



# Arkansas Mock Skills

*Effective for testing March 1, 2024*

D&SDT-Headmaster





## AMBULATE RESIDENT FROM THEIR BED TO A WHEELCHAIR USING A GAIT BELT

<p>Perform hand hygiene.</p> <ol style="list-style-type: none"> <li>Cover all surfaces of hands with hand sanitizer.</li> <li>Rub hands together until hands are completely dry.</li> </ol>	
<p><b>Must verbalize acknowledgement that this is a one-person transfer per the resident's care plan.</b> <i>(RN Test Observer will acknowledge by replying 'yes'.)</i></p>	
<p>Explain the procedure to the resident.</p>	
<p>Obtain gait belt for the resident.</p>	
<p><b>Lock bed brakes to ensure resident's safety.</b></p>	
<p>Adjust bed height to ensure resident's feet will be flat on the floor.</p>	
<p>Bring resident to sitting position with resident's feet flat on the floor.</p>	
<p>Properly place gait belt around resident's waist to stabilize trunk.</p>	
<p>Tighten gait belt.</p>	
<p>Check gait belt for tightness by slipping fingers between gait belt and resident.</p>	
<p>Assist resident to put on non-skid footwear <u>BEFORE</u> standing.</p>	
<p>Bring resident to standing position.</p>	
<p>Use proper body mechanics at all times.</p>	
<p>Grasp gait belt.</p>	
<p>Stabilize resident.</p>	
<p>Ambulate resident at least 10 steps to the wheelchair.</p>	
<p><b>Lock wheelchair brakes to ensure resident's safety.</b></p>	
<p>Assist resident to pivot/turn.</p>	
<p>Sit resident in the wheelchair.</p>	
<p>Sit resident in a controlled manner that ensures safety at all times.</p>	
<p>Remove gait belt.</p>	
<p>Place resident within easy reach of call light or signaling device.</p>	
<p>Maintain respectful, courteous interpersonal interactions at all times.</p>	
<p>Perform hand hygiene.</p> <ol style="list-style-type: none"> <li>Cover all surfaces of hands with hand sanitizer.</li> <li>Rub hands together until hands are completely dry.</li> </ol>	

## AMBULATE RESIDENT FROM A WHEELCHAIR TO THEIR BED 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.	
<b>Must verbalize acknowledgement that this is a one-person transfer per the resident's care plan.</b> <i>(RN Test Observer will acknowledge by replying 'yes'.)</i>	
Explain the procedure to the resident.	
Obtain gait belt for the resident.	
<b>Lock bed brakes to ensure resident's safety.</b>	
Adjust bed height to ensure resident's feet will be flat on the floor.	
<b>Lock wheelchair brakes to ensure resident's safety.</b>	
Properly place gait belt around resident's waist to stabilize trunk.	
Tighten gait belt.	
Check gait belt for tightness by slipping fingers between gait belt and resident.	
Grasp gait belt with both hands.	
Bring resident to standing position.	
Use proper body mechanics at all times.	
Continue to grasp the gait belt.	
Stabilize resident.	
Ambulate resident at least 10 steps to the bed.	
Assist resident to pivot/turn.	
Sit resident on the bed.	
Sit resident on the bed in a controlled manner that ensures safety at all times.	
Remove gait belt.	
Remove non-skid footwear.	
Assist resident to lie down in the center of the bed.	
Make sure the resident is comfortable and in good body alignment.	
Lowere bed.	
Place call light or signaling device within easy reach of 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.	

