
15. DO FINAL STEPS	

PROCEDURE 26: DENTURE CARE (Continued)

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 27: ORAL CARE	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. RAISE HEAD OF BED SO RESIDENT IS SITTING UP	2. Prevents fluids from running down resident's throat, causing choking
3. PUT ON GLOVES (according to procedure 2)	3. Brushing may cause gums to bleed
4. Drape towel under resident's chin	4. Protect resident's clothing and bed linen
5. Wet brush and put on small amount of toothpaste	5. Water helps distribute toothpaste
6. FIRST BRUSH UPPER TEETH AND THEN LOWER TEETH	6. Brushing upper teeth first minimizes production of saliva in lower part of mouth
7. Hold emesis basin under resident's chin	
8. HAVE RESIDENT RINSE MOUTH WITH WATER AND SPIT INTO REMESIS BASIN	8. Removes food particles and toothpaste
9. If requested, give resident mouthwash diluted with half water	9. Full strength mouthwash may irritate resident's mouth
10. CHECK TEETH, MOUTH, TONGUE, AND LIPS FOR ODOR, CRACKING, SORES, BLEEDING AND DISCOLORATION. CHECK FOR LOOSE TEETH. REPORT UNUSUAL FINDINGS TO NURSE	10. Provides nurse with necessary information to properly assess resident's condition and needs
11. Remove towel and wipe resident's mouth	
12. REMOVE GLOVES (according to procedure 2)	
13. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 28: ORAL CARE FOR UNCONSCIOUS	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Drape towel over pillow	2. Protects linen
3. TURN RESIDENT ONTO UNAFFECTED SIDE	3. Prevents fluids from running down resident's throat, causing choking
4. PUT ON GLOVES (according to procedure 2)	4. Protects you from contamination by bodily fluids
5. Place an emesis basin under resident's chin	5. Protect resident's clothing and bed linen
6. Hold mouth open with padded tongue blade	6. Enables you to safely clean mouth
7. DIP SWAB IN CLEANING SOLUTION AND WIPE TEETH, GUMS, TONGUE, AND INSIDE SURFACES OF MOUTH, CHANGING SWAB FREQUENTLY	7. Stimulates gums and removes mucous
8. RINSE WITH CLEAN SWAB DIPPED IN WATER	8. Removes solution from mouth
9. CHECK TEETH, MOUTH, TONGUE, AND LIPS FOR ODOR, CRACKING, SORES, BLEEDING AND DISCOLORATION. CHECK FOR LOOSE TEETH. REPORT UNUSUAL FINDINGS TO NURSE	9. Provides nurse with necessary information to properly assess resident's condition and needs
10. Cover lips with thin layer of petroleum jelly	10. Prevents lips from drying and cracking. Improves resident's comfort
11. REMOVE GLOVES (according to procedure 2)	
12. DO FINAL STEPS	

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Student's Signature: _____ Date: _____

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 29: COMB HAIR	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Raise head of bed so resident is sitting up	2. Puts resident in more natural position
3. Drape towel over pillow	3. Protects linen
4. Remove resident's glasses and any hairpins or clips	4. Prevents injury or discomfort
5. REMOVE TANGLES BY DIVIDING HAIR INTO SMALL SECTIONS AND GENTLY COMBING OUT FROM ENDS OF HAIR TO SCALP	5. Reduces hair breakage, scalp pain and irritation
6. Use hair preparations as resident wishes	6. Each resident may prefer different products
7. STYLE HAIR AS RESIDENT WISHES	7. Each resident has right to choose
8. Offer mirror	8. Improves self-esteem
9. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

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Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 30: ASSIST TO EAT	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Assist resident with elimination if necessary	2. Resident will be more comfortable when eating
3. ASSIST RESIDENT TO WASH HANDS	3. Promotes good hygiene and prevents spread of infection
4. Help resident into comfortable sitting position	4. Puts resident in more natural position
5. CHECK MEAL CARD FOR NAME AND DIET. CHECK TRAY FOR CORRECT FOOD, CONDIMENTS AND UTENSILS	5. Since resident's diet is ordered by the doctor, tray should contain foods permitted by the diet
6. Serve tray with main course closest to resident	
7. Offer resident napkin	7. Protects resident's clothing
8. CUT AND SEASON FOOD, BUTTER BREAD, AND OPEN CARTONS AS REQUESTED	8. Resident should do as much as possible to improve independence and self-esteem
9. Check resident every 10-15 minutes	9. Allows you to assist resident if needed and provides for resident's safety
10. Remove napkin and tray	
11. Assist resident to wash hands and face	11. Promotes self-esteem and prevents spread of infection
12. Measure and record intake if required	12. Provides nurse with necessary information to properly assess resident's condition and needs
13. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

