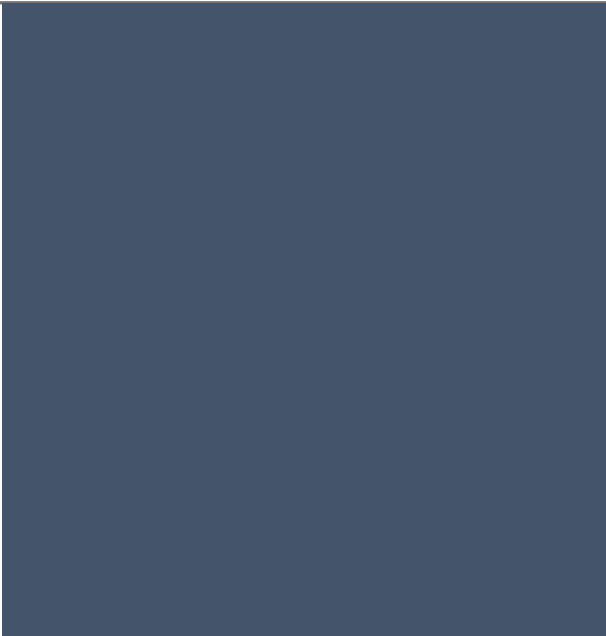




Mississippi Mock Skills

Effective for testing: August 1, 2024

Please note: The skill task steps included in this document are offered as guidelines to help prepare candidates for the Mississippi nurse aide skill test, and the steps included herein are not intended to be used to provide complete care that would be all-inclusive of best care practiced in an actual work setting.

D&S Diversified Technologies (D&SDT), LLP – Headmaster, LLP

APPLY A KNEE-HIGH ANTI-EMBOLIC (ELASTIC) STOCKING TO A RESIDENT'S LEG

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Raise bed height.	
	Provide for the resident's privacy.	
	Provide for the resident's privacy by only exposing one leg.	
	Roll, gather, or turn the stocking down inside out to at least the heel.	
	Place the foot of the stocking over the resident's toes, foot, and heel.	
	Roll -or- pull the top of the stocking over the resident's foot, heel, and up the resident's leg.	
	Check toes for possible pressure from the stocking.	
	Adjust the stocking as needed.	
	Leave the resident with a stocking that is smooth/wrinkle-free.	
	Lower bed.	
	Place the call light or signal calling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	

ASSIST A RESIDENT TO AMBULATE USING A GAIT BELT

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Obtain a gait belt for the resident.	
	Assist the resident in putting on non-skid shoes/footwear.	
	Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.	
	Lock the bed brakes to ensure the resident's safety.	
	Lock the wheelchair brakes to ensure the resident's safety.	
	Bring the resident to a sitting position.	
	Properly secure a gait belt around the resident's waist to stabilize the trunk, ensuring safety	
	Tighten the gait belt.	
	Check the gait belt for tightness by slipping fingers between the gait belt and the resident.	
	Face the resident.	
	Grasp the gait belt on both sides with an upward grasp.	
	Bring the resident to a standing position.	
	Stabilize the resident.	
	Ambulate the resident at least 10 steps to the wheelchair.	
	Assist the resident in pivoting/turning and sitting the resident in the wheelchair in a controlled manner that ensures safety.	
	Use proper body mechanics at all times.	
	Remove the gait belt.	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	

ASSIST A RESIDENT WITH THE USE OF A BEDPAN, MEASURE AND RECORD URINE OUTPUT, AND HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide for the resident's privacy.	
Put on gloves.	
Position the resident on the bedpan safely and correctly. (<i>Pan not upside down, is centered, etc.</i>)	
Raise the head of the bed to a comfortable level.	
Leave tissue within reach of the resident.	
Remove gloves, turn them inside out as they are removed, and dispose of them in a trash container.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Leave the call light or signaling device within reach of the resident.	
Step behind the privacy curtain to provide privacy for the resident.	
When the RN Test Observer indicates, the candidate returns.	
Lower the head of the bed.	
Put on gloves.	
Gently remove the bedpan.	
Hold the bedpan for the RN Test Observer while an unknown quantity of liquid is poured into the bedpan.	
Place the graduate on a level, flat surface.	
Pour bedpan contents into the graduate.	
With the graduate at eye level, measure output.	
Empty the equipment into the designated toilet/commode.	
Rinse the equipment used and empty the rinse water into the designated toilet/commode.	
Return equipment to storage.	
Wash/assist the resident in washing and drying their hands with soap and water.	
Place soiled linen in a designated laundry hamper.	
Remove gloves, turn them inside out as they are removed, and dispose in a trash container.	
Place the call light or signaling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Turn on the water.	
Wet hands and wrists thoroughly.	