## **BED BATH (PARTIAL): WHOLE 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 privacy.	
Fill basin with warm water.	
Raise bed height.	
Cover resident with a bath blanket.	
Fanfold bed linens at least down to the waist or move linens to opposite side.	
Remove resident's gown without exposing resident.	
Place gown in designated laundry hamper.	
Wash face WITHOUT SOAP.	
Pat dry face.	
Place towel under arm, exposing one arm.	
Wash arm with soap.	
Wash hand with soap.	
Wash underarm with soap.	
Rinse arm.	
Rinse hand.	
Rinse underarm.	
Pat dry arm.	
Pat dry hand.	
Pat dry underarm.	
Assist resident to put on a clean gown.	
Empty equipment.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Place soiled linen in designated laundry hamper.	
Lower bed.	
Place 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 RESIDENT WITH A BEDPAN, MEASURE AND RECORD OUTPUT WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

Knock on door.	
Introduce yourself to resident.	
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 privacy.	
Put on gloves.	
Position resident on bedpan/fracture pan correctly. ( <i>Pan not upside down, is centered, etc.</i> )	
Position resident on bedpan/fracture pan using correct body mechanics.	
Raise head of bed to comfortable level.	
Leave tissue within reach of resident.	
Leave call light or signaling device within reach of resident.	
Step away to an area of the room away from the resident.	
When the RN Test Observer indicates, candidate returns.	
Provide/assist the resident with hand hygiene. ( <i>Candidate may use or hand the resident a disposable wipe to clean their hands –or- wash/assist the resident to wash their hands with a wet washcloth –or- may use or put hand sanitizer on the resident’s hands making sure to cover all surfaces of the resident’s hands and rubbing or having the resident rub the sanitizer in until dry.</i> )	
Ensure resident’s hands are dry. ( <i>If candidate used or handed a wet washcloth to the resident to wash their hands, they will need to dry or hand the resident a dry towel/washcloth to dry their hands. If hand sanitizer or a disposable wipe was used, make sure the hands are dry.</i> )	
Place soiled linen in designated laundry hamper, or, if a disposable wipe was used, discard wipe in trash container.	
Gently remove bedpan/fracture pan.	
Hold the bedpan/fracture pan for the RN Test Observer while an unknown quantity of liquid is poured into bedpan/fracture pan.	
Place graduate on level, flat surface.	
With graduate at eye level, read output.	
Empty equipment used into designated toilet.	
Rinse equipment used and empty rinse water into designated toilet.	
Return equipment to storage.	
Remove gloves turning inside out.	

Dispose of gloves in the appropriate container.	
Record output on previously signed recording form.	
<b>Candidate's recorded output is within 25mls of RN Test Observer's recorded output.</b>	
Place call light or signaling device within reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Wash hands: Begin by wetting hands.	
Apply soap to hands.	
Rub hands together using friction with soap.	
Rub hands together for at least twenty (20) seconds with soap.	
Interlace fingers pointing downward with soap.	
Wash all surfaces of hands with soap.	
Wash wrists with soap.	
Rinse hands thoroughly under running water with fingers pointed downward.	
Dry hands with clean paper towel(s).	
Turn off faucet with a clean, dry paper towel, or use knee/foot control to turn off faucet, or remove hands from under the water sensor.	
Discard paper towels to trash container as used.	
<b>Do not re-contaminate hands by touching faucet or sink at any time during/after the hand washing procedure.</b>	

# CATHETER CARE FOR A FEMALE WITH HAND WASHING

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

Knock on door.	
Introduce yourself to resident.	
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 privacy.	
Fill basin with warm water.	
Put on gloves.	
Avoid over exposure throughout the procedure.	
Check to see that urine can flow, unrestricted, into the drainage bag. <i>(Helpful to verbalize checking while looking for kinks in tubing, etc.)</i>	
Use soap and water to carefully wash around the catheter where it exits the urethra.	
<b>Hold catheter where it exits the urethra with one hand.</b>	
While holding catheter where it exits the urethra, clean 3-4 inches down the catheter tube.	
<b>Clean with strokes only away from the urethra. (At least 2 strokes.)</b>	
Use clean portion of washcloth for each stroke.	
Rinse using strokes only away from the urethra.	
Rinse using clean portion of washcloth for each stroke.	
Pat dry.	
Do not allow the tube to be pulled at any time during the procedure.	
Replace gown over resident's perineal area.	
Replace top cover over resident.	
Leave resident in a position of safety and comfort.	
Empty basin.	
Rinse basin.	
Dry basin.	
Return basin to storage.	
Remove gloves turning inside out.	
Dispose of gloves in the appropriate container.	
Place call light or signaling device within reach of resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Wash hands: Begin by wetting hands.	
Apply soap to hands.	
Rub hands together using friction with soap.	
Rub hands together for at least twenty (20) seconds with soap.	



