



# Missouri Mock Skills

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**Please note:** The skill task steps included in this document are offered as guidelines to help prepare candidates for the Missouri 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.

## ABBREVIATED BED BATH- WHOLE FACE AND ONE ARM, HAND AND UNDERARM

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	3.	Provide for privacy, pull privacy curtain.	
	4.	Fill basin with warm water.	
	5.	Raise bed height.	
	6.	Cover resident with a bath blanket.	
	7.	Fan fold bed linens at least down to the waist or moves linens to opposite side.	
	8.	Put on gloves.	
	9.	Remove resident's gown without exposing resident.	
	10.	Dispose of soiled gown in designated laundry hamper.	
	11.	Wash face WITHOUT SOAP.	
	12.	Pat dry face.	
	13.	Place towel under arm, only expose one arm.	
	14.	Wash arm using soap and water.	
	15.	Wash hand using soap and water.	
	16.	Wash underarm with soap and water.	
	17.	Rinse arm.	
	18.	Rinse hand.	
	19.	Rinse underarm.	
	20.	Pat dry arm.	
	21.	Pat dry hand.	
	22.	Pat dry underarm.	
	23.	Assist resident to put on a clean gown.	
	24.	Empty equipment.	
	25.	Rinse equipment.	
	26.	Dry equipment.	
	27.	Return equipment to storage.	
	28.	Dispose of soiled linen in designated laundry hamper.	
	29.	Remove gloves turning inside out as they are removed.	
	30.	Dispose of gloves in designated container.	
	31.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	32.	Lower bed.	
	33.	Place call light or signaling device within easy reach of the resident.	
	34.	Maintain respectful, courteous interpersonal interactions at all times.	

## AMBULATION FROM BED TO WHEELCHAIR USING A GAIT BELT

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain the procedure to resident.	
	3.	Obtain gait belt for the resident.	
	4.	<b>Lock bed brakes to ensure resident's safety.</b>	
	5.	<b>Lock wheelchair brakes to ensure resident's safety.</b>	
	6.	Adjust bed height to ensure resident's feet will be flat on the floor.	
	7.	Bring resident to a sitting position with resident's feet flat on the floor.	
	8.	Properly place gait belt around resident's waist to stabilize trunk.	
	9.	Tighten gait belt.	
	10.	Check gait belt for tightness by slipping fingers between gait belt and resident.	
	11.	Assist resident to put on non-skid footwear BEFORE standing.	
	12.	Bring resident to a standing position using proper body mechanics at all times.	
	13.	Grasp gait belt.	
	14.	Stabilize resident.	
	15.	Ambulate resident at least 10 steps to the wheelchair.	
	16.	Assist resident to pivot/turn and sit in wheelchair.	
	17.	Sit resident in the wheelchair in a controlled manner that ensures safety at all times.	
	18.	Remove gait belt.	
	19.	Place resident within easy reach of the call light or signaling device.	
	20.	Maintain respectful, courteous interpersonal interactions at all times.	
	21.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	

## AMBULATION FROM WHEELCHAIR TO BED USING A GAIT BELT

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain the procedure to resident.	
	3.	Obtain gait belt for the resident.	
	4.	<b>Lock bed brakes to ensure resident's safety.</b>	
	5.	<b>Lock wheelchair brakes to ensure resident's safety.</b>	
	6.	Adjust bed height to ensure resident's feet will be flat on the floor.	
	7.	Properly place gait belt around resident's waist to stabilize trunk.	
	8.	Tighten gait belt.	
	9.	Check gait belt for tightness by slipping fingers between gait belt and resident.	
	10.	Ensure resident's feet are flat on the floor.	
	11.	Ask resident to place hands on wheelchair arm rests.	
	12.	Grasp gait belt with both hands.	
	13.	Bring resident to a standing position using proper body mechanics at all times.	
	14.	Continue grasping gait belt.	
	15.	Stabilize resident.	
	16.	Ambulate resident at least 10 steps to the bed.	
	17.	Assist resident to pivot/turn and sit on the bed.	
	18.	Sit resident on the bed in a controlled manner that ensures safety at all times.	
	19.	Remove gait belt.	
	20.	Remove resident's non-skid footwear.	
	21.	Assist resident to lie down in the center of the bed making sure the resident is comfortable and in good body alignment.	
	22.	Lower bed.	
	23.	Place call light or signaling device within easy reach of the resident.	
	24.	Maintain respectful, courteous interpersonal interactions at all times.	
	25.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	

