

MONTANA

NURSING ASSISTANT CANDIDATE HANDBOOK

Effective 08/15/18



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MONTANA NURSING ASSISTANT CANDIDATE HANDBOOK

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CONTACT INFORMATION

QUESTIONS REGARDING TEST APPLICATIONS-TEST SCHEDULING-ELIGIBILITY TO TEST:

HEADMASTER, LLP

P.O. Box 6609

Helena, MT 59604-6609

8:00 am to 6:00 pm M-F

(Mountain Time)

Fax:

(800) 393-8664

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QUESTIONS ABOUT NURSING ASSISTANT CERTIFICATION:

MONTANA NURSE AIDE REGISTRY

Website: cna.mt.gov

Email: cna@mt.gov

2401 Colonial Drive, 2nd Floor

P.O. Box 202953

Helena, MT 59620

8:00 am to 5:00 pm M-F

(406) 444-4980

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INTRODUCTION

In 1987, the Nursing Home Reform Act was adopted by Congress as part of the Omnibus Budget Reconciliation Act (OBRA '87). It was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for Nursing Assistants who work in such facilities. Each state is responsible for following the terms of this federal law.

As defined in the OBRA regulations, a Nursing Assistant competency evaluation program provides specific standards for Nursing Assistant related knowledge and skills. The purpose of a Nursing Assistant competency evaluation program is to ensure that candidates who are seeking to be Nursing Assistants understand these standards and can competently and safely perform the job of an entry-level Nursing Assistant.

This handbook describes the process of taking the Nursing Assistant competency examination and is designed to help prepare candidates for testing. There are two parts to the Nursing Assistant competency examination—a multiple-choice knowledge test and a manual skills test. Exam candidates must complete an approved training program, pass both parts of the exam and meet all other requirements of the Montana Department of Health and Human Services (MT DPHHS) to qualify for certification as a nursing assistant in Montana. Candidates who have not completed a MT DPHHS approved training program may challenge the state exam one time without training. If the candidate passes the state exam, he/she qualifies to apply for Nurse Aide Certification.

Montana has approved Headmaster LLP to provide testing and scoring services for Nursing Assistant testing. The information in this handbook will help candidates prepare for the examination. For questions not answered in this handbook please contact Headmaster at 800-393-8664 or go to www.hdmaster.com.

SCHEDULING A NURSING ASSISTANT EXAM

In order to schedule an examination date, candidates may either successfully complete a Montana Department of Health and Human Services approved Nursing Assistant (NA) training program or challenge the state exam.

If a candidate has successfully completed an approved training program, the candidate will have 3 attempts to pass the state exam within 6 months of completion training. After 6 months have elapsed from the candidate's training completion date, the training expires and the candidate is no longer eligible to test based on this training cycle.

If a candidate does not have valid training, the candidate may challenge the state exam one time. If a challenge candidate passes the exam, the candidate is eligible for certification through the MT DPHHS. If the challenge candidate fails the exam, the candidate must successfully complete a MT DPHHS approved training program before further testing is allowed.

If a candidate has completed an approved training program, the candidate's demographic information and training information are already in the Headmaster WebETest® software and the candidate will be able to log into the Montana page of the Headmaster website with his/her Test ID and PIN to pay his/her test fees and schedule an exam date. If the candidate is unable to pay online, he/she may fill out the **Payment and Scheduling Form 1402** and submit it with payment to Headmaster (no personal checks accepted).

If a candidate is challenging the state exam, Headmaster will not have the candidate's demographic information. Therefore, the candidate will need to complete the **Application Form 1101MT** and the **Payment and Scheduling Form 1402MT**. These forms can be found on the Montana CNA Testing and Certification page of our website at www.hdmaster.com in the left hand column below **Candidate Forms**. Once Headmaster receives the application forms and payment, the candidate will be scheduled for the next available test date at the site listed on the candidate's Payment and Scheduling Form 1402MT. Headmaster will send the candidate a confirmation letter of his/her scheduled test date by USPS mail and by email, if an email address is given on the application.

The Headmaster application, scheduling and payment form and regional test site list are available from the Montana CNA page of the Headmaster website, www.hdmaster.com. Please call Headmaster at 800-393-8664, Monday through Friday 8 am to 6 pm mountain time if you have questions.

Please note:

- 1) Forms with missing information or payment or signatures will be returned to the candidate.
- 2) If the forms are faxed, a credit card payment is required and a \$5 Priority Fax Service Fee applies.
- 3) Candidate's personal checks or cash are not accepted as payment for testing fees.
- 4) Headmaster accepts Money Orders, Cashier's Checks, Facility Checks, MasterCard or Visa credit or debit cards.

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

In compliance with the Americans with Disabilities Act (ADA), Headmaster provides reasonable accommodations for applicants with disabilities that may affect their ability to take the Nurse Aide Competency Exam. Should you require testing accommodations, you must fill out and submit to Headmaster the 'Montana Nurse Aide Accommodation Form 1404' from the Headmaster website with appropriate documentation. Your accommodation must be approved by Headmaster before you may schedule a test date. An accommodation request may be submitted to Headmaster prior to the completion of your Nurse Aide training program.

CANCELLATIONS/RESCHEDULES/NO SHOWS

The knowledge and skill exam will begin at the assigned time on the candidate's confirmation letter. Plan to arrive at the test site 20-30 minutes prior to the test start time to check in. You will not be admitted for testing once testing has begun and will be considered a "No Show" for the test event and forfeit your test fees. You will need to repay your test fees in order to schedule a new test date.

Reschedules: To reschedule or cancel (with intent to reschedule later) your exam, you must contact Headmaster prior to the last business day before your scheduled exam date. For example, if your test is scheduled for a Saturday, Sunday or Monday, you must contact Headmaster by Thursday evening in order to reschedule your exam date. If insufficient notice is given for a cancellation or reschedule, you will be considered a "No Show" and forfeit your test fees. You will need to repay the test fees in order to schedule a new exam date. You may also reschedule online from the Montana page of our website at www.hdmaster.com.

No Shows: If a candidate does not arrive on time with valid photo ID and original Social Security Card ready to test on the date and time the candidate has scheduled, the candidate is considered a "NO SHOW" and forfeits any test fees already paid to Headmaster. In order to schedule another exam date, the candidate must submit a new **Payment & Scheduling Form 1402MT** with payment to Headmaster or login on the Schedule/Reschedule option on the Montana CNA Testing and Certification page of our website. A free retest is only allowed for emergency situations or extenuating circumstances. The candidate must supply documentation of the emergency in order to be considered for a reschedule or free retest.

Cancellations/Refunds: Cancelling a test date and requesting a refund indicates a candidate is no longer interested in taking the CNA exam and does not plan to reschedule the test date. If a candidate cancels a test date and requests a refund of the test fees, the candidate is charged a \$20.00 cancellation fee which is deducted from the candidate's fees prior to processing the refund. A cancellation request must be submitted in writing to Headmaster via USPS mail or email at hdmaster@hdmaster.com within 6 months of the original date of payment. Refunds will not be processed after 6 months have elapsed from the date of payment.