	Interlace fingers pointing downward with soap.	
	Wash all surfaces of hands with soap.	
	Wash wrists with soap.	
	Rinse hands thoroughly under running water with fingers pointed downward.	
	Dry hands with clean paper towel(s).	
	Turn off faucet with a clean, dry paper towel, or use knee/foot control to turn off faucet, or remove hands from under the water sensor.	
	Discard paper towels to trash container as used.	
	<b>Do not re-contaminate hands by touching faucet or sink at any time during/after the hand washing procedure.</b>	

## DENTURE CARE – UPPER OR LOWER DENTURE (NOT BOTH)

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 bottom of the sink with a protective lining that would help prevent damage to the dentures. ( <i>Towel, washcloth or paper towels are allowed for lining.</i> )	
Put on gloves.	
Apply denture cleanser.	
Remove denture from cup.	
Handle denture carefully to avoid damage.	
Handle denture carefully to avoid contamination.	
Rinse denture cup.	
Thoroughly brush denture inner surfaces.	
Thoroughly brush denture outer surfaces.	
Thoroughly brush denture chewing surfaces.	
Rinse denture using clean cool water.	
Place denture in rinsed cup.	
Add cool clean water to denture cup.	
Rinse equipment. ( <i>Denture brush or toothbrush.</i> )	
Return equipment to storage.	
Discard protective lining in an appropriate container.	
Remove gloves, turning inside out.	
Dispose of gloves in an appropriate container.	
Place call light or signaling device within easy reach of 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.	

# DONN AN ISOLATION GOWN AND GLOVES, EMPTY A URINARY DRAINAGE BAG, MEASURE AND RECORD OUTPUT, REMOVE GOWN AND GLOVES WITH 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.	
Face the back opening of the gown.	
Unfold the gown.	
Place arms through each sleeve.	
Secure the neck opening.	
Secure the waist, making sure that the back flaps cover clothing as completely as possible.	
Put on gloves.	
Glove overlap gown sleeves at the wrist.	
Knock on door.	
Introduce yourself to resident.	
Explain the procedure to the resident.	
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.	
Avoid touching the graduate with the tip of the tubing.	
Close the drain.	
Wipe the drain with alcohol wipe <u>AFTER</u> emptying the drainage bag.	
Replace drain in holder.	
Place graduate on level, flat surface	
With graduate at eye level, read output.	
Empty graduate into designated toilet.	
Rinse graduate and empty rinse water into designated toilet.	
Return graduate to storage.	
Leave resident in a position of comfort and safety.	
Record the output on previously signed recording form.	
<b>Candidate's recorded output reading is within 25mls of the RN Test Observer's recorded output reading.</b>	
Place call light or signaling device within reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Remove gloves, turning inside out.	
Remove gloves <u>BEFORE</u> removing gown.	
Dispose of the gloves in appropriate container.	

	Unfasten gown at the neck.	<i>Continued -&gt;</i>
	Unfasten gown at the waist.	
	Remove gown by folding soiled area to soiled area.	
	Dispose of gown in an appropriate container.	
	Wash hands: Begin by wetting hands.	
	Apply soap to hands.	
	Rub hands together using friction with soap.	
	Rub hands together for at least twenty (20) seconds with soap.	
	Interlace fingers pointing downward with soap.	
	Wash all surfaces of hands with soap.	
	Wash wrists with soap.	
	Rinse hands thoroughly under running water with fingers pointed downward.	
	Dry hands with clean paper towel(s).	
	Turn off faucet with a clean, dry paper towel, or use knee/foot control to turn off faucet, or remove hands from under the water sensor.	
	Discard paper towels to trash container as used.	
	<b>Do not re-contaminate hands by touching faucet or sink at any time during/after the hand washing procedure.</b>	

## DRESSING A BEDRIDDEN RESIDENT

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 privacy.	
Raise bed height.	
Keep resident covered while removing gown.	
Remove gown from unaffected side first.	
Place used gown in designated laundry hamper.	
Dress the resident in a button-up shirt. Insert hand through the sleeve of the shirt and grasp the hand of the resident.	
<b>When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.</b>	
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.	
<b>When dressing the resident in pants, always dress the affected (weak) side leg first.</b>	
Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.	
Leave the resident comfortably/properly dressed.	
Leave the resident in a position of safety.	
Lower bed.	
Place 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.	