# CATHETER CARE FOR A FEMALE WITH HAND WASHING

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

✓	#	Skill Task Step	Notes
	1.	Knock on door.	
	2.	Introduce yourself to the resident.	
	3.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	4.	Explain the procedure to resident.	
	5.	Provide for privacy, pull privacy curtain.	
	6.	Fill basin with warm water.	
	7.	Raise the bed height.	
	8.	Put on gloves.	
	9.	Avoid over exposure throughout the procedure.	
	10.	Check to see that urine can flow, unrestricted, into the drainage bag (helpful to verbalize checking while looking for kinks in tubing, etc.).	
	11.	Use soap and water to carefully wash around the catheter where it exits the urethra.	
	<b>12.</b>	<b>Hold catheter where it exits the urethra with one hand.</b>	
	13.	While holding the catheter where it exits the urethra, clean 3-4 inches down the catheter tube.	
	<b>14.</b>	<b>Clean with strokes only away from the urethra. (At least two strokes.)</b>	
	15.	Use a clean portion of the washcloth for each stroke.	
	16.	Rinse using strokes only away from the urethra.	
	17.	Rinse using a clean portion of the washcloth for each stroke.	
	18.	Pat dry.	
	19.	Do not allow the tube to be pulled at any time during the procedure.	
	20.	Remove gloves turning inside out as they are removed.	
	21.	Dispose of gloves in designated container.	
	22.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	23.	Replace the resident's gown over the perineal area.	
	24.	Replace top cover over the resident.	
	25.	Leave resident in a position of safety and comfort.	
	26.	Lower the bed.	
	27.	Empty equipment.	
	28.	Rinse equipment.	
	29.	Dry equipment.	
	30.	Return equipment to storage.	
	31.	Place call light or signaling device within easy reach of the resident.	
	32.	Maintain respectful, courteous interpersonal interactions at all times.	
	33.	Wash hands: Begin by wetting hands.	
	34.	Wash hands: Apply soap to hands.	
	35.	Wash hands: Rub hands together using friction for at least 20 seconds with soap.	
	36.	Wash hands: Interlace fingers pointing downward with soap.	

37.	Wash hands: Wash all surfaces of hands with soap.	
38.	Wash hands: Wash all surfaces of wrists with soap.	
39.	Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.	
40.	Wash hands: Dry hands with clean paper towel(s).	
41.	Wash hands: Turn off faucet with a paper towel.	
42.	Wash hands: Discard paper towels into trash container as used.	
43.	<b>Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.</b>	

## PERINEAL CARE FOR A MALE WITH HAND WASHING

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

✓	#	Skill Task Step	Notes
	1.	Knock on door.	
	2.	Introduce yourself to the resident.	
	3.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	4.	Explain the procedure to resident.	
	5.	Provide for privacy, pull privacy curtain.	
	6.	Raise the bed height.	
	7.	Fill basin with warm water.	
	8.	Put on gloves.	
	9.	Direct the RN Test Observer to stand on the opposite side of the bed or raise side rail on opposite side of the bed to provide for safety. (RN Test Observer does not move into position unless directed to do so by the candidate.)	
	10.	Turn resident or raise hips and place barrier under buttocks. (Candidate will choose barrier such as a towel, waterproof pad, chux, etc.)	
	11.	Expose perineum only.	
	12.	Gently grasp the penis.	
	13.	Use a clean, soapy washcloth.	
	14.	Clean tip of penis starting at the urethral opening working outward away from the urethral opening.	
	15.	Clean shaft of the penis away from the tip of the penis.	
	<b>16.</b>	<b>Use a clean portion of a washcloth with each stroke.</b>	
	17.	With a clean washcloth with soap and water, clean the scrotum.	
	18.	Clean scrotum with a clean portion of a washcloth with any stroke.	
	19.	With a clean washcloth, rinse penis.	
	20.	Rinse penis using a clean portion of a washcloth with each stroke.	
	21.	Rinse scrotum using a clean portion of a washcloth with each stroke.	
	22.	Pat dry the area.	
	23.	Remove gloves turning inside out as they are removed.	
	24.	Dispose of gloves in designated container.	
	25.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	26.	Put on gloves.	
	27.	Assist resident to turn onto side away from the candidate. (RN Test Observer may help hold the manikin on his side ONLY after the candidate has turned the manikin.)	
	28.	Use a new soapy washcloth to clean the rectal area.	
	<b>29.</b>	<b>Clean area from scrotum to rectal area using a clean portion of a washcloth with each stroke.</b>	
	30.	With a clean washcloth, rinse area from scrotum to rectal area.	
	31.	Use a clean portion of a washcloth with any stroke.	
	32.	Pat dry the area.	