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OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 31: FEEDING	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Assist resident with elimination if necessary	2. Resident will be more comfortable when eating
3. Assist resident to wash hands	3. Promotes good hygiene and prevents spread of infection
4. PLACE RESIDENT IN COMFORTABLE SITTING POSITION	4. Puts resident in more natural position
5. CHECK MEAL CARD FOR NAME AND DIET. CHECK TRAY FOR CORRECT FOOD, CONDIMENTS AND UTENSILS	5. Since diet is ordered by the doctor, tray should contain foods permitted by the diet
6. SET TRAY ON OVERBED TABLE AND DESCRIBE FOOD	
7. Place napkin or clothing protector under resident's chin and across chest	7. Protects resident's clothing
8. ASK RESIDENT WHAT FOOD IS PREFERRED	8. Resident has right to choose
9. FILL SPOON HALF FULL WITH FOOD. DIRECT FOOD TO UNAFFECTED SIDE OF MOUTH	9. Resident will be able to chew and swallow smaller amounts offered on the strong side
10. Allow resident time to chew and swallow. Offer fluids as resident wishes	10. Minimizes choking
11. Wipe resident's mouth as needed	11. Maintains resident's dignity
12. Remove napkin or clothing protector and tray	
13. Wash resident's face and hands	13. Promotes self-esteem and prevents spread of infection
14. Measure and record intake if required	14. Provides nurse with necessary information to properly assess resident's condition and needs
15. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 32: SHOWER	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Clean shower area and shower chair	2. Reduces pathogens and prevents spread of infection
3. Help resident remove clothing. Drape resident with bath blanket	3. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm
4. Turn on water AND HAVE RESIDENT CHECK WATER TEMPERATURE	4. Resident's sense of touch may be different than yours, therefore, resident is best able to identify a comfortable water temperature
5. ASSIST RESIDENT INTO SHOWER AND LOCK WHEELS OF SHOWER CHAIR	5. Chair may slide if resident attempts to get up
6. LET RESIDENT WASH AS MUCH AS POSSIBLE, STARTING WITH FACE	6. Encourages resident to be independent
7. Help resident shampoo and rinse hair	
8. STAY WITH RESIDENT DURING PROCEDURE	8. Provides for resident's safety
9. GIVE RESIDENT TOWEL AND ASSIST TO PAT DRY	9. Patting dry prevents skin tears and reduces chaffing
10. Assist resident out of shower	
11. Help resident dress, comb hair and return to room	11. Combing hair in shower room allows resident to maintain dignity when returning to room
12. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 33: BED BATH

STEP	RATIONALE
1. DO INITIAL STEPS	
2. Offer resident urinal or bedpan	2. Reduces chance of urination during procedure which may cause discomfort and embarrassment
3. DRAPE RESIDENT (according to procedure 14)	3. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm
4. FILL BATH BASIN WITH WARM WATER AND HAVE RESIDENT CHECK WATER TEMPERATURE	4. Resident's sense of touch may be different than yours, therefore, resident is best able to identify a comfortable water temperature
5. If resident has open lesions or wounds, put on gloves (according to procedure 2)	5. Protects you from contamination by bodily fluids
6. Fold washcloth and wet	
7. GENTLY WASH EYE FROM INNER CORNER OUT. USING A DIFFERENT PART OF CLOTH WASH OTHER EYE	7. Helps prevent eye infections. Always wash from cleanest to dirtiest. Using separate area of cloth reduces contamination
8. WET WASHCLOTH AND APPLY SOAP, IF REQUESTED. WASH, RINSE AND PAT DRY FACE, NECK, EARS AND BEHIND EARS	8. Patting dry prevents skin tears and reduces chaffing
9. Remove resident's gown	
10. Place towel under far arm	10. Prevents linen from getting wet
11. WASH, RINSE AND PAT DRY HAND, ARM, SHOULDER AND UNDERARM	11. Soap left on the skin may cause itching and irritation
12. REPEAT STEPS 10 AND 11 WITH OTHER ARM	
13. PLACE TOWEL OVER CHEST AND ABDOMEN. LOWER BATH BLANKET TO WAIST	13. Maintains resident's right to privacy
14. LIFT TOWEL AND WASH, RINSE AND PAT DRY CHEST AND ABDOMEN	14. Exposing only the area of the body necessary to do the procedure maintains resident's dignity and right to privacy
15. Pull up bath blanket and remove towel	
16. PLACE TOWEL UNDER FAR LEG	16. Prevents linen from getting wet
17. WASH, RINSE AND PAT DRY LEG AND FOOT	17. Soap left on the skin may cause itching and irritation
18. REPEAT STEPS 16 AND 17 WITH OTHER LEG AND FOOT	
19. CHANGE BATH WATER	19. Water is contaminated after washing feet. Clean water should be used for neck and back
20. Turn resident	
21. WASH, RINSE AND PAT DRY FROM NECK TO BUTTOCKS INCLUDING ANAL AREA	21. Always wash from cleanest to dirtiest