	Apply soap to hands.	
	Rub hands together using friction with soap.	
	Scrub/wash hands together with soap for at least twenty (20) seconds.	
	Scrub/wash with interlaced fingers pointing downward with soap.	
	Wash all surfaces of your hands with soap.	
	Wash wrists with soap.	
	Clean fingernails by rubbing fingertips against the palm of the opposite hand.	
	Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.	
	Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).	
	Discard paper towel(s) in a trash container as used.	
	Turn off the faucet with a clean, dry paper towel, and discard the paper towel in the trash container.	
	Do not re-contaminate hands at any time during the hand-washing procedure. <i>(Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)</i>	
	Record output in mL on the previously signed recording form.	
	The candidate's recorded measurement is within 25mLs of the RN Test Observer's reading.	

CATHETER CARE FOR A FEMALE RESIDENT AND HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS) [DEMONSTRATED ON A MANIKIN]

Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide for the resident's privacy.	
Fill a basin with comfortably warm water.	
Put on gloves.	
Expose the area surrounding the catheter, only exposing the resident between the hip and knee.	
Hold the catheter where it exits the urethra with one hand.	
While holding the catheter, clean at least 3-4 inches down the catheter tube.	
Clean with strokes only away from the urethra. (At least two strokes.)	
Use a clean portion of the washcloth for each stroke.	
While holding the catheter, rinse at least 3-4 inches down the catheter tube.	
Rinse using strokes only away from the urethra.	
Rinse using a clean portion of the washcloth for each stroke.	
Pat dry.	
Do not allow the tube to be tugged/pulled at any time during the procedure.	
Replace the top cover over the resident.	
Place soiled linen in a designated laundry hamper.	
Empty equipment.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Remove gloves, turn them inside out as they are removed, and dispose in a trash container.	
Turn on the water.	
Wet hands and wrists thoroughly.	
Apply soap to hands.	
Rub hands together using friction with soap.	
Scrub/wash hands together with soap for at least twenty (20) seconds.	
Scrub/wash with interlaced fingers pointing downward with soap.	
Wash all surfaces of your hands with soap.	
Wash wrists with soap.	
Clean fingernails by rubbing fingertips against the palm of the opposite hand.	
Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.	

	Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).	
	Discard paper towel(s) in a trash container as used.	
	Turn off the faucet with a clean, dry paper towel, and discard the paper towel in the trash container.	
	Do not re-contaminate hands at any time during the hand-washing procedure. <i>(Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)</i>	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

DENTURE CARE – CLEAN AN UPPER OR LOWER DENTURE

[ONLY ONE PLATE IS USED FOR TESTING]

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Line the sink bottom with a protective lining to help prevent denture damage. <i>(Use a towel, washcloth, or paper towels.)</i>	
	Put on gloves.	
	Apply denture cleanser (paste) to denture brush (or toothbrush).	
	Remove the denture from the cup.	
	Handle the denture carefully to avoid damage.	
	Rinse the denture under cool running water.	
	Thoroughly brush the inner surfaces of an upper or lower denture.	
	Thoroughly brush the outer surfaces of an upper or lower denture.	
	Thoroughly brush the denture chewing surfaces of an upper or lower denture.	
	Rinse all surfaces of the denture under cool running water.	
	Rinse the denture cup and lid.	
	Place the denture in the rinsed cup.	
	Add cool, clean water to the denture cup, then replace the lid.	
	Rinse equipment.	
	Return equipment to storage.	
	Discard the sink protective lining in an appropriate container.	
	Remove gloves, turn them inside out as they are removed, and dispose in a trash container.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