TEST DAY

- You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your test is scheduled to start. (*For example:* if your test start time is 8:00 a.m. – you need to be at the test site for check-in no later than 7:30 to 7:40 a.m.)
- **You must bring a US GOVERNMENT ISSUED, SIGNED, NON-EXPIRED, PHOTO IDENTIFICATION AND YOUR SOCIAL SECURITY CARD (Absolutely no copies!).** Examples of acceptable forms of government issued, signed, non-expired, photo ID's are:
 - ◆ Driver's License
 - ◆ State issued Identification Card
 - ◆ Passport (Passport Cards *are not* acceptable)
 - ◆ Military Identification
 - ◆ Alien Registration Card
 - ◆ Tribal Identification Card
 - ◆ Work Authorization Card
- The **FIRST** and **LAST** printed names on the ID that is presented to the RN Test Observer during sign-in at the test event ***MUST EXACTLY MATCH*** the **FIRST** and **LAST** names that were entered in the MT Nursing Assistant database by your training program or by Headmaster from your application. You may call Headmaster at 1-800-393-8664 to confirm that your name of record is matching your government issued ID.
- ***You will not be admitted for testing if you do not bring proper ID, your ID is invalid or if your FIRST and LAST printed names on your ID do not match your current name of record. You will be considered a NO SHOW. You will have to apply and pay for the arrangement, preparation, delivery, administration and processing of another test.***
- For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. DO NOT BRING or USE INK PENS. The scanner can't read ink marks on your answer sheet.

TESTING POLICY

The following policies are observed at each test site—

- If you arrive late for your confirmed test, or if you do not bring the required IDs, your IDs are invalid or the FIRST and LAST printed names on your IDs do not match your current name of record, you will not be admitted to the test, you will be marked as a No Show and any test fees paid *will NOT be refunded*.
- If you NO SHOW for your test date, you must re-submit Form 1402 (Scheduling and Payment Form) with payment to schedule another test date.
- Cell phones, smart watches, electronic devices and personal items are not permitted in the testing room and there is no place for storage of personal belongings. Anyone caught using any assistive device during testing will be suspended from testing, forfeit all testing fees and will not be permitted to test for 6 months. *You may, however, use your tablet/cell/smart phone in the waiting area during your wait time.*
- You are not permitted to bring personal belongings such as briefcases, large bags, study materials, extra books, or papers into the testing room. Any such materials brought into the testing room will be collected and returned to you when you have completed the test.
- You may not take any notes or other materials from the testing room.
- You are not permitted to eat, drink, or smoke during the test.
- If you are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the test event and reported to your training program and the MT DPHHS.
- **No visitors, guests, pets or children are allowed in the test site.**
- **Candidates are not allowed to leave the testing room during testing.**
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a CNA (Examples: Cast, Braces, Crutches, etc.). Call Headmaster immediately if you are on doctor's orders. You **must fax a doctor's order within 5 working days** of your scheduled testing day to qualify for a free reschedule.

- Rescheduling and/or cancellations will ONLY be allowed for emergency situations or extenuating circumstances. Documentation is required for all emergency situations or extenuating circumstances.
- Liabilities Not Assumed: Headmaster WILL NOT BE LIABLE FOR ANY DAMAGES IN EXCESS OF THE EXAMINATION FEES THAT HAVE BEEN PAID BY YOU OR ON YOUR BEHALF. In no event shall Headmaster, including and without limitation, agents, contractors, test sites, employees and affiliates, be liable for any special, incidental or consequential damages, including, without limitation, loss of profits or income. Headmaster will not be liable for, nor will any adjustment, refund or credit of any kind be given as a result of, any loss, damage, delay, misdelivery, nondelivery, misinformation or any failure to provide information, except such as may result from our sole negligence. We will not be liable for, nor will any adjustment, refund or credit of any kind be given as a result of any loss, damage, delay, misdelivery, nondelivery, misinformation or failure to provide information caused by or resulting in whole or in part from:
 - The act, default or omission of any person or entity, other than, including contractors, test sites or any local, state or federal government agencies.
 - Your violation of any of the terms and conditions contained in the applicable candidate handbook for your certification test, as amended or supplemented, or your failure to give proper notice in the manner and time prescribed.
 - Acts of God, public enemies, criminal acts of any person(s) or entities, including, but not limited to, acts of terrorism, civil commotion, local or national weather conditions, national or local disruptions in air or ground transportation networks (as determined solely by us), strikes or anticipated strikes (of any entity, including, but not limited to, delivery services, vendors or suppliers), labor disruptions or shortages caused by pandemic conditions or other public health events or circumstances, natural disasters (earthquakes, floods, tornadoes and hurricanes are examples of natural disasters), conditions that present a danger to our personnel, and disruption or failure of communication and information systems (including, but not limited to, our systems).
 - The loss of personal or financial information submitted to us for payment for services via personal email, fax or phone transmission, the United States Postal Service or other mail carriers except such as is a result of our sole negligence.
- Limitations on Legal Actions: Our certification testing services do not make us an agent for any contractor or any third party for any purpose. Any right you might have to damages, refunds, credits, fees or any other legal or equitable relief whatsoever against us under any cause of action arising from our certification testing services pursuant to the applicable state candidate handbook shall be extinguished unless you file an action within thirty days from the date of your claimed damage or loss. Any right that you might have to damages, refunds, credits, or any other legal or equitable relief whatsoever against us under any cause of action arising from our providing you with certification testing services as outlined in the applicable state candidate certification test handbook shall be extinguished unless you first comply with all applicable notice periods and requirements in these terms and conditions including, but not limited to, the periods and requirements for providing notice as outlined in the applicable state candidate certification test handbook.
 - Finally, you and we agree that you will comply with applicable notice periods and requirements even if you believe that such compliance will not result in relief from us or if you lack knowledge regarding whether such compliance will result in relief from us. To the extent that any court finds that state rather than federal law applies to any provision of our agreement to provide you with certification testing services, the controlling law is the substantive law of the state of Montana.

SECURITY

Anyone who removes or tries to remove test material, takes notes or information from the test site will be prosecuted to the full extent of the law, will be recorded as a test failure, and will not be allowed to retest for a minimum period of 6 months. Study materials, including this candidate handbook, may not be brought into the test room. If you give or receive help from anyone during testing, the test will be stopped, your test will be scored as a failure, you will be dismissed from the testing room, you will forfeit any testing fees paid, will have a failed test attempt in your record, and your name will be reported to the Montana Department of Health and Human Services.

THE KNOWLEDGE/ORAL TEST

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge test. You will have a maximum of 90 minutes to complete the 72 question Knowledge test. You will be told when 15 minutes remain. You may not ask questions about the content of the Knowledge test (such as “What does this question mean?”) For paper tests, fill in only one (1) oval on the answer sheet for each question using a #2 pencil. **DO NOT mark in the testing booklet.** Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. You must have a score of 75% or better to pass the knowledge test portion of the exam.

Electronic testing, called WebETest®, using Internet connected computers is utilized at several sites in Montana. For electronic tests, the Knowledge test portion of your exam will be displayed on a computer screen. You will read the displayed questions and key in your answers. Testing online with WebETest® allows next business day scoring of tests and eliminates examination material shipping time so test results are available days sooner than with traditional paper and pencil testing.

An audio (Oral) version of the knowledge test is available at online test sites only. If you wish to have an Oral Test, you must request it when you submit your application. There is an additional charge for an Oral Test. You will see the questions displayed on the computer monitor and hear the questions being read using computer headphones. You will have control buttons to use on the computer screen to play, rewind and pause.

If you wish to use a calculator for any portion of the knowledge exam you must request one from the test observer. You may not use a cell phone calculator, a computer or calculators that can print.