33.	Safely remove barrier from under buttocks.	
34.	Dispose of all soiled linen in the designated container.	
35.	Position resident on his back.	
36.	Lower bed.	
37.	Empty equipment.	
38.	Rinse equipment.	
39.	Dry equipment.	
40.	Return equipment to storage.	
41.	Remove gloves turning inside out as they are removed.	
42.	Dispose of gloves in designated container.	
43.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
44.	Leave resident in a position of comfort and safety.	
45.	Place call light or signaling device within easy reach of the resident.	
46.	Maintain respectful, courteous interpersonal interactions at all times.	
47.	Wash hands: Begin by wetting hands.	
48.	Wash hands: Apply soap to hands.	
49.	Wash hands: Rub hands together using friction for at least 20 seconds with soap.	
50.	Wash hands: Interlace fingers pointing downward with soap.	
51.	Wash hands: Wash all surfaces of hands with soap.	
52.	Wash hands: Wash all surfaces of wrists with soap.	
53.	Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.	
54.	Wash hands: Dry hands with clean paper towel(s).	
55.	Wash hands: Turn off faucet with a paper towel.	
56.	Wash hands: Discard paper towels into trash container as used.	
57.	<b>Wash hands: Do not re-contaminate hands by touching faucet or sink at any time during/after the hand washing procedure.</b>	



## DENTURE CARE

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	3.	Line bottom of sink with a protective lining that would help prevent damage to the dentures. (Towel, washcloth or paper towels are allowed for lining.)	
	4.	Put on gloves.	
	5.	Apply denture cleanser.	
	6.	Remove denture from cup.	
	7.	Handle dentures carefully to avoid damage.	
	8.	Handle dentures carefully to avoid contamination.	
	9.	Rinse denture cup.	
	10.	Thoroughly brush dentures including the inner surfaces of upper and lower dentures. (Only one plate is used during testing.)	
	11.	Thoroughly brush dentures including the outer surfaces of upper and lower dentures. (Only one plate is used during testing.)	
	12.	Thoroughly brush dentures including the chewing surfaces of upper and lower dentures. (Only one plate is used during testing.)	
	13.	Rinse dentures using clean cool water.	
	14.	Place dentures in rinsed denture cup.	
	15.	Add cool clean water to denture cup.	
	16.	Rinse equipment. a. Denture brush or toothbrush.	
	17.	Return equipment to storage.	
	18.	Discard protective lining in an appropriate container.	
	19.	Remove gloves turning inside out as they are removed.	
	20.	Dispose of gloves in designated container.	
	21.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	22.	Place call light or signaling device within easy reach of the resident.	
	23.	Maintain respectful, courteous interpersonal interactions at all times	

## DRESSING A DEPENDENT RESIDENT

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain the procedure to the resident.	
	3.	Provide for privacy, pull privacy curtain.	
	4.	Raise bed height.	
	5.	Keep resident covered while removing gown.	
	6.	Remove gown from unaffected side first.	
	7.	Place soiled gown in designated laundry hamper.	
	8.	When dressing the resident in a button-up shirt, insert your hand through the sleeve of the shirt and grasp the hand of the resident.	
	<b>9.</b>	<b>When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.</b>	
	10.	Assist the resident to raise their buttocks or turn resident from side-to-side and draw the pants over the buttocks and up to the resident's waist.	
	<b>11.</b>	<b>When dressing the resident in pants, always dress from the affected (weak) side first.</b>	
	12.	When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.	
	13.	Leave the resident in comfortably/properly dressed and in a position of safety.	
	14.	Lower the bed.	
	15.	Place call light or signaling device within easy reach of the resident.	
	16.	Maintain respectful, courteous interpersonal interactions at all times.	
	17.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	