DON [PUT ON] PPE (A GOWN AND GLOVES), EMPTY A URINARY DRAINAGE BAG, MEASURE AND RECORD URINE OUTPUT, DOFF [REMOVE] PPE, AND HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Unfold the gown.	
	Face the back opening of the gown.	
	Place arms through each sleeve.	
	Secure the neck opening.	
	Secure the gown at the waist, making sure that the back flaps cover the clothing as completely as possible.	
	Put on gloves.	
	The cuffs of the gloves overlap the cuffs of the gown.	
	Explain the procedure to the resident.	
	Provide for the resident's privacy.	
	Place a barrier on the floor under the drainage bag.	
	Place the graduate on the previously placed barrier.	
	Open the drain to allow the urine to flow into the graduate until the bag is completely empty.	
	Avoid touching the graduate with the tip of the tubing.	
	Close the drain.	
	Wipe the drain with an alcohol wipe AFTER emptying the drainage bag.	
	Place the graduate on a level, flat surface.	
	With the graduate at eye level, measure output.	
	Empty the graduate into the designated toilet/commode.	
	Rinse equipment, emptying rinse water into the designated toilet/commode.	
	Return equipment to storage.	
	Record the output in mL on the previously signed recording form.	
	The candidate's recorded measurement is within 25mLs of the RN Test Observer's measurement.	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Remove gloves BEFORE removing the gown with one gloved hand grasping the other glove at the palm to remove.	
	Slip fingers from the ungloved hand underneath the cuff of the remaining glove at the wrist and remove the glove, turning it inside out as removed.	
	Dispose of gloves in the trash container without contaminating self.	
	Unfasten the gown at the waist.	

	Unfasten the gown at the neck.	
	Remove the gown without touching the outside of the gown.	
	While removing the gown, hold the gown away from the body without touching the floor.	
	While removing the gown, turn it inward and keep it inside out.	
	Dispose of the gown in a designated container without contaminating self.	
	Turn on the water.	
	Wet hands and wrists thoroughly.	
	Apply soap to hands.	
	Rub hands together using friction with soap.	
	Scrub/wash hands together with soap for at least twenty (20) seconds.	
	Scrub/wash with interlaced fingers pointing downward with soap.	
	Wash all surfaces of your hands with soap.	
	Wash wrists with soap.	
	Clean fingernails by rubbing fingertips against the palm of the opposite hand.	
	Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.	
	Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).	
	Discard paper towel(s) in a trash container as used.	
	Turn off the faucet with a clean, dry paper towel, and discard the paper towel in the trash container.	
	Do not re-contaminate hands at any time during the hand-washing procedure. <i>(Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)</i>	

DRESS A RESIDENT WITH AN AFFECTED (WEAK) SIDE IN BED

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Provide for the resident's privacy.	
	Raise bed height.	
	Keep the resident covered while removing the gown.	
	Remove the gown from the unaffected side first.	
	Place the soiled gown in a designated laundry hamper.	
	Dress the resident in a button-up shirt. Insert your hand through the sleeve of the shirt and grasp the resident's hand.	
	When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.	
	Assist the resident to raise their buttocks or turn the resident from side to side and draw the pants over the buttocks and up to the resident's waist.	
	When dressing the resident in pants, always dress the affected (weak) side leg first.	
	Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.	
	Leave the resident comfortably and properly dressed (<i>pants pulled up to the waist, front and back, with shirt not bunched up and completely buttoned</i>).	
	Lower bed.	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	

FEED A DEPENDENT RESIDENT IN BED

Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Ask the resident to state their name and verify that it matches the name on the diet card.	
Position the resident in an upright, sitting position at least 75-90 degrees BEFORE feeding.	
Protect the resident's clothing from soiling by using a napkin, clothing protector, or towel.	
Provide hand hygiene for the resident BEFORE feeding. <i>(Candidate may use a disposable wipe and dispose of it in a trash can, or wash the resident's hands with soap and a wet washcloth, or they may rub hand sanitizer over all surfaces of the resident's hands until dry.)</i>	
Ensure the resident's hands are dry BEFORE feeding. <i>(If a wet washcloth with soap was used, the candidate will need to dry the resident's hands. If a disposable wipe or hand sanitizer was used, you must make sure the resident's hands are dry.)</i>	
Place soiled linen in the designated laundry hamper or dispose of it in an appropriate container.	
Sit in a chair facing the resident while feeding them.	
Describe the food and fluid being offered to the resident.	
Offer each fluid frequently.	
Offer small amounts of food at a reasonable rate.	
Allow resident time to chew and swallow.	
Wipe the resident's hands and mouth AFTER feeding the resident.	
Remove the clothing protector and place it in a designated laundry hamper. If a napkin is used, dispose of it in a trash container.	
Leave the resident sitting upright in bed with the head of the bed set up to at least 75-90 degrees.	
Record intake as a percentage of total solid food eaten on the previously signed recording form.	
The candidate's calculation must be within 25 percentage points of the RN Test Observer's calculation.	
Record estimated intake as the sum of total fluid consumed from both glasses in mL on the previously signed recording form.	
The candidate's sum total calculation must be within 30mLs of the RN Test Observer's sum total calculation.	
Place the call light or signaling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	