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to the Montana Department of Health and Human Services.

KNOWLEDGE TEST CONTENT

The Knowledge Test consists of 72 multiple-choice questions. Questions are selected from subject areas based on the approved Montana test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

- | | |
|---------------------------|--|
| 1) Safety (8) | 7) Communication (6) |
| 2) Infection Control (11) | 8) Data Collection (3) |
| 3) Personal Care (7) | 9) Basic Nursing Skills (11) |
| 4) Mental Health (4) | 10) Role and Responsibility (5) |
| 5) Care Impaired (5) | 11) Disease Process (5) |
| 6) Resident Rights (5) | 12) Older Adult Growth & Development (2) |

THE MANUAL SKILL TEST

The purpose of the Skill test is to evaluate your Nursing Assistant skills. There is a complete list of skill tasks in this handbook. Hand Washing is always the first task and will be followed by four other randomly selected skill tasks. The steps that are listed for each task are the steps required for a Nursing Assistant to completely demonstrate each task. You will be scored on these steps. You must have a score of 80% on each task without missing any key steps. If you fail the Skill test, you will have to take another Skill test with five tasks, one of which will be one of the previously failed tasks.

MANUAL SKILLS TEST - WHAT TO EXPECT

- Each of the five scenarios associated with your five assigned tasks will be read to you immediately before you do each task.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the five scenarios repeated anytime during your skill test.
- Be sure you understand all instructions before you begin because you may not ask questions once the skill test begins.
- You will be given 35 minutes to complete the five tasks. You must correctly perform all five tasks in order to pass the Skill test. You will be told when 15 minutes remain.
- If you believe you made a mistake while performing a task, say so and then repeat the task or the step on the task you believe you performed incorrectly. You may repeat any step or steps you believe you have performed incorrectly any time during your allotted 35 minutes or until you tell the RN Test Observer you are finished with the Skill test. Once the Skill test has begun the RN Test Observer may not answer questions.
- At any time during any skill, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident. An RN Test Observer may stop a skill demonstration for safety reasons.
- **All steps must actually be physically performed; steps that are only verbalized WILL NOT COUNT unless specifically allowed during a task.**

******THE SKILL TASK STEPS INCLUDED IN THIS HANDBOOK ARE DISCRETE SKILL TASK STEPS USED FOR OBJECTIVE TESTING PURPOSES ONLY AND THE STEPS INCLUDED HEREIN ARE NOT INTENDED TO BE USED TO PROVIDE THE COMPLETE CARE THAT WOULD BE ALL INCLUSIVE OF BEST CARE PRACTICED IN AN ACTUAL WORK SETTING******

TEST RESULTS

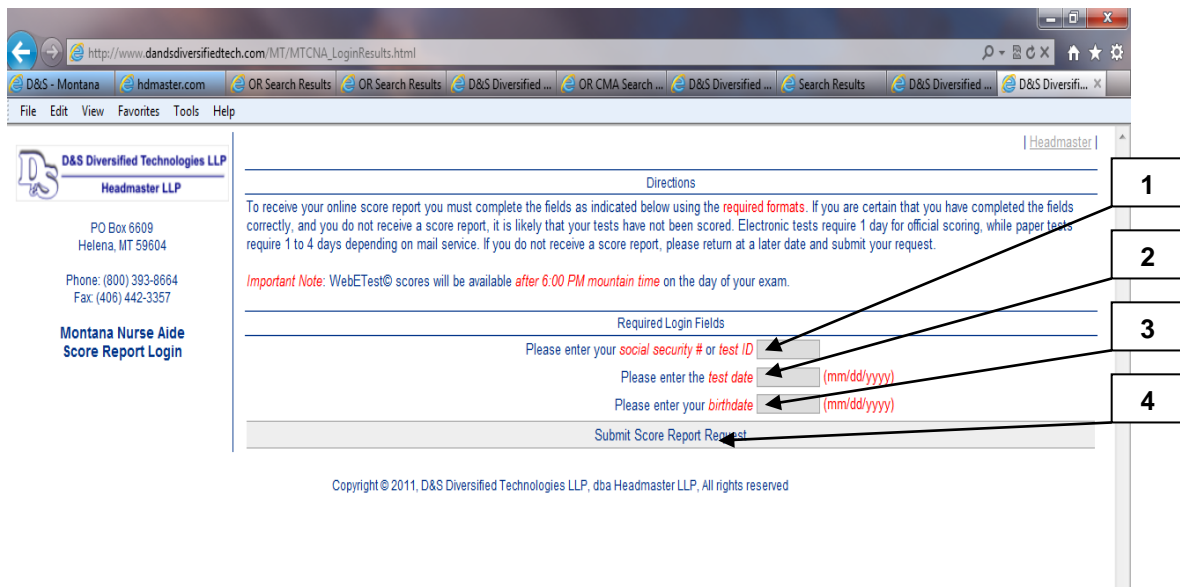
Exam results will be available after 6:00 pm Mountain Time on the Montana CNA Testing and Certification page of our website at www.hdmaster.com the day that the exam is scored. Depending on mail time paper exams are usually scored 3-5 business days after the test event. If the exam is taken at a WebETest© online testing facility the exam will be scored the following business day.

Test results may be checked on-line by going to www.hdmaster.com, clicking on MONTANA in the Nurse Aide column and clicking on On-Line Test Results.

The screenshot shows the website for D&S Diversified Technologies LLP, Headmaster LLP. The main heading is "Montana CNA Testing and Certification". A note states: "On-line training program reports are now available below!!! Next time you're in Helena, stop by and see the Western Region office! Our staff would be happy to give you a tour." The navigation menu includes:

- Candidate Forms**
 - NA Candidate Handbook
 - Application instructions
 - Testing Application Form 1101
 - Instructor's Affidavit Form 1302
 - Rate Structure Form 1402
 - Montana Regional Test Schedule
 - I&O Recording Sheet
 - ADA Accommodation Form 1404
 - On-line Test RESULTS
- Test Administrator Forms**
 - Test Observer Agreement 1505
 - Tester Application 1500
 - Confidentiality/Nondisclosure Agreement 1501
 - Test Site Agreement 1502
 - Actor Training Manual
 - Actor Affidavit 1511
 - Equipment List Form 1503
 - Feedback Form
 - On Line Reports
 - On-line Training Program Reports
- On-line Testing**
 - WebETest © On-line Testing
 - Select the above link to...
 - register candidates for the exam
 - complete the exam as a candidate
 - score a skill exam as an administrator
 - submit an exam package for scoring
 - request a paper exam
 - Please note below!!!
 - We do not have test scores available before 6:00PM ON THE DAY they are received in our office.
 - You may check your results on-line after 6:00PM.
- Contacts**
 - Please feel free to contact us if you have questions, concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Montana NA training, testing, and certification process.
 - Headmaster**
 - Mary Ebert
 - Program Manager
 - PO Box 6609
 - Helena, MT 59604
 - Phone: (800) 393-8664
 - Fax: (406) 442-3357
 - hdmaster@hdmaster.com

- 1) Type in your social security number (numbers only, no dashes).
- 2) Type in your test date in the format requested.
- 3) Type in your birth date in the format requested.
- 4) Click on Submit Score Report Request – If it is after 6:00 pm and no results are displayed and you have entered the required information correctly, the test has not been scored. Check again after 6:00 pm the next day.