PROCEDURE 33: BED BATH	
STEP	RATIONALE
22. CHANGE BATH WATER AND GLOVES. USE CLEAN WASHCLOTH AND TOWEL	22. Water and linen are contaminated after washing anal area
23. PROVIDE PERINEAL CARE (according to procedure 34, steps 8 through 13)	
24. Help resident put on clean gown	
25. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 34: PERINEAL CARE	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Offer resident urinal or bedpan	2. Reduces chance of urination during procedure which may cause discomfort and embarrassment
3. ASSIST RESIDENT TO SUPINE POSITION (according to procedure 3)	3. Prepares resident for procedure
4. Place waterproof pad under resident's hips	4. Prevents linen from getting wet
5. DRAPE RESIDENT (according to procedure 14)	5. Maintains resident's right to privacy by not exposing body. Keeps resident warm
6. FILL WASH BASIN WITH WARM WATER AND HAVE RESIDENT CHECK WATER TEMPERATURE	6. Resident's sense of touch may be different than yours, therefore, resident is best able to identify a comfortable water temperature
7. PUT ON GLOVES (according to procedure 2)	7. Protects you from contamination by bodily fluids
8. ASSIST RESIDENT SPREAD LEGS AND LIFT KNEES IF POSSIBLE	8. Exposes perineal area
9. WET AND SOAP FOLDED WASHCLOTH	9. Folding creates separate areas on cloth to reduce contamination
10. IF RESIDENT HAS CATHETER, CHECK FOR LEAKAGE, SECRETIONS OR IRRITATIONS. GENTLY WIPE FOUR INCHES OF CATHETER FROM MEATUS OUT	10. Washes pathogens away from the meatus
11. WIPE FROM FRONT TO BACK AND FROM CENTER OF PERINEUM TO THIGHS. CHANGE WASHCLOTH AS NECESSARY FOR FEMALES: A. SEPARATE LABIA. WASH URETHRAL AREA FIRST B. WASH BETWEEN AND OUTSIDE LABIA IN DOWNWARD STROKES, ALTERNATING FROM SIDE TO SIDE AND MOVING OUTWARD TO THIGHS. USE DIFFERENT PART OF WASHCLOTH FOR EACH STROKE	11. Prevents spread of infection Females: Removes secretions in skin folds which may cause infection and odor Males: Removes secretions from beneath foreskin which may cause infection and odor

PROCEDURE 34: PERINEAL CARE	
STEP	RATIONALE
FOR MALES: A. PULL BACK FORESKIN IF MALE IS UNCIRCUMCISED. WASH AND RINSE THE TIP OF PENIS USING CIRCULAR MOTION BEGINNING AT URETHRA B. CONTINUE WASHING DOWN THE PENIS TO THE SCROTUM AND INNER THIGHS	
12. CHANGE WATER IN BASIN. WITH A CLEAN WASHCLOTH, RINSE AREA THOROUGHLY IN THE SAME DIRECTION AS WHEN WASHING	12. Water used during washing contains soap and pathogens. Soap left on the body can cause irritation and discomfort
13. GENTLY PAT AREA DRY IN SAME DIRECTION AS WHEN WASHING	13. If area is left wet, pathogens can grow more quickly. Patting dry prevents skin tears and reduces chaffing
14. Assist resident to turn onto side away from you	
15. WET AND SOAP WASHCLOTH	
16. CLEAN ANAL AREA FROM FRONT TO BACK. RINSE AND PAT DRY THOROUGHLY	16. Prevents spread of infection
17. REMOVE PAD, Assist resident to turn onto back AND UNDRAPE RESIDENT (according to procedure 14)	
18. REMOVE GLOVES (according to procedure 2)	
19. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