## FEEDING A DEPENDENT RESIDENT

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	<b>3.</b>	<b>Position the resident in an upright position, at least 45 degrees.</b>	
	4.	Ask the resident to state name and verify name matches the name on the diet card.	
	5.	Protect clothing from soiling by using napkin, clothing protector, or towel.	
	6.	Provide hand hygiene for the resident BEFORE feeding. (Candidate may use a disposable wipe and dispose of in trash can –or- wash the resident’s hands with a wet washcloth –or- they may rub hand sanitizer over all surfaces of the resident’s hands until dry.)	
	7.	If a wet washcloth was used to wash the resident’s hands, ensure that the resident’s hands are dry.	
	8.	Position yourself at eye level facing the resident while feeding resident.	
	9.	Describe the food being offered to the resident.	
	10.	Offer fluids frequently from each glass.	
	11.	Offer food in small amounts at a reasonable rate, allowing resident to chew and swallow.	
	12.	Wipe resident's face during meal at least one time. a. Actor will say, “I’m full” before all the solid food and fluids are gone.	
	13.	Leave resident clean.	
	<b>14.</b>	<b>Leave resident in bed with the head of the bed up to at least 30 degrees.</b>	
	15.	Record intake as a percentage of total solid food eaten on the previously signed recording form.	
	16.	Candidate’s recorded consumed food intake is within 25 percentage points of the RN Test Observer’s recorded food intake.	
	17.	Record the sum total of estimated fluid intake in ml’s on the previously signed recording form.	
	18.	Candidate’s recorded sum total consumed fluid intake is within 60 ml’s of the RN Test Observer’s recorded fluid intake.	
	19.	Place call light or signaling device within easy reach of the resident.	
	20.	Maintain respectful, courteous interpersonal interactions at all times.	
	21.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	

# FOOT CARE ONE FOOT

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	3.	Fill foot basin with warm water.	
	4.	Put on gloves.	
	5.	Remove a sock from the (right/left) foot. (The scenario read to you will specify right or left.)	
	6.	Immerse foot in warm water. a. You may verbalize the 5 to 20 minutes soaking time after you begin soaking the foot. b. 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."	
	7.	Use water and soapy washcloth.	
	8.	Wash entire foot.	
	9.	Wash between toes.	
	10.	Rinse entire foot.	
	11.	Rinse between toes.	
	12.	Dry foot thoroughly.	
	<b>13.</b>	<b>Dry thoroughly between toes.</b>	
	14.	Warm lotion by rubbing it between hands.	
	15.	Massage lotion over entire foot.	
	16.	Avoid getting lotion between the toes.	
	17.	If any excess lotion, wipe with a towel.	
	18.	Replace sock on foot.	
	19.	Empty equipment.	
	20.	Rinse equipment.	
	21.	Dry equipment.	
	22.	Return equipment to storage.	
	23.	Place soiled linen in designated laundry hamper.	
	24.	Remove gloves turning inside out as they are removed.	
	25.	Dispose of gloves in designated container.	
	26.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	27.	Leave resident in a position of safety and in proper alignment in the chair.	
	28.	Place call light or signaling device within easy reach of the resident.	
	29.	Maintain respectful, courteous interpersonal interactions at all times.	

# ISOLATION GOWN & GLOVES – EMPTYING A URINARY DRAINAGE BAG WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene BEFORE touching the gown. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Face the back opening of the gown.	
	3.	Unfold the gown.	
	4.	Place arms through each sleeve.	
	5.	Secure the neck opening.	
	6.	Secure the waist making sure that the back flaps cover clothing as completely as possible.	
	7.	Put on gloves.	
	8.	Gloves overlap sleeves at the wrist.	
	9.	Knock on door.	
	10.	Introduce yourself to the resident.	
	11.	Explain the procedure to resident.	
	12.	Place a barrier on the floor under the drainage bag.	
	13.	Place the graduate on the previously placed barrier.	
	14.	Open the drain to allow the urine to flow into the graduate.	
	15.	Avoid touching the graduate with the tip of the tubing.	
	16.	Close the drain.	
	17.	Wipe the drain with alcohol wipe AFTER emptying the drainage bag.	
	18.	Replace drain in holder.	
	19.	Place graduate on level, flat surface.	
	20.	With graduate at eye level, read output.	
	21.	Empty graduate into designated toilet/commode.	
	22.	Rinse graduate and empty rinse water into designated toilet/commode.	
	23.	Return graduate to storage.	
	24.	Leave resident in a position of comfort and safety.	
	25.	Record output on the provided, previously signed recording form.	
	26.	<b>Candidate's measured output reading is within 25ml's of RN Test Observer's output reading.</b>	
	27.	Place call light or signaling device within easy reach of the resident.	
	28.	Maintain respectful, courteous interpersonal interactions at all times.	
	29.	Remove gloves, turning inside out as they are removed.	
	30.	Remove gloves BEFORE removing gown.	
	31.	Dispose of the gloves in the appropriate container.	
	32.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	33.	Unfasten gown at the neck.	
	34.	Unfasten gown at the waist.	
	35.	Remove gown by folding soiled area to soiled area.	
	36.	Dispose of the gown in the appropriate container.	
	37.	Wash hands: Begin by wetting hands.	<i>Continued on next page -&gt;</i>