After a candidate has passed both the Knowledge Test and Skill Test components, the exam results will be sent to the Montana Department of Health and Human Services (MT DPHHS). You will be certified by the MT DPHHS only after you meet all their requirements. If the candidate fails either test component, the candidate must reapply to retake the component that was failed. Procedures for reapplying and detailed test results are included in a failure notification letter mailed to the candidate's address of record. If the candidate has challenged the state exam and fails any portion of the exam, the candidate will not be allowed to retest until the candidate has completed a MT DPHHS approved training program. A list of approved training programs is available on the MT DPHHS website, www.cna.mt.gov. Headmaster does not issue certification. Certification is issued by MT DPHHS. You may check their website at www.cna.mt.gov for your certification number approximately 10 – 14 days after you receive your test results.

Test Review Policy

Test Results Review Requests: You may request a review of your test results. There is a \$25 test review fee. To request a review, submit \$25.00 (cashier's check, money order, credit or debit card with expiration date) along with a detailed explanation of why you feel your results are incorrect. You must submit your request for a review, the payment and a detailed explanation via email, fax or mail within 10 business days of your test date (excluding Saturdays, Sundays and Holidays). Late requests or requests missing review fees will be returned and will not be considered. Headmaster will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test. In addition, we will review all markings, notations and measurements recorded by the RN Test Observer at the time of your test. Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollections about your test(s). Headmaster normally completes your review request within 10 business days of the receipt of your timely review request and will email or mail a report of the review results to your email address or physical address of record and to the Montana Nurse Aide Registry. The review result determination may uphold your test result as scored or modify your test results. If the review finds in your favor the \$25 review fee will be refunded.

RETAKING THE NURSING ASSISTANT TEST

You may reschedule an exam date by clicking on the Schedule/Reschedule button below Candidate Forms on the Montana CNA Testing and Certification page of our website, www.hdmaster.com. Log in with your Test ID and PIN from your results letter to pay your fees and schedule a new test date.

If you are unable to pay online with a credit or debit card, you may complete the **Montana Payment & Scheduling Form 1402MT Form** from the Montana page of our website at www.hdmaster.com

*****Note:** You may only schedule an exam at a site listed on the **Regional Test Site List** posted on our website.

STUDY GUIDE

KNOWLEDGE PRACTICE TEST

Available on our web site at www.hdmaster.com we offer a free knowledge test question of the day and a ten question online practice test. You may also purchase complete practice tests that are randomly generated, based on the Montana State test plan, and each practice test taken will be unique. A mastery based testing method is used. This means practice test candidates must get the question they are attempting correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. Single or group purchase plans are available.

SAMPLE QUESTIONS

1. When you are communicating with residents, you need to remember to:
 - (a) look away when the make direct eye contact
 - (b) speak rapidly and loudly
 - (c) face the resident and make eye contact
 - (d) finish all their sentences for them
2. You are measuring Mrs. Clark's pulse and is 98 beats per minute, which is significantly different than her normal pulse. You should:
 - (a) ignore this, as pulse rates always fluctuate in older people
 - (b) report this to the charge nurse
 - (c) encourage Mrs. Clark to exercise more
 - (d) call the doctor immediately
3. All of these devices can be used to help a person to use regular toileting facilities with more ease except:
 - (a) elevated toilet seat
 - (b) bedside commode
 - (c) grab bars on the wall next to the toilet
 - (d) egg crate mattress
4. Mr. Russell keeps getting up from his wheelchair. Instead of using a restraint, you should ask him if:
 - (a) needs to go to the toilet
 - (b) he is hungry again after just having eaten
 - (c) a new long term care home would suit him better
 - (d) he is just being difficult
5. All of the following are in the Resident bill of Rights except:
 - (a) the right to form militant groups in the facility
 - (b) the right to be free from sexual, verbal, physical or mental abuse
 - (c) the right to be free of corporal punishment and involuntary seclusion
 - (d) the right to choose activities

Correct Answers: 1C, 2B, 3D, 4A, 5A

KNOWLEDGE TEST VOCABULARY LIST

Abdominal thrust	Call light	Diabetes mellitus
Abnormal	Cancer	Dialysis
Accidents	Cane	Diaphragm
Activity	Cardiovascular system	Diarrhea
Adduction	Care plan	Diastolic
ADL's	Caring for elderly	Diet
Admission	Cast	Digestion
Aging process	Cataracts	Digestive system
AIDS	Catheter drainage bag	Discharging resident
Alarms	Central nervous system	Disease producing
Alzheimer's	Cerebral vascular	Organisms
Ambulate with assistance	Accident	Disinfection
Ambulation	Charge nurse	Dizziness
Anemia	Chart	DNR
Angina pectoris	Chemotherapy	Documentation
Angry resident	Choking	Draw/lift
Anterior	Chronic disease	Dressing resident
Antibiotics	Circulatory system	Dry skin
Anxiety	Cleaners	Dying process
Aphasia	Cleaning spills	Dysphasia
Appropriate response	Cleaning up of spills	Dyspnea
Arteries	Clear liquid diet	Edema
Arteriosclerosis	Clergy	Elastic stockings
Arthritis	Cold compress	Electrical equipment
Aseptic	Colostomy	Elimination of wastes
Aspiration	Colostomy bag	Emesis basin
Atrophy	Combative resident	Emotional abuse
Axillary temperature	Communicable	Emotional needs
Back strain	Communication	Emotional support
Bacteria	Communication with	Empathy
Bargaining	Depressed resident	Emphysema
Basic needs	Compensation	Enema
Basic skin care	Confidentiality	Ethical code
Bathing	Confused resident	Ethical issues
Bed bath	Congestive heart failure	Evacuation
Bed position	Constipation	Exercise
Bed rest	Contaminated clothing	Eye glasses
Bedfast	Contaminated hands	Facility policy
Bedpan	Contamination	Falls
Bedsore	Contracture	Fatigue
Bladder training	Converting units	Feces
Bleeding	Coping mechanisms	Feeding resident
Blindness	Coughing excessively	Feeding tube
Blood pressure	CPR	Fingernail care
Bodily fluids	CVA resident	Fire
Body language	Cyanosis	Fire safety procedures
Body mechanics	Decubitus ulcer	Fluid intake
Body temperature	Dehydration	Job interview
Bowel and bladder	Demanding resident	Foley catheter
Programs	Dementia	Foot drop
Bowel movements	Denial	Fractures
Brain stem	Dentures	Frequent urination
Break time	Depression	Function with assistance
Breathing	Dermatitis	Gait belt
Broken equipment	Diabetes	Gastrostomy tube

Geriatrics
Germ transmission
Glass thermometer
Gloves
Grieving process
Group settings
Growth
Hair care
Hand tremors
Hand-washing
Health-care team
Hearing aid
Hearing impaired
Heart
Height
Heimlich maneuver
HIV
Hug
Hydration
Hypertension
Hyperventilation
Hypoglycemia
Immobility
Impaction
Impairment
In-house
In-service programs
Incontinence
Indwelling catheter
Infection
Initial observations
Input and output
Insulin
Intake and output
Integumentary system
International time
Interpersonal skills
Interventions
Isolation
Job description
Lethargy
Lift/draw sheets
Linen
Lying on side
Making occupied bed
Mask
Maslow's hierarchy
Material safety data
Mealtime
Medical asepsis
Medications
Memory loss
Mentally impaired
Microorganisms
Minerals
Mistakes
Mistreatment
Mobility