OR

Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 35: ASSIST TO BATHROOM	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Walk with resident into bathroom	
3. Assist resident lower garments and sit	3. Allows resident to do as much as possible to help promote independence
4. GIVE RESIDENT CALL LIGHT AND TOILET PAPER	4. Ensures ability to communicate need for assistance
5. If resident is able to be left alone, step out of bathroom and return when called	5. Provides for resident's right to privacy
6. PUT ON GLOVES (according to procedure 2)	6. Protects you from contamination by bodily fluids
7. ASSIST RESIDENT TO WIPE AREA FROM FRONT TO BACK	7. Prevents spread of pathogens toward meatus which may cause urinary tract infection
8. REMOVE GLOVES (according to procedure 2)	
9. Assist resident to raise garments	
10. ASSIST RESIDENT TO WASH HANDS	10. Hand washing is the best way to prevent the spread of infection
11. Walk with resident back to bed or chair	
12. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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Name/Location of Lab: _____

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Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 36: BEDSIDE COMMUNE	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. PLACE COMMUNE NEXT TO BED ON RESIDENT'S UNAFFECTED SIDE	2. Helps stabilize commode and is the shortest distance for resident to turn
3. ASSIST RESIDENT TO COMMUNE	
4. GIVE RESIDENT CALL LIGHT AND TOILET PAPER	4. Ensures ability to communicate need for assistance
5. If resident is able to be left alone, step out of bathroom and return when called	5. Provides resident's right to privacy
6. PUT ON GLOVES (according to procedure 2)	6. Protects you from contamination by bodily fluids
7. ASSIST RESIDENT WIPE AREA FROM FRONT TO BACK	7. Prevents spread of pathogens toward meatus which may cause urinary tract infection
8. Help resident into bed	
9. Remove and cover pan and take to bathroom	9. Pan should be covered to prevent the spread of infection
10. CHECK URINE AND/OR FECES FOR COLOR, ODOR, AMOUNT & CHARACTER AND REPORT UNUSUAL FINDINGS TO NURSE	10. Changes may be first sign of medical problem. By alerting the nurse you ensure that the resident receives attention quickly
11. Dispose of urine and/or feces, sanitize pan and return pan according to current nursing practices	11. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility
12. REMOVE GLOVES (according to procedure 2)	
13. ASSIST RESIDENT TO WASH HANDS	13. Hand washing is the best way to prevent the spread of infection
14. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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Name/Location of Lab: _____

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Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 37: BEDPAN/FRACTURE PAN	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Lower head of bed	2. When bed is flat, resident can be moved without working against gravity
3. PUT ON GLOVES (according to procedure 2)	3. Protects you from contamination by bodily fluids
4. Turn resident away from you	
5. PLACE BEDPAN OR FRACTURE PAN ACCORDING TO MANUFACTURER'S DIRECTIONS	5. Equipment used incorrectly may cause discomfort and injury to resident
6. GENTLY ROLL RESIDENT BACK ONTO PAN AND CHECK FOR CORRECT PLACEMENT	6. Prevents linen from being soiled
7. COVER RESIDENT	7. Provides for resident's privacy
8. Raise head of bed to sitting position	8. Increases pressure on bladder to help with elimination
9. GIVE RESIDENT CALL LIGHT AND TOILET PAPER	9. Ensures ability to communicate need for assistance
10. Leave resident and return when called	10. Provides for resident's privacy
11. Lower head of bed	11. Places resident in proper position to remove pan
12. PRESS BEDPAN FLAT ON BED AND TURN RESIDENT	12. Prevents bedpan from spilling
13. WIPE RESIDENT FROM FRONT TO BACK	13. Prevents spread of pathogens toward meatus which may cause urinary tract infection
14. Provide perineal care if necessary (according to procedure 34)	
15. CHECK URINE AND/OR FECES FOR COLOR, ODOR, AMOUNT & CHARACTER AND REPORT UNUSUAL FINDINGS TO NURSE	15. Changes may be first sign of medical problem. By alerting the nurse you ensure that the resident receives attention quickly
16. Cover bedpan	16. Pan should be covered to prevent the spread of infection
17. Dispose of urine and/or feces, sanitize pan and return pan according to current nursing practices	17. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility
18. REMOVE GLOVES (according to procedure 2)	
19. ASSIST RESIDENT TO WASH HANDS	19. Hand washing is the best way to prevent the spread of infection
20. DO FINAL STEPS	