FOOT CARE FOR A RESIDENT'S FOOT

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Fill a basin with comfortably warm water.	
	Put on gloves.	
	Remove the sock from the resident's (left/right) foot. <i>(The scenario read to you will specify left or right.)</i>	
	Immerse the resident's foot in warm water. a. You must verbalize the 5 to 20 minutes of soaking time after you begin soaking the foot.	
	Use water and a soapy washcloth.	
	Wash the entire foot.	
	Wash between toes.	
	Rinse the entire foot.	
	Rinse between toes.	
	Dry foot thoroughly.	
	Dry thoroughly between the toes.	
	Apply lotion to the top and bottom of the foot.	
	Avoid getting lotion between the resident's toes.	
	If any excess lotion is on the resident's foot, wipe it with a towel/washcloth.	
	Replace the sock on the resident's foot.	
	Empty equipment.	
	Rinse equipment.	
	Dry equipment.	
	Return equipment to storage.	
	Placed soiled linens in a designated laundry hamper.	
	Remove gloves, turn them inside out as they are removed, and dispose in a trash container.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

MODIFIED BED BATH –FACE AND ONE ARM, HAND AND UNDERARM

Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide for the resident's privacy.	
Raise bed height.	
Cover the resident with a bath blanket.	
Remove the remaining top covers. Fold to the bottom of the bed or place aside.	
Fill a basin with comfortably warm water.	
Put on gloves.	
Remove the resident's gown without exposing the resident and place the soiled gown in a designated laundry hamper.	
Beginning with the eyes, wash the eyes WITHOUT SOAP.	
Wash the eyes from the inner aspect to the outer aspect. Use a clean portion of the washcloth for each stroke.	
Wash face WITHOUT SOAP.	
Pat dry face.	
Place a towel under the resident's arm, exposing one arm.	
Wash the resident's arm with soap.	
Wash the resident's hand with soap.	
Wash the resident's underarm with soap.	
Rinse the resident's arm.	
Rinse the resident's hand.	
Rinse the resident's underarm.	
Pat the resident's arm dry.	
Pat the resident's hand dry.	
Pat the resident's underarm dry.	
Assist the resident in putting on a clean gown.	
Empty equipment.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Place soiled linen in a designated laundry hamper.	
Remove gloves, turn them inside out as they are removed, and dispose in a trash container.	
Lower bed.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Place the call light or signaling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	

MOUTH CARE – BRUSH A RESIDENT’S TEETH

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Provide for the resident’s privacy.	
	Drape the resident's chest with a towel to prevent soiling.	
	Put on gloves BEFORE cleaning the resident’s mouth.	
	Wet the toothbrush and apply a small amount of toothpaste.	
	Gently brush the inner surfaces of the resident’s upper and lower teeth.	
	Gently brush the outer surfaces of the resident’s upper and lower teeth.	
	Gently brush the chewing surfaces of the resident’s upper and lower teeth.	
	Gently brush the resident's tongue.	
	Assist the resident in rinsing their mouth.	
	Wipe the resident's mouth.	
	Remove soiled linen.	
	Place soiled linen in a designated laundry hamper.	
	Empty container. <i>(The container may be an emesis basin or a disposable cup.)</i>	
	Rinse the emesis basin, if used, or discard disposable items in the trash can.	
	Dry emesis basin, if used.	
	Rinse the toothbrush.	
	Return equipment to storage.	
	Remove gloves, turn them inside out as they are removed, and dispose in a trash container.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Place the call light or signaling device within easy reach of resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