## FEEDING A DEPENDENT RESIDENT

<p>Perform hand hygiene.</p> <ol style="list-style-type: none"> <li>Cover all surfaces of hands with hand sanitizer.</li> <li>Rub hands together until hands are completely dry.</li> </ol>	
<p>Explain the procedure to the resident.</p>	
<p>Ask resident to state name and verify name matches the name on the diet card.</p>	
<p>Protect clothing from soiling by using napkin, clothing protector, or towel.</p>	
<p>Provide hand hygiene for the resident <b><u>BEFORE</u></b> feeding. <i>(Candidate may use a disposable wipe and dispose of in trash can –or- wash resident’s hands with a wet washcloth –or- they may rub hand sanitizer over all surfaces of the resident’s hands until dry.)</i></p>	
<p>Ensure resident's hands are dry <b><u>BEFORE</u></b> feeding. <i>(If a wet washcloth was used, the candidate will need to dry the resident’s hands. If a disposable wipe or hand sanitizer was used, must make sure hands are dry.)</i></p>	
<p>Position yourself at eye level facing the resident while feeding resident.</p>	
<p>Describe the foods being offered to the resident.</p>	
<p>Offer each fluid frequently from each glass.</p>	
<p>Offer small amounts of food at a reasonable rate.</p>	
<p>Allow resident time to chew and swallow.</p>	
<p>Wipe resident's face during meal at least one time. <i>(Actor will say, “I’m full” before all the solid food and fluids are gone.)</i></p>	
<p>Leave resident clean. <i>(Remove the clothing protector).</i></p>	
<p>Record intake in a percentage of total solid food eaten on the previously signed recording form.</p>	
<p><b>Candidate's recorded consumed food intake must be within 25 percentage points of the RN Test Observer’s recorded food intake.</b></p>	
<p>Record estimated intake as the sum total fluid consumed on the previously signed recording form.</p>	
<p><b>Candidate's recorded total consumed fluid intake must be within 60mls of the RN Test Observer's recorded fluid intake.</b></p>	
<p>Place call light or signaling device within easy reach of the resident.</p>	
<p>Maintain respectful, courteous interpersonal interactions at all times.</p>	
<p>Perform hand hygiene.</p> <ol style="list-style-type: none"> <li>Cover all surfaces of hands with hand sanitizer.</li> <li>Rub hands together until hands are completely dry.</li> </ol>	

## FOOT CARE - ONE 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 basin with warm water.	
Remove resident's sock from the (right/left) foot. <i>(The scenario read to you will specify right or left.)</i>	
Immerse resident's foot in warm water. a. <i>You may verbalize the 5 to 20 minutes soaking time after you begin soaking the foot.</i> b. <i>Once the 5 to 20 minutes soaking time is verbalized, the RN Test Observer will acknowledge the stated time and say, "You may continue with your demonstration now."</i>	
Use water and a soapy washcloth.	
Wash entire foot.	
Wash between toes.	
Rinse entire foot.	
Rinse between toes.	
Dry foot thoroughly.	
<b>Dry thoroughly between toes.</b>	
Warm lotion by rubbing it between hands.	
Massage lotion over entire foot.	
Avoid getting lotion between the toes.	
If any excess lotion, wipe with a towel.	
Replace sock on resident's foot.	
Empty basin.	
Rinse basin.	
Dry basin.	
Return basin to storage area.	
Place dirty linen in designated laundry hamper.	
Leave resident in position of safety in proper alignment in the chair.	
Place call light or signaling device within reach of 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.	