PROCEDURE 37: BEDPAN/FRACTURE PAN (Continued)

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

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Name/Location of Lab: _____

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Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 38: URINAL	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Raise head of bed to sitting position	2. Increases gravity on top of bladder to help urination
3. PUT ON GLOVES (according to procedure 2)	3. Protects you from contamination by bodily fluids
4. OFFER URINAL TO RESIDENT OR PLACE URINAL BETWEEN HIS LEGS AND INSERT PENIS INTO OPENING	4. Allows resident to do as much as possible to help promote independence
5. COVER RESIDENT	5. Maintains resident's right to privacy
6. GIVE RESIDENT CALL LIGHT AND TOILET PAPER	6. Ensures the ability to communicate need for assistance
7. LEAVE RESIDENT AND RETURN WHEN CALLED	7. Provides for resident's privacy
8. Remove and cover urinal	8. Urinal should be covered to prevent the spread of infection
9. TAKE URINAL TO BATHROOM, CHECK URINE FOR COLOR, ODOR, AMOUNT & CHARACTER AND REPORT UNUSUAL FINDINGS TO NURSE	9. Changes may be first sign of medical problem. By alerting the nurse you ensure that the resident receives attention quickly
10. Dispose of urine, sanitize and return urinal according to current nursing practices	10. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility
11. REMOVE GLOVES (according to procedure 2)	
12. ASSIST RESIDENT TO WASH HANDS	12. Hand washing is the best way to prevent the spread of infection
13. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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Name/Location of Lab: _____

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 39: URINAL	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. PUT ON GLOVES (according to procedure 2)	2. Protects you from contamination by bodily fluids
3. Place paper towel on floor below bag and place graduate on paper towel	3. Reduces contamination of graduate and protects floor from drips
4. DETACH SPOUT AND POINT IT INTO CENTER OF GRADUATE WITHOUT LETTING TUBE TOUCH SIDES	4. Prevents contamination of tubing
5. UNCLAMP SPOUT AND DRAIN URINE	
6. CLAMP SPOUT	
7. REPLACE SPOUT IN HOLDER	
8. CHECK URINE FOR COLOR, ODOR, AMOUNT & CHARACTER AND REPORT UNUSUAL FINDINGS TO NURSE	8. Changes may be first sign of medical problem. By alerting the nurse you ensure that the resident receives attention quickly
9. MEASURE AND ACCURATELY RECORD AMOUNT OF URINE	9. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen.
10. Dispose of urine, sanitize and return graduate according to current nursing practices	10. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility
11. REMOVE GLOVES (according to procedure 2)	
12. DO FINAL STEPS	

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 40: WEIGHT

STEP	RATIONALE
1. DO INITIAL STEPS	
2. BALANCE SCALE	2. Scale must be balanced on zero for weight to be accurate
3. DEPENDING ON SCALE USED, ASSIST RESIDENT TO STAND ON PLATFORM OR SIT IN CHAIR WITH FEET ON FOOTREST OR TRANSPORT WHEELCHAIR ONTO SCALE AND LOCK BRAKES	3. When using chair scale, if resident has feet on floor, weight will not be accurate. Wheel locks prevent chair from moving when using a wheelchair scale
4. WHEN USING A STANDARD SCALE - MOVE LOWER WEIGHT TO FIFTY POUND MARK THAT CAUSES ARM TO DROP. MOVE IT BACK TO PREVIOUS MARK. MOVE UPPER WEIGHT TO POUND MARK THAT BALANCES POINTER IN MIDDLE OF SQUARE. ADD LOWER AND UPPER MARKS WHEN USING A DIGITAL SCALE - PRESS WEIGH BUTTON. WAIT UNTIL NUMBERS REMAIN CONSTANT	4. When arm drops, weight is too high. When pointer is suspended, weight is accurate. Total gives accurate weight
5. SUBTRACT WEIGHT OF WHEELCHAIR FROM TOTAL WEIGHT, IF APPLICABLE	
6. ACCURATELY RECORD RESIDENT'S WEIGHT ACCORDING TO CURRENT NURSING PRACTICES	6. Record weight immediately so you won't forget. Weight changes are an indicator of resident condition. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen
7. DO FINAL STEPS	
8. REPORT UNUSUAL READING TO NURSE	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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Instructor's Signature: _____ Date: _____