Money
Mouth care
Moving a dependent
Resident
Moving a resident
Mucous
Multiple Sclerosis
Myocardial infarction
Nasal cannula
Natural disaster
Needles
Neglect
New resident
Non-contagious disease
Nonverbal
Communication
Nosocomial
NPO
Nurse's station
Nursing assistant
Behavior
Nursing assistant's role
Nursing station
Nutrition
Objective
Observation
Ombudsman
Oral hygiene
Oral temperature
Osteoarthritis
Osteoporosis
Ostomy bag
Oxygen
Paralysis
Paranoia
Parkinson's
Partial bath
Patience
Perineal care
Peristalsis
Personal care
Personal hygiene
Personal items
Personal possessions
Personal stress
Pet therapy
Phantom pain
Physical needs
Physician's authority
Policy book
Positioning a resident
Positioning resident
Positive attitude
Prefix
Pressure sore
Pressure ulcer
Preventing injury
Privacy

Prone
Prostate gland
Prosthesis
Protective equipment
Psychological needs
Pulmonary disease
Pulse
Quadriplegia
Radial
Ramps
Range of motion
Rationalization
Rectal temperature
Reddened/discolored area
Rehabilitation
Religious service
Reminiscence
Renal failure
Reporting abnormal
Changes
Reposition residents
Resident abuse
Resident belongings
Resident independence
Resident rights
Resident's bill of rights
Resident's chart
Resident's environment
Resident's families
Residents
Resident's environment
Respectful treatment
Respiration
Respirations
Respiratory condition
Responding to resident
Behavior
Restorative care
Restraints
Right to equal care
Right to refuse care
Scale
Secretions
Seizure
Severe tremors
Sexual activity
Sexual advances
Sexual expression
Sexual needs
Sexuality
Sexually transmitted
Diseases
Sharps container
Shaving
Shearing of skin
Side rails
Sims position
Skin breakdown

Smoking	Suspected abuse	Unsteady
Social well being	Swelling	Urinary catheter bag
Soiled linen	Systolic	Urinary system
Specimen	TED hose	Urinary tract
Spilled food	Terminal illness	Urine
Spills	Threatening resident	Visually impaired
Spiritual needs	Thrombus	Vital signs
Standard precautions	Tips	Vitamins
Standard/universal	Toenails	Vomiting
Precautions	Toileting schedule	Vomitus
State survey	TPR	Walker
Stealing	Transferring	Wandering resident
Stereotypes	Treating residents with	Water faucets
Stethoscope	Respect	Weak side
Stomach	Tub bath	Weakness
Stool specimen	Twice daily	Weight
Stress	Tympanic temperatures	Wheelchair safety
Stroke	Ulcers	White blood cells
Subjective	Unconscious	Withdrawal
Suicide	Uncovered food	
Sun-downing	Uniform	
Supine	Universal precautions	
Supplemental feedings	Unopened mail	

MANUAL SKILLS LISTING

Every step must actually be performed and demonstrated during testing to receive credit.

ABDOMINAL THRUST:

1. Evaluates choking by asking resident "Are you choking?"
2. Candidate indicates s(he) would call for help.
3. Moves behind resident.
4. Wraps arms around resident's waist.
5. Makes a fist with one hand.
6. Places the thumb side of the fist against the resident's abdomen.
7. Positions fist slightly above navel and below bottom of the sternum.
8. Grasps fist with other hand.
9. Verbalizes pressing fist and hand into the resident's abdomen with an inward, upward thrust.
10. Verbalizes s(he) would thrust (for testing purposes only) at least 3 times.
11. Candidate stops, asks resident, "Are you still choking?"
12. Candidate should verbalize to the RN Test Observer that they would repeat this procedure until it is successful or until victim loses consciousness.
13. Candidate leaves resident in a recovery position.
14. Candidate indicates s(he) would notify the nurse.

AMBULATION WITH CANE OR WALKER:

1. Identifies hand hygiene should be performed.
2. Locks wheelchair brakes.
3. Explains procedure to resident.
4. Brings resident to sitting position.
5. Assists resident in putting on shoes or non-skid slippers, robe, etc.
6. Positions cane or walker correctly.
7. Assists resident to stand using correct body mechanics.
8. Ensures resident stabilizes cane/walker.

9. Positions self behind and slightly to side of resident.
10. Safely ambulates resident at least 10 steps.
11. Assists resident to pivot.
12. Assists resident to sit, using correct body mechanics.
13. Identifies hand hygiene should be performed.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signal calling device within easy reach of the resident.

AMBULATION WITH GAIT BELT:

1. Identifies hand hygiene should be performed.
2. Explains procedure to be performed to the resident.
3. Obtains gait belt.
4. Position bed so resident's feet will be flat on the floor when sitting on the edge of the bed.
5. Locks wheelchair brakes to ensure resident's safety.
6. Brings resident to sitting position.
7. Assists resident to put on shoes or non skid slippers.
8. Places gait belt around waist.
9. Tightens gait belt.
10. Checks gait belt by slipping fingers between gait belt and resident.
11. Stands in front of and faces the resident.
12. Grasps the gait belt on each side of the resident with an underhand grip.
13. Stabilizes the resident's legs.
14. Brings resident to standing position, using proper body mechanics.
15. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulates the resident to wheelchair.
16. Assists resident to pivot/back up to the wheelchair.
17. Assists resident to sit in the wheelchair in a controlled manner that ensures safety.
18. Removes gait belt.
19. Leaves resident in position of comfort and safety.
20. Maintains respectful, courteous interpersonal interactions at all times.
21. Leaves call light or signal device within easy reach of the resident.
22. Identifies hand hygiene should be performed.

APPLYING ANTIEMBOLIC STOCKINGS:

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Provides for resident's privacy by exposing only one leg.
4. Rolls, gathers, or turns stocking down to heel.
5. Places stocking over the toes, foot, and heel.
6. Rolls or pulls stocking up leg.
7. Checks toes for possible pressure from stocking and adjusts as needed.
8. Leaves resident with a stocking that is smooth and wrinkle free.
9. Leaves resident with a stocking that is properly placed.
10. Covers exposed leg.
11. Identifies hand hygiene should be performed.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signal calling device within easy reach of the resident.
14. Treated resident gently during entire procedure.

ASSISTING A DEPENDENT RESIDENT WITH EATING:

1. Knocks on door.
2. Identifies hand hygiene should be performed.
3. Explains procedure to the resident.
4. Looks at diet card to check that the resident has received the correct tray.
5. Protects clothing from soiling by using napkin, clothing protector, or towel.

6. Washes resident's hands before feeding.
7. Dries resident's hands before feeding.
8. Sits down facing the resident while feeding the resident or assumes other posture so candidate is at eye level with the resident.
9. Describes the foods being offered to the resident.
10. Offers fluid frequently.
11. Offers small amounts of food at a reasonable rate.
12. Allows resident time to chew and swallow.
13. Wipes resident's hands and face during meal as needed.
14. Leaves resident clean and in a position of comfort.
15. Places soiled linen in hamper.
16. Records intake as a percentage of total solid food eaten on signed Recording Form.
17. Candidate's calculation must be within 25% of the Observers.
18. Candidate records fluid intake in ml's on pad provided.
19. The candidate's calculation is within 40 ml's of the RN Test Observer's.
20. Maintains respectful, courteous interpersonal interactions at all times.
21. Leaves call light or signaling device within easy reach of the resident.
22. Identifies hand hygiene should be performed.