## MAKING AN OCCUPIED 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.	
Gather linen.	
Transport linen away from body.	
Place clean linen on a clean surface. <i>(May place linen on the beside stand, chair, or overbed table.)</i>	
Provide for privacy.	
Raise bed height.	
Resident is to remain covered at all times.	
Assist resident to roll onto side.	
Roll or fan fold soiled linen, soiled side inside, to the center of the bed.	
Place clean bottom sheet on mattress.	
Secure two fitted corners.	
Roll or fan fold clean linen against resident's back.	
<b>Assist the resident to safely roll over the bottom linen.</b>	
Remove soiled linen without shaking.	
Avoid touching linen to uniform.	
Place soiled linen in designated laundry hamper.	
Pull through and smooth out the clean bottom linen.	
Secure the other two fitted corners.	
Place clean top linen over covered resident.	
Place clean blanket or bed spread over covered resident.	
Remove used linen keeping resident unexposed at all times.	
Tuck in clean top linen at the foot of bed, while providing room for feet to move.	
Tuck in clean blanket or bed spread at the foot of bed, while providing room for feet to move.	
Apply clean pillowcase.	
Gently lift resident's head while replacing the pillow.	
Lower bed.	
Return side rails to lowered position, if side rails were used.	
Place 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.	



## MOUTH CARE – BRUSHING 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 privacy.	
Put on gloves only <u>AFTER</u> supplies have been gathered.	
Drape resident's chest with a towel (cloth or paper) to prevent soiling.	
Wet toothbrush.	
Apply toothpaste to toothbrush.	
<b>Brush resident's teeth, including the inner surfaces of all upper and lower teeth.</b>	
<b>Brush resident's teeth, including the outer surfaces of all upper and lower teeth.</b>	
<b>Brush resident's teeth, including chewing surfaces of all upper and lower teeth.</b>	
Clean resident's tongue.	
Assist the resident in rinsing mouth.	
Wipe resident's mouth.	
Remove soiled chest barrier.	
Place soiled chest barrier (cloth or paper) in the appropriate container.	
Empty emesis basin.	
Rinse emesis basin.	
Dry emesis basin.	
Rinse toothbrush.	
Return equipment to storage.	
Remove gloves turning inside out.	
Dispose of gloves in appropriate container.	
Leave resident in position of comfort.	
Place 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.	

## NAIL CARE - ONE HAND

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 resident.	
Fill basin with warm water.	
Immerse resident's right/left hand nails in warm water. <i>(The scenario read to you will specify right or left.)</i>	
Verbalize to soak nails for at least five (5) minutes. a. <i>You may verbalize the at least 5 minutes soaking time after you begin soaking the nails.</i> b. <i>Once the at least 5 minutes soaking time is verbalized, the RN Test Observer will acknowledge the stated time and say, "You may continue with your demonstration now."</i>	
Dry resident's hand thoroughly.	
Specifically dry between fingers.	
Gently clean under nails with orange stick.	
Gently push cuticle back with a towel or washcloth.	
File each fingernail.	
Empty equipment.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Place soiled linen in designated laundry hamper.	
Place 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 WITH HAND WASHING REQUIRED

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

Knock on door.	
Introduce yourself to the resident.	
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 privacy.	
Raise the bed height.	
Fill basin with warm water.	
Put on gloves.	
Direct the RN Test Observer to stand on the opposite side of the bed, or raise side rail on opposite side of bed to provide for safety. a. RN Test Observer DOES NOT move into position unless directed to do so by the candidate.	
Turn resident or raise hips and place barrier under buttocks. (Candidate will choose barrier such as a towel, waterproof pad, chux, etc.)	
Expose perineum only.	
Separate labia. (Candidate <u>must also verbalize</u> separating.)	
Use water and soapy washcloth.	
Clean one side of labia from top to bottom.	
Use a clean portion of a washcloth, clean other side of labia from top to bottom.	
<b>Use a clean portion of a washcloth; clean the vaginal area from top to bottom.</b>	
Use a clean washcloth, rinse one side of labia from top to bottom.	
Use a clean portion of a washcloth; rinse other side of labia from top to bottom.	
Use a clean portion of a washcloth; rinse the vaginal area from top to bottom.	
Pat dry.	
Covers the exposed area with the bath blanket.	
Assist resident to turn onto side away from the candidate. a. RN Test Observer may help hold the manikin on their side ONLY after the candidate has turned the manikin.	
Use water and a clean soapy washcloth.	
<b>Clean from vagina to rectal area.</b>	
Use a clean portion of a washcloth with any stroke.	