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 41: PULSE AND RESPIRATION	
STEP	RATIONALE
1. DO INITIAL STEPS	
2. Place resident's hand on comfortable surface	
3. FEEL FOR PULSE ABOVE WRIST ON THUMB SIDE WITH TIPS OF FIRST THREE FINGERS	3. Because of artery in your thumb, pulse would not be accurate if you use your thumb
4. COUNT BEATS FOR 60 SECONDS, NOTING RATE, RHYTHM AND FORCE	4. Ensures accurate count. Rate is number of beats. Rhythm is regularity of beats. Force is strength of beats
5. CONTINUE POSITION AS IF FEELING FOR PULSE	5. Resident could alter breathing pattern if aware that respirations are being taken
6. COUNT EACH RISE AND FALL OF CHEST AS ONE RESPIRATION	
7. COUNT RESPIRATION FOR 60 SECONDS NOTING RATE, REGULARITY AND SOUND	7. Ensures accurate count. Rate is number of breaths. Regularity is pattern of breathing. Sound is shallowness or depth of breathing
8. RECORD PULSE AND RESPIRATION RATES ACCORDING TO CURRENT NURSING PRACTICES	8. Record pulse and respirations immediately so you won't forget. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen
9. DO FINAL STEPS	
10. REPORT UNUSUAL FINDINGS TO NURSE	10. Provides nurse with information to assess resident's condition and needs

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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Name/Location of Lab: _____

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 42: ORAL TEMPERATURE

STEP	RATIONALE
1. DO INITIAL STEPS	
2. Position resident comfortably in bed or chair	
3. Rinse thermometer in cool water and dry with clean tissue, if necessary	
4. HOLD THERMOMETER AT STEM END AND SHAKE DOWN TO BELOW THE LOWEST NUMBER	4. Holding the stem end prevents contamination of the bulb end. The thermometer reading must be below the resident's actual temperature
5. Put on disposable sheath, if applicable	5. Equipment used incorrectly may cause discomfort and injury to resident
6. PLACE BULB END OF THERMOMETER UNDER RESIDENT'S TONGUE	6. The thermometer measures heat from blood vessels under the tongue
7. Ask resident to close lips	7. The lips hold the thermometer in position. If broken, injury to the mouth and mercury poisoning may occur
8. LEAVE IN PLACE FOR AT LEAST 3 MINUTES OR LONGER BASED ON THE NEEDS OF THE INDIVIDUAL RESIDENT	8. More time may be required if resident opens mouth to breathe or talk
9. REMOVE THERMOMETER, WIPE WITH TISSUE FROM STEM TO BULB OR REMOVE SHEATH. DISPOSE OF TISSUE OR SHEATH OF TISSUE OR SHEATH	9. Reduces contamination
10. HOLD THERMOMETER AT EYE LEVEL. ROTATE UNTIL LINE APPEARS. ACCURATELY READ & RECORD TEMPERATURE ACCORDING TO CURRENT NURSING PRACTICES	10. Record temperature immediately so you won't forget. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen
11. Shake down thermometer, clean and store thermometer according to current nursing practices	
12. DO FINAL STEPS	
13. REPORT UNUSUAL READING TO NURSE	13. Provides nurse with necessary information to properly assess resident's condition and needs

PROCEDURE 42: ORAL TEMPERATURE (Continued)

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

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Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 43: AXILLARY TEMPERATURE