BEDPAN & OUTPUT:

1. Identifies hand hygiene should be performed.
2. Explains the procedure to the resident.
3. Provides privacy - pulls curtain.
4. Positions resident on bedpan correctly.
5. After placing bedpan, raises head of bed to comfortable level.
6. Leaves tissue within reach of resident.
7. Leaves call light within reach of resident
8. Candidate leaves room or verbalizes leaving the room, while moving to an area of the room away from the Actor, depending on the test site.
9. Candidate puts on gloves.
10. Candidate gently removes bedpan
11. Candidate measures output.
12. Empties and cleans receptacle(s).
 - a) Cleans means wash, rinse and dry.
13. Removes gloves turning inside out.
14. Disposes of gloves in proper receptacle.
15. Identifies hand hygiene should be performed.
16. Performs hand hygiene for resident/assists resident to perform hand hygiene.
17. Lowers bed, if it was raised.
18. Candidate records output on signed Recording Form.
19. Candidate's measurement reading is within 30 ml's of RN Test Observer's reading.
20. Identifies hand hygiene should be performed.
21. Maintains respectful, courteous interpersonal interactions at all times.
22. Leaves call light or signaling device within reach of the resident.

BLOOD PRESSURE:

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Provides for resident's privacy.
4. Assists resident into a comfortable position with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
5. Rolls resident's sleeve up about 5 inches above the elbow.
6. Applies the cuff around the upper arm just above the elbow.
7. Cleans earpieces of stethoscope appropriately and places in ears.
8. Cleans diaphragm.
9. Locates brachial artery with fingertips by feeling brachial pulse just above bend of elbow.

10. Places stethoscope over brachial artery.
11. Holds stethoscope snugly in place.
12. Inflates cuff.
13. Slowly releases air from cuff to disappearance of pulsations.
14. Removes cuff.
15. Candidate records reading on Recording Form signed during equipment demonstration.
16. Candidate's recorded systolic and diastolic blood pressure are within 4mmHG of the RN Test Observer's.
17. Identifies hand hygiene should be performed.
18. Gathered and used equipment:
 - a) correct size cuff
 - b) teaching stethoscope
 - c) 2 alcohol swabs
 - d) pad and pencil
19. Maintains respectful, courteous interpersonal interactions at all times.
20. Leaves call light or signal calling device within easy reach of the resident.

BRIEF APPLICATION:

1. Knocks on door.
2. Introduces self.
3. Explains procedure to resident.
4. Identifies hand hygiene should be performed.
5. Chooses correct brief and size per facility instructions.
6. Provides privacy for the resident.
7. Elevates bed to comfortable working height.
8. Identifies hand hygiene should be performed.
9. Puts on gloves.
10. Identifies that perineal care would be performed.
11. Places brief under buttocks with top of absorbent pad aligned just above the buttocks crease.
12. Grasps and stretches leg portion of front panel to extend elastic for groin placement.
13. Rolls ruffles away from groin.
14. Snuggly place bottom tabs angled towards abdomen on both sides.
15. Places top tabs on each side angled toward bottom tabs.
16. Removes gloves.
17. Identifies hand hygiene should be performed.
18. Leaves resident in a position of comfort in good alignment.
19. Places call light within reach.
20. Identifies hand hygiene should be performed.
21. Verbalizes that the resident's brief should be checked every two hours.
22. Verbalizes that brief is to be changed PRN and that facility toileting and bowel and bladder protocol will be followed.

CARE OF HAIR:

1. Identifies hand hygiene should be performed.
2. Gathers and uses appropriate equipment:
 - a) such as brush, towel, comb or hair pick
3. Explains procedure to the resident.
4. May place a towel over shoulders or not use a barrier at all, either way is ok.
5. Asks resident how they would like his/her hair combed.
6. Combs/brushes hair gently and completely.
7. Leaves hair neatly brushed, combed and/or styled.
8. Removes hair from brush or comb, if necessary.
9. Cleans, dries and returns equipment to storage.
10. Identifies hand hygiene should be performed.
11. Maintains respectful, courteous interpersonal interactions at all times.
12. Leaves call light or signal calling device within easy reach of the resident.

DENTURE CARE & ORAL MOUTHCARE:

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Provides for resident's privacy.
4. Puts on disposable gloves.
5. Lines sink with a washcloth.
6. Handles dentures carefully to avoid damage.
7. Takes dentures to the sink and thoroughly brushes the inner surfaces of the dentures.
8. Thoroughly brushes the outer surfaces of the dentures.
9. Thoroughly brushes the chewing surfaces of the dentures.
10. Thoroughly brushes the upper/lower surface of the denture(s).
11. Rinses dentures using clean cool water.
12. Places dentures in rinsed denture cup.
13. Adds cool clean water to denture cup.
14. Cleans resident's mouth.
15. Brushes resident's gums with toothbrush or toothettes and toothpaste.
16. Brushes resident's tongue with toothbrush or toothettes and toothpaste.
17. Rinses resident's mouth with mouthwash or water.
18. Wipes residue from resident's face/mouth.
19. Ensures resident is in a position of comfort and safety.
20. Cleans equipment.
21. Returns equipment to storage.
22. Discards used linen in linen hamper.
23. Removes gloves, turning gloves inside out as they are removed.
24. Disposes of gloves in an appropriate container.
25. Identifies hand hygiene should be performed.
26. Maintains respectful, courteous interpersonal interactions at all times.
27. Gathered and used equipment appropriately throughout the procedure.
 - a) denture container
 - b) denture brush
 - c) toothpaste
 - d) towel or washcloth
 - e) glass of water
 - f) mouthwash
28. Leaves call light or signal calling device within easy reach of the resident.

DRESSING A RESIDENT:

1. Identifies hand hygiene should be performed.
2. Explains the procedure to the resident.
3. Removes gown while providing for the resident's privacy by appropriately keeping resident covered at all times.
4. Removes gown from strong side first.
5. Places used gown in laundry hamper.
6. When dressing the resident in a shirt or blouse, the candidate inserts his/her hand through the sleeve of the shirt or blouse and grasps the hand of the resident, dressing from the weak side first.
7. The candidate assists the resident to raise his/her buttocks or rocks resident side to side and draws the pants over the buttocks and up to the resident's waist, always dressing from the weak side first.
8. When putting on the resident's socks, the candidate draws the socks up the resident's foot until they are smooth.
9. Leaves the resident in a position of comfort.
10. Leaves the resident properly dressed.
11. Identifies hand hygiene should be performed.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signal calling device within easy reach of the resident.

EMPTYING A URINARY DRAINAGE BAG:

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Pulls curtain - provides for privacy.
4. Puts on gloves.
5. Places a barrier on the floor under the drainage bag.
6. Places the graduate on the barrier.
7. Assures the bag is below the bladder.
8. Assures the drainage tube is not kinked.
9. Opens the drain to allow the urine to flow into the graduate.
10. Allows the urine to flow into the graduate.
11. Avoids touching the tip of the tubing to the graduate.
12. Clamps tubing.
13. Wipes the drain with antiseptic wipe.
14. Inserts a plug or protective cap into tubing or into holder.
15. Places graduate on flat surface.
16. Measures output at eye level.
17. Empties, rinses, dries and stores graduate.
18. Turns gloves inside out as they are removed. Disposes of gloves in an appropriate manner.
19. Identifies hand hygiene should be performed.
20. Candidate records his/her output reading on signed Recording Form.
21. Candidate's measurement is within 10 ml's of the RN Test Observer's pre-measured amount.
22. Leaves resident in a position of safety and comfort.
23. Leaves call light or signal calling device within easy reach of the resident.
24. Maintains respectful, courteous interpersonal interactions.