Use a clean washcloth.	
Rinse from vagina to rectal area.	
Use a clean portion of a washcloth with any stroke.	
Pat dry.	
Safely remove barrier from under buttocks.	
Position resident (manikin) on their back.	
Place soiled linen in designated laundry hamper.	
Empty equipment.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Remove gloves, turning inside out.	
Dispose of gloves in appropriate container.	
Lower bed.	
Place call light or signaling device within easy reach of resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Wash hands: Begin by wetting hands.	
Apply soap to hands.	
Rub hands together using friction with soap.	
Rub hands together for at least twenty (20) seconds with soap.	
Interlace fingers pointing downward with soap.	
Wash all surfaces of hands with soap.	
Wash wrists with soap.	
Rinse hands thoroughly under running water with fingers pointed downward.	
Dry hands with clean paper towel(s).	
Turn off faucet with a clean, dry paper towel, or use knee/foot control to turn off faucet, or remove hands from under the water sensor.	
Discard paper towels to trash container as used.	
<b>Do not re-contaminate hands by touching faucet or sink at any time during/after the hand washing procedure.</b>	

# PIVOT TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM BED TO 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.	
<b>Must verbalize acknowledgement that this is a one-person transfer per the resident's care plan.</b> <i>(RN Test Observer will acknowledge by replying 'yes'.)</i>	
Explain the procedure to the resident.	
Obtain a gait belt.	
<b>Lock bed brakes to ensure resident's safety.</b>	
Assist resident in putting on non-skid footwear.	
Adjust bed height to ensure resident's feet will be flat on the floor.	
Assist resident to a sitting position.	
Position wheelchair at the foot or head of the bed with arm/wheel touching the side of the bed.	
<b>Lock wheelchair brakes to ensure resident's safety.</b>	
Properly place gait belt around resident's waist to stabilize trunk.	
Tighten gait belt.	
Check gait belt for tightness by slipping fingers between gait belt and resident.	
Grasp gait belt with both hands.	
Bring resident to a standing position.	
Use proper body mechanics.	
Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety.	
Remove gait belt.	
Place 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.	

# PIVOT TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM WHEELCHAIR TO BED 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.	
<b>Must verbalize acknowledgement that this is a one-person transfer per the resident's care plan.</b> <i>(RN Test Observer will acknowledge by replying 'yes'.)</i>	
Explain the procedure to the resident.	
Obtain a gait belt.	
<b>Lock bed brakes to ensure resident's safety.</b>	
Adjust bed height to ensure resident's feet will be flat on the floor.	
Position wheelchair at foot or head of bed with arm/wheel touching the side of the bed.	
<b>Lock wheelchair brakes to ensure resident's safety.</b>	
Properly place gait belt around resident's waist to stabilize trunk.	
Tighten gait belt.	
Check gait belt for tightness by slipping fingers between gait belt and resident.	
Ensure the resident's feet are flat on the floor.	
Grasp the gait belt with both hands.	
Bring resident to a standing position using proper body mechanics.	
Assist resident to pivot and sit on bed in a controlled manner that ensures safety.	
Remove gait belt.	
Remove non-skid footwear.	
Assist resident to lie down in center of bed.	
Make sure resident is comfortable and in good body alignment.	
Lower bed.	
Place 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.	