STEP	RATIONALE
1. DO INITIAL STEPS	
2. Position resident comfortably in bed or chair	
3. Rinse thermometer in cool water and dry with clean tissue	
4. REMOVE RESIDENT'S ARM FROM SLEEVE OF GOWN AND WIPE AXILLARY AREA WITH TOWEL	4. To remove moisture from axillary area
5. HOLD THERMOMETER AT STEM END AND SHAKE DOWN TO BELOW THE LOWEST NUMBER	5. The mercury must be below resident's actual temperature
6. Put on disposable sheath, if applicable	6. Equipment used incorrectly may cause discomfort and injury to resident
7. PLACE BULB END OF THERMOMETER IN CENTER OF ARMPIT AND FOLD RESIDENT'S ARM OVER CHEST	7. Puts thermometer against blood vessels to get reading
8. HOLD IN PLACE FOR 10 MINUTES	
9. GENTLY REMOVE THERMOMETER, WIPE WITH TISSUE FROM STEM TO BULB OR REMOVE SHEATH AND DISPOSE OF TISSUE OR SHEATH	9. Reduces pathogens and removes residue so thermometer can be read accurately
10. HOLD THERMOMETER AT EYE LEVEL. ROTATE UNTIL LINE APPEARS. ACCURATELY READ & RECORD TEMPERATURE ACCORDING TO CURRENT NURSING PRACTICES	10. Record temperature immediately so you won't forget. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen
11. Shake down, clean and store thermometer according to current nursing practice	
12. Put resident's arm back into sleeve of gown	12. Restores resident privacy
13. DO FINAL STEPS	
14. REPORT UNUSUAL READING TO NURSE	14. Provides nurse with necessary information to properly assess resident's condition and needs

PROCEDURE 43: AXILLARY TEMPERATURE (Continued)

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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Instructor's Signature: _____ Date: _____

Name/Location of Lab: _____

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 44: BLOOD PRESSURE

STEP	RATIONALE
1. DO INITIAL STEPS	
2. CLEAN EARPIECES AND DIAPHRAGM OF STETHOSCOPE WITH ANTISEPTIC WIPE	2. Reduces pathogens, prevents ear infections and prevents spread of infection
3. Uncover resident's arm to shoulder	
4. REST RESIDENT'S ARM, LEVEL WITH HEART, PALM UPWARD ON COMFORTABLE SURFACE	4. A false low reading is possible if arm is above heart level
5. WRAP SPHYGMOMANOMETER CUFF AROUND UPPER UNAFFECTED ARM APPROXIMATELY 1-2 INCHES ABOVE ELBOW	5. Cuff must be proper size and put on arm correctly so amount of pressure on artery is correct. If not, reading will be falsely high or low
6. PUT EARPIECES OF STETHOSCOPE IN EARS	6. Earpieces should fit into ears snugly to make hearing easier
7. PLACE DIAPHRAGM OF STETHOSCOPE OVER BRACHIAL ARTERY AT ELBOW	
8. CLOSE VALVE ON BULB. IF BLOOD PRESSURE IS KNOWN, INFLATE CUFF TO 20 mm/hg ABOVE THE USUAL READING. IF BLOOD PRESSURE IS UNKNOWN, INFLATE CUFF TO 160 mm/hg	8. Inflating cuff too high is painful and may damage small blood vessels
9. Slowly open valve on bulb	9. Releasing valve slowly allows you to hear beats accurately
10. Watch gauge and listen for sound of pulse	
11. NOTE GAUGE READING AT FIRST PULSE SOUND	11. First sound is systolic pressure
12. NOTE GAUGE READING WHEN PULSE SOUND DISAPPEARS	12. Last sound is diastolic pressure
13. Completely deflate and remove cuff	13. An inflated cuff left on resident's arm can cause numbness and tingling. If you must take blood pressure again, completely deflate cuff and wait 30 seconds. Never partially deflate a cuff and then pump it up again. Blood vessels will be damaged and reading will be falsely high or low
14. ACCURATELY RECORD SYSTOLIC AND DIASTOLIC READINGS ACCORDING TO CURRENT NURSING PRACTICE	14. Record readings immediately so you won't forget. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen
15. DO FINAL STEPS	