38.	Wash hands: Apply soap to hands.	
39.	Wash hands: Rub hands together using friction for at least 20 seconds with soap.	
40.	Wash hands: Interlace fingers pointing downward with soap.	
41.	Wash hands: Wash all surfaces of hands with soap.	
42.	Wash hands: Wash all surfaces of wrists with soap.	
43.	Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.	
44.	Wash hands: Dry hands with clean paper towel(s).	
45.	Wash hands: Turn off faucet with a paper towel.	
46.	Wash hands: Discard paper towels into trash container as used.	
47.	<b>Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.</b>	

## MOUTH CARE – BRUSHING TEETH

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	3.	Provide for privacy, pull privacy curtain.	
	4.	Put on gloves only AFTER supplies have been gathered.	
	5.	Drape the resident's chest with towel (cloth or paper) to prevent soiling.	
	6.	Wet toothbrush.	
	7.	Apply toothpaste to toothbrush.	
	8.	<b>Brush resident's teeth, including the inner surfaces of all upper and lower teeth.</b>	
	9.	<b>Brush resident's teeth, including the outer surfaces of all upper and lower teeth.</b>	
	10.	<b>Brush resident's teeth, including the chewing surfaces of all upper and lower teeth.</b>	
	11.	Clean tongue.	
	12.	Assist resident in rinsing mouth. (May use an emesis basin or a disposable cup to spit in.)	
	13.	Wipe resident's mouth.	
	14.	Remove soiled chest barrier.	
	15.	Place soiled chest barrier (cloth or paper) in the appropriate container.	
	16.	Empty emesis basin, if used, or dispose of cup in appropriate container.	
	17.	Rinse emesis basin, if used.	
	18.	Dry emesis basin, if used.	
	19.	Rinse toothbrush.	
	20.	Return equipment to storage.	
	21.	Remove gloves turning inside out as they are removed.	
	22.	Dispose of gloves in designated container.	
	23.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	24.	Leave resident in position of comfort.	
	25.	Place call light or signaling device within easy reach of the resident.	
	26.	Maintain respectful, courteous interpersonal interactions at all times.	

## MOUTH CARE FOR A COMATOSE RESIDENT

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	3.	Provide for privacy, pull privacy curtain.	
	4.	Put on gloves only AFTER supplies have been gathered	
	<b>5.</b>	<b>Turn resident to a side lying position to avoid choking or aspiration.</b>	
	6.	Drape chest/bed as needed to protect from soiling.	
	7.	Use swabs and cleaning solution (water). (May not use toothbrush or toothpaste.)	
	<b>8.</b>	<b>Gently and thoroughly clean the inner surfaces of all upper and lower teeth.</b>	
	<b>9.</b>	<b>Gently and thoroughly clean the outer surfaces of all upper and lower teeth.</b>	
	<b>10.</b>	<b>Gently and thoroughly clean the chewing surfaces of all upper and lower teeth.</b>	
	11.	Gently and thoroughly clean the gums and tongue.	
	12.	Wipe resident's mouth.	
	13.	Return resident to position of comfort and safety.	
	14.	Discard swab(s) in designated container.	
	15.	Place soiled linen in designated hamper.	
	16.	Remove gloves turning inside out as they are removed.	
	17.	Dispose of gloves in designated container.	
	18.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	19.	Place call light or signaling device within easy reach of the resident.	
	20.	Maintain respectful courteous, interpersonal interactions at all times.	