PASSIVE RANGE OF MOTION FOR A RESIDENT'S HIP AND KNEE

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Provide for the resident's privacy.	
	Raise bed height.	
	Position the resident supine (bed flat).	
	Correctly support joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.	
	Gently move the resident's entire leg away from the body. <i>a. Abduction</i>	
	Gently return the resident's leg toward the body. <i>a. Adduction</i>	
	Gently complete abduction and adduction of the hip at least three times.	
	Continue to correctly support joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.	
	Gently bend the resident's knee and hip toward the resident's trunk <i>a. Flexion of the hip and knee at the same time</i>	
	Gently straighten the resident's knee and hip. <i>a. Extension of the hip and knee at the same time</i>	
	Gently complete flexion and extension of the knee and hip at least three times.	
	Do not force any joint beyond the point of free movement.	
	The candidate <u>must ask</u> at least once during the PROM exercise if there is/was any discomfort/pain.	
	Lower bed.	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	

PASSIVE RANGE OF MOTION FOR A RESIDENT'S SHOULDER

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Provide for the resident's privacy.	
	Raise bed height.	
	Correctly support joints at all times by placing one hand under the resident's elbow and the other hand under the resident's wrist.	
	Gently raise the resident's straightened arm up and over the resident's head to ear level. <i>a. Flexion</i>	
	Gently bring the resident's arm back down to the side of the resident's body. <i>a. Extension</i>	
	Gently complete flexion and extension of the shoulder at least three times.	
	Continue the same support for the shoulder joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.	
	Gently move the resident's entire arm away from the side of the resident's body to shoulder level. <i>a. Abduction</i>	
	Gently return the resident's arm to the side of the resident's body. <i>a. Adduction</i>	
	Gently complete abduction and adduction of the shoulder at least three times.	
	Do not force any joint beyond the point of free movement.	
	The candidate <i>must ask</i> at least once during the ROM exercise if there is/was any discomfort/pain.	
	Lower bed.	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	

PERINEAL CARE FOR A FEMALE RESIDENT WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS) [DEMONSTRATED ON A MANIKIN]

Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide for the resident's privacy.	
Fill a basin with comfortably warm water.	
Raise bed height.	
Put on gloves.	
Turn the resident or raise their hips and place a waterproof pad under the resident's buttocks.	
Expose the perineal area only.	
Separate labia. <i>(It is helpful if you verbalize separating the labia as you demonstrate separating the labia.)</i>	
Use water and a soapy washcloth <i>(peri-wash and no-rinse soap are not allowed)</i> .	
Clean one side of the labia from front to back.	
Use a clean portion of the washcloth to clean the other side of the labia from front to back.	
Use a clean portion of the washcloth, and clean the vaginal area from front to back.	
Use water and a clean washcloth and rinse from one side of the labia from front to back.	
Use a clean portion of the washcloth and rinse the other side of the labia from front to back.	
Use a clean portion of the washcloth and rinse the vaginal area from front to back.	
Pat dry.	
Assist the resident (manikin) in turning to the side, away from the candidate, toward the center of the bed.	
Use water and a clean, soapy washcloth <i>(peri-wash and no-rinse soap are not allowed)</i> .	
Wash from the vagina to the rectal area.	
Use a clean portion of the washcloth with any stroke.	
Use water and a clean washcloth and rinse the rectal area from front to back.	
Use a clean portion of the washcloth with any stroke.	
Pat dry.	
Safely remove the waterproof pad from under the resident's buttocks.	
Position the resident (manikin) on its back.	
Place soiled linen in a designated laundry hamper.	
Empty equipment.	