FLUID INTAKE:

1. Identifies hand hygiene should be performed.
2. Candidate observes dinner tray.
3. Uses pad, pencil and/or RN Test Observer supplied calculator to arrive at the number of ml's consumed.
4. Candidate decides on cc/ml of fluid consumed from each container.
5. Candidate obtains total fluid consumed in cc or ml.
6. Candidate records the total cc or ml consumed from the tray on signed recording sheet.
7. TO pre-measured total and Candidate calculated total are within required range.
8. Equipment utilized:
 - a) two 8oz (240 ml) clear glasses; one 4z (120 ml) clear juice glass placed on a tray
 - b) calculator optional (only RN supplied calculator may be used)
 - c) RN supplied pad and pencil for candidate
9. Identifies hand hygiene should be performed.
10. Maintains respectful, courteous interpersonal interactions.
11. Places call bell within reach.

FOOT CARE ONE FOOT:

1. Identifies hand hygiene should be performed.
2. Explains procedure to the resident.
3. Fills foot basin with comfortably warm water.
4. Removes one sock.
5. Immerses foot in comfortably warm water for 10 to 20 minutes.
 - a) Candidate may verbalize 10 to 20 minutes soaking time after they begin soaking the foot.
6. Removes foot from water.
7. Uses water and soapy washcloth.
8. Washes entire foot.
9. Washes between toes.
10. Rinses entire foot.
11. Rinses between toes.

12. Dries foot thoroughly, being careful to dry between toes.
13. Warms lotion by rubbing it between hands.
14. Massages lotion over entire foot.
15. If any excess lotion, wipes with a towel.
16. Replaces sock on foot.
17. Places soiled linen in hamper or equivalent.
18. Cleans equipment.
 - a) Clean means washes, rinses and dries.
19. Returns equipment to storage area.
20. Maintains respectful, courteous interpersonal interactions.
21. Leaves resident in position of safety in proper alignment in the wheel chair.
22. Leaves call bell within easy reach of resident.
23. Identifies hand hygiene should be performed.

GOWN & GLOVES:

1. Identifies hand hygiene should be performed.
2. Candidate faces the back opening of the gown
3. Candidate unfolds the gown
4. Candidate places arms through each sleeve
5. Candidate secures the neck opening
6. Candidate secures the waist, making sure that the back flaps completely cover clothing
7. Candidate puts on gloves
8. Gloves overlap gown sleeves at the wrist
9. Removes gloves before removing gown or with gloves on, pulls/pops gown off by pulling on the front of the gown.
10. Removes gloves turning inside out and folding one glove inside the other or pulls/pops gown from neck always keeping gloved hands on outside portion of gown.
11. Candidate does not touch outside of gloves with bare hand at any time or works gown down the arms from the neck and rolls the gown inside out as it is removed.
12. Dispose of the gloves, without contaminating self, in appropriate container or peels gloves off keeping them inside out and rolled up inside the gown.
13. Identifies hand hygiene should be performed.
14. Unfastens gown at the neck with bare hands if not using alternate method of removal.
15. Unfastens gown at the waist with bare hands, if not using alternate method of removal.
16. Removes gown by folding soiled area to soiled area with either method of removal.
17. Disposes of gown and gloves in an appropriate container
18. Identifies that hands should be washed.

HANDWASHING:

1. Knocks on door.
2. Introduces him/her self to the resident.
3. Turns on water.
4. Thoroughly wets hands.
5. Applies liquid soap to hands.
6. Rubs hands together for 20 seconds using friction
7. Using friction, rubs interlaced fingers together while pointing downward.
8. Washes all surfaces of hands with liquid soap
9. Washes wrists with liquid soap
10. Rinses hands thoroughly under running water with fingers pointed downward.
11. Rinses wrists thoroughly under running water with fingers pointed downward.
12. Dries hands on clean paper towel(s).
13. Turns off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
14. Discards paper towels to trash container as used.
15. Does not recontaminate hands at any time during the procedure. (Without going back and repeating the procedure from step 4.)

MAKING AN OCCUPIED BED:

1. Identifies hand hygiene should be performed.
2. Gathers linen.
3. Transports linen away from the body.
4. Places clean linen on a clean surface.
5. Explains procedure to resident.
6. Provides privacy.
7. Elevates bed to appropriate working height.
8. Removes top linen except sheet. Resident is to remain covered at all times with the sheet.
9. Gently removes pillow from under resident's head.
10. Candidate asks TO to stand on opposite side of bed to provide safety when turning resident toward side of bed.
11. Rolls or fan folds soiled linen, soiled side inside, to the center of the bed.
12. Places clean bottom sheet along the center of the bed and rolls or fan folds linen against resident's back and unfolds remaining half. Pulls corners tightly in place and tucks sheet securely under the mattress as necessary.
13. Asks TO to move to opposite side of bed to provide safety.
14. Assists the resident to roll over the bottom linen, toward TO, preventing trauma and avoidable pain to resident
15. Removes soiled linen without shaking, and places in hamper.
 - a) Avoids placing dirty linen on the overbed table.
 - b) Avoids touching linen to uniform.
16. Pulls through and smoothes out the clean bottom linen.
17. Places clean top linen over covered resident. Removes used linen keeping resident unexposed at all times.
18. Tucks in top linen.
19. Makes toe pleat.
20. Applies clean pillow case, with zippers and/or tags to inside, gently lifting resident's head to replace the pillow.
21. Leaves resident in position of comfort and safety in a neatly made bed.
22. Identifies hand hygiene should be performed.
23. Maintains respectful, courteous interpersonal interactions at all times.
24. Leaves call light or signal calling device within easy reach of the resident.

MOUTH CARE:

1. Identifies hand hygiene should be performed.
2. Explains procedure to the resident.
3. Provides for resident's privacy.
4. Drapes the chest as needed to prevent soiling.
5. Puts on disposable gloves.
6. Applies toothpaste to toothbrush.
7. Brushes resident's teeth, including the inner surface of all upper and lower teeth.
8. Brushes resident's teeth including the outer surfaces of all upper and lower teeth.
9. Brushes resident's teeth, including the chewing surfaces of all upper and lower teeth.
10. Cleans tongue.
11. Assists resident in rinsing mouth.
12. Wipes resident's mouth.
13. Removes soiled linen.
14. Leaves resident in position of comfort and safety.
15. Empties and cleans emesis basin.
16. Rinses toothbrush.
17. Returns emesis basin and toothbrush to storage.
18. Places soiled linen in hamper.
19. Removes gloves, turning gloves inside out as they are removed.
20. Disposes of gloves in an appropriate container.
21. Identifies hand hygiene should be performed.
22. Gathered and used the appropriate equipment during the procedure:

- a. toothbrush
 - b. emesis basin
 - c. tooth paste
 - d. glass of water
 - e. towel
23. Maintains respectful, courteous interpersonal interactions at all times.
24. Leaves call light or signal calling device within easy reach of the resident.