## NAIL CARE ONE HAND

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	3.	Fill basin with warm water.	
	4.	Put on gloves.	
	5.	Immerse right/left hand nails in warm water. (The scenario read to you will specify right or left.) a. You may verbalize the at least 5 minutes soaking time after you begin soaking the nails. b. 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."	
	6.	Dry hand thoroughly.	
	7.	Specifically, dry between the fingers.	
	8.	Gently cleans under nails with an orange stick.	
	9.	Gently pushes cuticles back with a towel or washcloth.	
	10.	Files each fingernail.	
	11.	Empty basin.	
	12.	Rinse basin.	
	13.	Dry basin	
	14.	Return equipment to storage.	
	15.	Discard soiled linen in designated laundry hamper.	
	16.	Remove gloves turning inside out as they are removed.	
	17.	Dispose of gloves in designated container	
	18.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	19.	Place call light or signaling device within easy reach of the resident.	
	20.	Maintain respectful, courteous interpersonal interactions at all times.	

## PERINEAL CARE FOR A FEMALE WITH HAND WASHING

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

✓	#	Skill Task Step	Notes
	1.	Knock on door.	
	2.	Introduce yourself to the resident.	
	3.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	4.	Explain the procedure to resident.	
	5.	Provide for privacy, pull privacy curtain.	
	6.	Raise the bed height.	
	7.	Fill basin with warm water.	
	8.	Put on gloves.	
	9.	Direct the RN Test Observer to stand on the opposite side of the bed or raise side rail on opposite side of the bed to provide for safety. a. RN Test Observer does not move into position unless directed to do so by the candidate.	
	10.	Turn resident or raise hips and place barrier under buttocks. (Candidate will choose barrier such as a towel, waterproof pad, chux, etc.)	
	11.	Expose perineum only.	
	12.	Separate labia.	
	13.	Use water and soapy washcloth.	
	14.	Clean one side of labia from front to back.	
	15.	Using a clean portion of a washcloth, clean other side of labia from front to back.	
	<b>16.</b>	<b>Using a clean portion of a washcloth, clean the vaginal area from front to back.</b>	
	17.	Use a clean wash cloth, rinse one side of labia from front to back.	
	18.	Using a clean portion of a washcloth, rinse the other side of labia from front to back.	
	19.	Using a clean portion of a washcloth, rinse the vaginal area from front to back.	
	20.	Pat dry.	
	21.	Remove gloves, turning inside out as they are removed.	
	22.	Dispose of gloves in designated container.	
	23.	Perform hand hygiene AFTER disposing of gloves. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	24.	Put on gloves.	
	25.	Assist resident to turn onto side away from the candidate. (RN Test Observer may help hold the manikin on her side ONLY after the candidate has turned the manikin.)	
	26.	Use a clean washcloth with water and soap.	
	<b>27.</b>	<b>Clean from vagina to rectal area.</b>	
	28.	Use a clean portion of the washcloth with any stroke.	
	29.	Use a clean washcloth, rinse from vagina to rectal area.	
	30.	Use a clean portion of a washcloth with any stroke.	
	31.	Pat dry.	
	32.	Safely remove barrier from under buttocks.	
	33.	Position resident (manikin) on her back.	
	34.	Lower bed.	

35.	Dispose of soiled linen in designated laundry hamper.	
36.	Empty equipment.	
37.	Rinse equipment.	
38.	Dry equipment.	
39.	Return equipment to storage.	
40.	Remove gloves turning inside out as they are removed.	
41.	Dispose of gloves in designated container.	
42.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
43.	Place call light or signaling device and water within easy reach of the resident.	
44.	Maintain respectful, courteous interpersonal interactions at all times.	
45.	Wash hands: Begin by wetting hands.	
46.	Wash hands: Apply soap to hands.	
47.	Wash hands: Rub hands together using friction for at least 20 seconds with soap.	
48.	Wash hands: Interlace fingers pointing downward with soap.	
49.	Wash hands: Wash all surfaces of hands with soap.	
50.	Wash hands: Wash all surfaces of wrists with soap.	
51.	Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.	
52.	Wash hands: Dry hands with clean paper towel(s).	
53.	Wash hands: Turn off faucet with a paper towel.	
54.	Wash hands: Discard paper towels into trash container as used.	
55.	<b>Wash hands: Do not re-contaminate hands by touching the 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