	Rinse equipment.	
	Dry equipment.	
	Return equipment to storage.	
	Remove gloves, turn them inside out as they are removed, and dispose in a trash container.	
	Turn on the water.	
	Wet hands and wrists thoroughly.	
	Apply soap to hands.	
	Rub hands together using friction with soap.	
	Scrub/wash hands together for at least twenty (20) seconds with soap.	
	Scrub/wash with interlaced fingers pointing downward with soap.	
	Wash all surfaces of your hands with soap.	
	Wash wrists with soap.	
	Clean fingernails by rubbing fingertips against the palm of the opposite hand.	
	Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.	
	Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).	
	Discard paper towel(s) in a trash container as used.	
	Turn off the faucet with a clean, dry paper towel, and discard the paper towel in the trash container.	
	Do not re-contaminate hands at any time during the hand-washing procedure. <i>(Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)</i>	
	Lower bed.	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

POSITION A RESIDENT IN BED ON THEIR SIDE

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Provide for the resident's privacy.	
	Position the bed flat.	
	Raise bed height.	
	Raise the side rail or direct the RN Test Observer to stand on the side to which the resident's body will be turned.	
	To center the resident in the bed before turning, from the working side of the bed, gently move the resident's upper body toward yourself.	
	To center the resident in the bed before turning, from the working side of the bed, gently move the resident's hips toward yourself.	
	To center the resident in the bed before turning, from the working side of the bed, gently move the resident's legs toward yourself.	
	Gently assist/turn the resident to slowly roll onto the side toward the raised side rail or toward the RN Test Observer standing at the side of the bed.	
	Place or adjust the pillow under the resident's head for support.	
	Reposition the resident's arm and shoulder so that the resident is not lying on their arm.	
	Place a support device under the resident's upside arm.	
	Place a support device behind the resident's back.	
	Place a support device between the resident's knees.	
	Lower bed.	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	

TRANSFER A RESIDENT FROM THEIR BED TO A WHEELCHAIR USING A GAIT BELT

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Provide for the resident's privacy.	
	Obtain a gait belt for the resident.	
	Assist the resident in putting on non-skid shoes/footwear.	
	Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.	
	Lock the bed brakes to ensure the resident's safety.	
	Lock the wheelchair brakes to ensure the resident's safety.	
	Bring the resident to a sitting position.	
	Properly secure a gait belt around the resident's waist to stabilize the trunk.	
	Tighten the gait belt.	
	Check the gait belt for tightness by slipping fingers between the gait belt and the resident.	
	Face the resident.	
	Grasp the gait belt on both sides with an upward grasp.	
	Bring the resident to a standing position.	
	Assist the resident in pivoting in a controlled manner.	
	Lower the resident into the wheelchair in a controlled.	
	Remove the gait belt.	
	Ensures safety at all times.	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	

VITAL SIGNS: COUNT AND RECORD A RESIDENT'S RADIAL PULSE AND RESPIRATION

	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Locate the resident's radial pulse by placing fingertips on the thumb side of the resident's wrist.	
	Count the resident's radial pulse for one full minute. a. <i>Tell the RN Test Observer when you start counting and tell them when you stop counting.</i>	
	Record your radial pulse rate reading on the previously signed recording form.	
	The candidate's recorded radial pulse rate is within four (4) beats of the RN Test Observer's recorded rate.	
	Count the resident's respirations for one full minute. a. <i>Tell the RN Test Observer when you start counting and tell them when you stop counting.</i>	
	Record your respiration reading on the previously signed recording form.	
	The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded rate.	
	Place the call light or signaling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	

VITAL SIGNS: TAKE AND RECORD A RESIDENT'S MANUAL BLOOD PRESSURE

Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide for the resident's privacy.	
Position the resident with their forearm supported in a palm-up position.	
Position the resident with their forearm approximately at the level of the heart.	
If the resident is wearing a sleeveless top, roll the resident's sleeve up to expose the upper arm.	
Apply the appropriately sized cuff around the resident's upper arm, just above the elbow.	
Line cuff arrows up with the resident's brachial artery.	
Clean the earpieces of the stethoscope.	
Place the stethoscope earpieces in your ears.	
Clean the diaphragm of the stethoscope.	
Locate the resident's brachial artery with fingertips.	
Place the stethoscope diaphragm over the brachial artery.	
Hold the stethoscope diaphragm snugly in place.	
Inflate the cuff to 160-180 mmHg.	
Slowly release air from the cuff until the disappearance of pulsations.	
Remove cuff.	
Record blood pressure reading on the previously signed recording form.	
The candidate's recorded diastolic blood pressure is within 8mmHg of the RN Test Observer's recorded diastolic blood pressure.	
The candidate's recorded systolic blood pressure is within 8mmHg of the RN Test Observer's recorded systolic blood pressure.	
Place the call light or signaling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	