## POSITION RESIDENT ON 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 resident.	
Provide for privacy.	
Position bed flat.	
Raise bed height.	
<b>Direct the RN Test Observer to stand on the side of the bed opposite working side of bed, or raise side rail on side of the bed opposite working side of bed to provide safety.</b>	
From the working side of bed - move resident's upper body toward self to provide room on the bed that will be used to safely turn the resident on their side.	
From the working side of the bed - move resident's hips toward self to provide room on the bed that will be used to safely turn the resident on their side.	
From the working side of the bed - move resident's legs toward self to provide room on the bed that will be used to safely turn the resident on their side.	
Assist/turn resident on their left/right side. <i>(Side will be read to candidate by RN Test Observer.)</i>	
Ensure that the resident's face never becomes obstructed by the pillow.	
Check to be sure resident is not lying on their downside arm.	
Ensure resident is in correct body alignment.	
Place support devices under the resident's head.	
Place support devices under the resident's upside arm.	
Place support devices behind the resident's back.	
Place support devices between the resident's knees.	
Leave resident in a position of comfort and safety.	
Lower bed.	
Place 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.	

## RANGE OF MOTION FOR 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.	
Raise bed height.	
Provide for privacy.	
Position resident supine (bed flat).	
Position resident in good body alignment.	
Place one hand under the resident's knee.	
Place the other hand under the resident's ankle.	
ROM for Hip: Move the entire leg away from the body. <i>a. abduction</i>	
Move the entire leg toward the body. <i>a. adduction</i>	
Complete abduction and adduction of the hip at least three times.	
Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.	
Bend the resident's knee and hip toward the resident's trunk. <i>a. flexion of hip and knee at the same time</i>	
Straighten the resident's knee and hip. <i>a. extension of knee and hip at the same time</i>	
Complete flexion and extension of the knee and hip at least three times.	
Do not force any joint beyond the point of free movement.	
<b>Candidate <i>must ask</i> at least once during the ROM exercise if there is/was any discomfort/pain.</b>	
Leave resident in a comfortable position.	
Lower bed.	
Place 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.	



## RANGE OF MOTION FOR ONE 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 privacy.	
Raise bed height.	
Position resident supine (bed flat).	
Position resident in good body alignment.	
Place one hand under the resident's elbow.	
Place other hand under the resident's wrist.	
Raise the resident's arm up and over the resident's head. <i>a. flexion</i>	
Bring the resident's arm back down to the resident's side. <i>a. extension</i>	
Complete flexion and extension of shoulder at least three times.	
Continue same support for shoulder joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.	
Move the resident's entire arm out away from the body. <i>a. abduction</i>	
Return the resident's arm to the resident's side. <i>a. adduction</i>	
Complete abduction and adduction of the shoulder at least three times.	
Do not force any joint beyond the point of free movement.	
<b>Candidate <i>must ask</i> at least once during the ROM exercise if there is/was any discomfort/pain.</b>	
Leave resident in a comfortable position.	
Lower bed.	
Place 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 THE RESIDENT’S RADIAL PULSE AND RESPIRATIONS

<p>Perform hand hygiene.</p> <ul style="list-style-type: none"> <li>a. Cover all surfaces of hands with hand sanitizer.</li> <li>b. Rub hands together until hands are completely dry.</li> </ul>	
<p>Explain the procedure to resident.</p>	
<p>Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.</p>	
<p>Count pulse for 60 seconds or 30x2.</p> <ul style="list-style-type: none"> <li>a. <i>Tell the RN Test Observer when you start counting and tell them when you stop counting.</i></li> </ul>	
<p>Record your pulse rate reading on the previously signed recording form.</p>	
<p><b>Candidate’s recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.</b></p>	
<p>Count respirations for 60 seconds or 30x2.</p> <ul style="list-style-type: none"> <li>a. <i>Tell the RN Test Observer when you start counting and tell them when you stop counting.</i></li> </ul>	
<p>Record your respirations reading on the previously signed recording form.</p>	
<p><b>Candidate’s recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.</b></p>	
<p>Place call light or signaling device within easy reach of the resident.</p>	
<p>Maintain respectful, courteous interpersonal interactions at all times.</p>	
<p>Perform hand hygiene.</p> <ul style="list-style-type: none"> <li>a. Cover all surfaces of hands with hand sanitizer.</li> <li>b. Rub hands together until hands are completely dry.</li> </ul>	