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	3.	Obtain a gait belt.	
	<b>4.</b>	<b>Lock bed brakes to ensure resident's safety.</b>	
	5.	Assist resident in putting on non-skid footwear.	
	6.	Adjust bed height to ensure resident's feet will be flat on the floor.	
	7.	Assist resident to a sitting position.	
	8.	Position wheelchair at the foot or head of the bed with the wheelchair arm/wheel touching the side of the bed.	
	<b>9.</b>	<b>Lock wheelchair brakes to ensure resident's safety.</b>	
	10.	Properly place gait belt around the resident's waist to stabilize trunk.	
	11.	Tighten gait belt.	
	12.	Check gait belt for tightness by slipping fingers between gait belt and resident.	
	13.	Grasp the gait belt with both hands.	
	14.	Bring resident to a standing position using proper body mechanics.	
	15.	Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety.	
	16.	Remove gait belt.	
	17.	Place resident within easy reach of the call light or signaling device.	
	18.	Maintain respectful, courteous interpersonal interactions at all times.	
	19.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	

# PIVOT-TRANSFER A WEIGHT-BEARING, NON-AMBULATORY RESIDENT FROM A WHEELCHAIR TO BED

## USING A GAIT BELT

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	3.	Obtain a gait belt.	
	<b>4.</b>	<b>Lock bed brakes to ensure resident's safety.</b>	
	5.	Adjust bed height to ensure resident's feet will be flat on the floor.	
	6.	Position wheelchair at foot or head of bed with wheelchair arm/wheel touching the side of the bed.	
	<b>7.</b>	<b>Lock wheelchair brakes to ensure resident's safety.</b>	
	8.	Properly place gait belt around the resident's waist to stabilize trunk.	
	9.	Tighten gait belt.	
	10.	Check gait belt for tightness by slipping fingers between gait belt and the resident.	
	11.	Ensure the resident's feet are flat on the floor.	
	12.	Ask resident to place hands on the wheelchair arm rests.	
	13.	Grasp the gait belt with both hands.	
	14.	Bring resident to standing position using proper body mechanics.	
	15.	Assist resident to pivot and sit on the bed in a controlled manner that ensures safety.	
	16.	Remove gait belt.	
	17.	Remove resident's non-skid footwear.	
	18.	Assist resident to lie down in the center of the bed.	
	19.	Make sure resident is comfortable and in good body alignment.	
	20.	Lower bed.	
	21.	Place call light or signaling device with easy reach of the resident.	
	22.	Maintain respectful, courteous interpersonal interactions at all times.	
	23.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	

## POSITION RESIDENT ON SIDE IN BED

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hand with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	3.	Provide for privacy, pull privacy curtain.	
	4.	Position bed flat.	
	5.	Raise bed height.	
	6.	Direct the RN Test Observer to stand on the side of the bed opposite working side of bed –or- raises side rail on side of the bed opposite working side of the bed to provide for safety.	
	7.	From the working side of the bed, move upper body toward self to provide room on the bed that will be used to safely turn the resident on his/her side.	
	8.	From the working side of the bed, move hips toward self to provide room on the bed that will be used to safely turn the resident on his/her side.	
	9.	From the working side of the bed, move legs toward self to provide room on the bed that will be used to safely turn the resident on his/her side.	
	<b>10.</b>	<b>Assist/turn resident onto his/her correct side read to candidate by RN Test Observer in scenario.</b>	
	11.	Ensure that the resident’s face never becomes obstructed by the pillow.	
	12.	Check to be sure that resident is not lying on his/her downside arm.	
	13.	Ensure resident is in correct body alignment.	
	14.	Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the resident’s head.	
	15.	Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the resident’s upside arm.	
	16.	Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- behind the resident’s back.	
	17.	Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- between the resident’s knees.	
	18.	Leave resident in a position of comfort and safety.	
	19.	Lower bed.	
	20.	Place call light or signaling device within easy reach of the resident.	
	21.	Maintain respectful, courteous interpersonal interactions at all times.	
	22.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	