PROCEDURE 44: BLOOD PRESSURE	
STEP	RATIONALE
16. REPORT UNUSUAL READINGS TO NURSE	

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 45: CHOKING	
STEP	RATIONALE
1. CALL FOR NURSE AND STAY WITH RESIDENT	1. Allows you to get help yet continuously provide for resident's safety and comfort
2. ASK IF RESIDENT CAN SPEAK OR COUGH	2. Identifies sign of a blocked airway (not being able to speak or cough)
3. IF NOT, MOVE BEHIND RESIDENT AND SLIDE ARMS UNDER RESIDENT'S ARMPITS	3. Puts you in correct position to perform procedure
4. PLACE YOUR FIST WITH THUMBSIDE AGAINST ABDOMEN MIDWAY BETWEEN WAIST AND RIBCAGE	4. Positions fist for maximum pressure with least chance of injury to resident
5. GRASP YOUR FIST WITH YOUR OTHER HAND	5. Allows you to stabilize resident and apply balanced pressure
6. PRESS YOUR FIST INTO ABDOMEN WITH QUICK INWARD AND UPWARD THRUSTS	6. Forces air from lungs to dislodge object
7. REPEAT UNTIL OBJECT IS EXPELLED	
8. DO FINAL STEPS	
9. ASSIST WITH DOCUMENTATION ACCORDING TO CURRENT NURSING PRACTICES	9. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 46: FIRE	
STEP	RATIONALE
1. REMOVE RESIDENTS FROM AREA OF IMMEDIATE DANGER	1. Residents may be confused, frightened or unable to help themselves
2. ACTIVATE FIRE ALARM	2. Alerts entire facility of danger
3. CLOSE DOORS AND WINDOWS TO CONTAIN FIRE	3. Prevents drafts that could spread fire
4. EXTINGUISH SMALL FIRE WITH FIRE EXTINGUISHER IF POSSIBLE	4. Prevents fire from spreading
5. FOLLOW ALL FACILITY POLICIES	5. Facilities have different methods of dealing with emergencies. You need to follow the procedures for your facility

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 47: SEIZURES	
STEP	RATIONALE
1. CALL FOR NURSE AND STAY WITH RESIDENT	1. Allows you to get help yet continuously provide for resident's safety and comfort
2. PLACE PADDING UNDER HEAD AND MOVE FURNITURE AWAY FROM RESIDENT	2. Protects resident from injury
3. DO NOT RESTRAIN RESIDENT OR PLACE ANYTHING IN MOUTH	3. Any restriction may injure resident during seizure
4. LOOSEN RESIDENT'S CLOTHING ESPECIALLY AROUND NECK	4. Prevents injury or choking
5. AFTER SEIZURE STOPS, POSITION RESIDENT ONTO SIDE	5. Allows saliva to drain from mouth so resident doesn't choke
6. NOTE DURATION OF SEIZURE AND AREAS INVOLVED	6. Provides nurse with necessary information to properly assess resident's condition and needs
7. DO FINAL STEPS	
8. ASSIST WITH DOCUMENTATION ACCORDING TO CURRENT NURSING PRACTICES	8. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

Student's Signature: _____ Date: _____

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UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE

PROCEDURE 48: FALLING OR FAINTING	
STEP	RATIONALE
1. CALL FOR NURSE AND STAY WITH RESIDENT	1. Allows you to get help yet continuously provide for resident's safety and comfort
2. CHECK IF RESIDENT IS BREATHING	2. Provides you with information necessary to proceed with procedure
3. DO NOT MOVE RESIDENT	3. Prevents further damage if resident is injured
4. Talk to resident in calm and supportive manner	4. Reassures resident
5. Apply direct pressure to any bleeding area	5. Slows or stops bleeding
6. Take pulse and respiration	6. Provides nurse with necessary information to properly assess resident's condition and needs
7. Assist nurse as directed	
8. DO FINAL STEPS	
9. ASSIST WITH DOCUMENTATION ACCORDING TO CURRENT NURSING PRACTICES	9. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen
10. CHECK RESIDENT FREQUENTLY ACCORDING TO CURRENT NURSING PRACTICES	10. Assures resident comfort and allows you to quickly report any change in resident condition

I verify that this procedure was taught and successfully demonstrated according to OSDH Standards:

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Name/Location of Lab: _____

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Name/Location of Clinical Site: _____

UPON COMPLETION OF EACH PROCEDURE, PROVIDE A COPY TO THE NURSE AIDE TRAINEE