## RANGE OF MOTION FOR THE HIP AND KNEE

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	3.	Raise bed height.	
	4.	Provide for privacy, pull privacy curtain.	
	5.	Position resident supine (bed flat).	
	6.	Position resident in good body alignment.	
	7.	Place one hand under the knee.	
	8.	Place the other hand under the ankle.	
	9.	Do not cause discomfort/pain anytime during ROM.	
	10.	ROM for hip: Move the entire leg away from the body. (Abduction)	
	11.	Move the entire leg back toward the body. (Adduction)	
	12.	Complete abduction and adduction of the hip at least three times.	
	13.	Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.	
	14.	Bend the resident's knee and hip toward the resident's trunk. (Flexion of hip and knee at the same time.)	
	15.	Straighten the knee and hip. (Extension of the knee and hip at the same time.)	
	16.	Complete flexion and extension of knee and hip at least three times.	
	17.	Do not force any joint beyond the point of free movement.	
	18.	<b>Candidate <u>must ask</u> at least once during the ROM exercise if there is/was any discomfort/pain.</b>	
	19.	Leave resident in a comfortable position.	
	20.	Lower bed.	
	21.	Place call light or signaling device within easy reach of the resident.	
	22.	Maintain respectful, courteous interpersonal interactions at all times.	
	23.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	

## RANGE OF MOTION FOR THE SHOULDER

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to the resident.	
	3.	Provide for privacy.	
	4.	Raise bed height.	
	5.	Position resident supine (bed flat).	
	6.	Position resident in good body alignment.	
	7.	Place one hand under the elbow.	
	8.	Place the other hand under the resident's wrist.	
	9.	Do not cause discomfort/pain at any time during ROM.	
	10.	Raise resident's arm up and over the resident's head. (Flexion)	
	11.	Bring the resident's arm back down to the resident's side. (Extension)	
	12.	Complete flexion and extension of the shoulder at least three times.	
	13.	Continue same support of for shoulder joints by placing one hand under the resident's elbow and one hand under the resident's wrist.	
	14.	Move the resident's entire arm out away from the body. (Abduction)	
	15.	Return the resident's arm to the resident's side. (Adduction)	
	16.	Complete abduction and adduction of the shoulder at least three times.	
	17.	Do not force any joint beyond the point of free movement.	
	18.	<b>Candidate <u>must ask</u> at least once during the ROM exercise if there is/was any discomfort/pain.</b>	
	19.	Leave resident in a comfortable position.	
	20.	Lower bed.	
	21.	Place call light or signaling device within easy reach of the resident.	
	22.	Maintain respectful, courteous interpersonal interactions at all times.	
	23.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	



## VITAL SIGNS - BLOOD PRESSURE

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to resident.	
	3.	Provide for privacy - pull privacy curtain.	
	4.	Assist resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position.	
	5.	Roll resident's sleeve up about 5 inches above the elbow.	
	6.	Apply the cuff around the upper arm just above the elbow and line cuff arrows up with brachial artery.	
	7.	Clean earpieces of stethoscope appropriately and place in ears.	
	8.	Clean diaphragm of the stethoscope.	
	9.	Place stethoscope over brachial artery.	
	10.	Hold stethoscope snugly in place.	
	11.	Inflate cuff to between 160-180 mmHg.	
	12.	Slowly release air from cuff to disappearance of pulsations.	
	13.	Remove cuff.	
	14.	Record reading on the previously signed recording form.	
	15.	<b>Candidate's recorded systolic blood pressure is within 6 mmHg of the RN Test Observer's recorded systolic blood pressure.</b>	
	16.	<b>Candidate's recorded diastolic blood pressure is within 6 mmHg of the RN Test Observer's recorded diastolic blood pressure.</b>	
	17.	Place call light or signaling device within easy reach of the resident.	
	18.	Maintain respectful, courteous interpersonal interactions at all times.	
	19.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	

## VITAL SIGNS – PULSE AND RESPIRATIONS

✓	#	Skill Task Step	Notes
	1.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	
	2.	Explain procedure to resident.	
	3.	Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.	
	4.	Count pulse for a full minute (60 seconds). a. Tell the RN Test Observer when you start counting and tell him/her when you stop counting.	
	5.	Count respirations for a full minute (60 seconds). a. Tell the RN Test Observer when you start counting and tell him/her when you stop counting.	
	6.	Record pulse rate on the previously signed recording form.	
	7.	<b>Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.</b>	
	8.	Record respirations on the previously signed recording form.	
	9.	<b>Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.</b>	
	10.	Place call light or signaling device within easy reach of the resident.	
	11.	Maintain respectful, courteous interpersonal interactions at all times.	
	12.	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are dry.	