MOUTHCARE OF A COMATOSE RESIDENT:

1. Knocks on door.
2. Introduces self.
3. Identifies hand hygiene should be performed.
4. Provides privacy - pulls curtain.
5. Positions resident in semi-Fowlers or lateral position, as appropriate to avoid choking or aspiration.
6. Drapes chest/bed as needed to protect from soiling.
7. Puts on gloves.
8. Uses toothettes and prepared mouthwash cleaning solution or water.
9. Gently and thoroughly cleans the inner surfaces of all upper and lower teeth.
10. Gently and thoroughly cleans the outer surfaces of all upper and lower teeth.
11. Gently and thoroughly cleans the chewing surfaces of All upper and lower teeth.
12. Gently and thoroughly cleans the gums.
13. Gently and thoroughly cleans the tongue and roof (palate) of the mouth.
14. Dips un-used toothette into clean water.
15. Rinses mouth with water dipped toothette.
16. Cleans, dries face.
17. Returns resident to position of comfort and safety.
18. Cleans equipment.
 - a) Cleans means wash, rinse and dry.
19. Replaces equipment.
20. Discards disposable items in waste can.
21. Discards towel and washcloth in linen hamper.
22. Removes gloves, turning inside out as they are removed.
23. Disposes of gloves properly.
24. Identifies hand hygiene should be performed.

NAIL CARE:

1. Identifies hand hygiene should be performed.
2. Explains procedure to the resident.
3. Provides privacy for resident.
4. Ensures resident's safety by locking wheelchair brakes.
5. Immerses nails in comfortably warm water and soaks for at least five (5) minutes.
 - a) (The five minutes may be verbalized by the candidate and acknowledged by the TO -- either way the five minutes must be accounted for and directed by the candidate.)
6. Gently cleans under nails with file, orange stick or nail brush. Nails may be cleaned as they soak.
7. Dries hands thoroughly.
8. Specifically dries between fingers.
9. Gently pushes cuticle back with towel or orange stick.
10. Verbalizes technique used to cut nails.
11. Verbalizes technique used to file nails.
12. Discards soiled linen in linen hamper or equivalent.
13. Cleans equipment.
 - a) Cleans means wash, rinse and dry.
14. Identifies hand hygiene should be performed.
15. Returns equipment to storage.
16. Gathered and used equipment appropriately.
 - a) towel

- b) basin with warm water
 - c) nail clippers
 - d) nail file
 - e) orange stick or nail brush
17. Maintains respectful, courteous interpersonal interactions at all times.
 18. Leaves call light or signal calling device within easy reach of the resident.

PARTIAL BED BATH:

1. Identifies hand hygiene should be performed.
2. Explains procedure to the resident.
3. Provides privacy.
4. Ensures resident safety as appropriate.
5. Raises bed to appropriate working level.
6. Covers resident with a bath blanket. Removes top bed linens. Fanfolds to bottom of bed or places aside.
7. Removes resident's gown.
8. Place soiled gown in linen hamper.
9. Fills basin with comfortably warm water.
10. Washes face WITHOUT SOAP.
11. Rinses face.
12. Dries face.
13. Washes hands.
14. Rinses hands.
15. Dries hands.
16. Washes underarm.
17. Rinses underarm.
18. Dries underarm.
19. Disposes of soiled linen in linen hamper.
20. Verbalizes steps for perineal care. Verbalization MUST include
 - a) wiping front to back
 - b) using gloves
 - c) correct procedure for removing gloves
 - d) proper disposal of used gloves
21. Identifies hand hygiene should be performed.
22. Puts a clean gown on the resident.
23. Properly cleans all equipment used.
 - a) Cleans means wash, rinse and dry.
24. Identifies hand hygiene should be performed.
25. Returns all equipment used.
26. Maintains respectful, courteous interpersonal interactions at all times.
27. Gathered and used required equipment appropriately;
 - a) bath blanket or equivalent
 - b) washcloth
 - c) bath towel
 - d) resident gown
 - e) lotion - optional
 - f) disposable gloves
 - g) linen hamper
 - h) basin of warm water
28. Leaves call light or signal calling device within easy reach of the resident.

PASSING FRESH WATER:

1. Identifies hand hygiene should be performed.
2. Assembles equipment as required:
 - a) ice (marbles used as simulated ice)
 - b) scoop

3. Knocks on door.
4. Explains task to resident.
5. Obtains water pitcher from room. Empties water pitcher.
 - a) Verbalizes cleaning water pitcher.
6. Scoops ice (marbles) into water pitcher.
7. Properly uses ice scoop OR uses ice dispenser without contaminating water or water pitcher.
 - a) Does not allow ice to touch hand and fall back into pitcher or scoop to touch pitcher.
8. Properly stores ice scoop, if scoop was used.
 - a) Scoop placed in appropriate receptacle after each use.
9. Adds water to pitcher.
10. Returns pitcher to resident's bedside table.
11. Offers resident a fresh glass of water.
12. Identifies hand hygiene should be performed.
13. Maintains respectful, courteous interpersonal interactions at all times.
14. Leaves call light or signal calling device within easy reach of the resident.

PERINEAL CARE FOR FEMALE:

1. Knocks on door.
2. Explains procedure to the resident.
3. Pulls curtain; provides for privacy.
4. Elevates bed to working height.
5. Identifies hand hygiene should be performed.
6. Puts on gloves.
7. Fills basin with comfortably warm water.
8. Places water proof pad under buttocks.
9. Exposes perineum only.
10. Separates labia.
11. Uses water, simulated soap and wash cloth or disposable wipes for cleaning perineum.
12. Cleans one side of labia from top to bottom.
13. Uses a clean portion of a wash cloth with each stroke.
14. Cleans other side of labia from top to bottom.
15. Uses a clean portion of a wash cloth with each stroke.
16. Pat the perineum dry with a towel.
17. Re-covers the exposed area with the bath blanket.
18. Assists resident (mannequin) to turn onto side away from the candidate.
19. Uses a clean wash cloth to clean the rectal area.
20. Cleans area from vagina to rectal area with single strokes.
21. Repeats this step as necessary using a different part of the washcloth for each stroke. May use more than one washcloth.
22. Pats area dry with a towel from vagina to anus.
23. Removes water proof pad from under buttocks.
24. Discards soiled linen in hamper.
25. Turns gloves inside out as they are removed.
26. Disposes of gloves in appropriate manner.
27. Identifies hand hygiene should be performed.
28. Lowers bed, if it was raised.
29. Leaves resident in a position of comfort.
30. Places call bell within reach.
31. Maintains respectful, courteous interpersonal interactions at all times.

PERINEAL CARE FOR UNCIRCUMCISED MALE:

1. Knocks on door.
2. Explains procedure to the resident.
3. Pulls curtain; provides for privacy.
4. Elevates bed to working height.
5. Identifies hand hygiene should be performed.

6. Puts on gloves.
7. Fills basin with comfortably warm water.
8. Places water proof pad under buttocks.
9. Gently grasps penis.
10. Uses water, simulated soap and washcloth.
11. Demonstrates or verbalizes retracting of the foreskin.
12. Cleans tip of penis using single strokes starting at the urethral opening and working outward with a circular motion with each stroke.
13. Uses a clean portion of a washcloth with each stroke.
14. Demonstrates or verbalizes replacement of foreskin.
15. Cleans shaft of the penis using single strokes with firm downward motion from the tip to the base of the penis.
16. Cleans the shaft of the penis using clean portion of washcloth with each stroke.
17. Cleans scrotum using clean portion of washcloth with each stroke.
18. Pats the penis and scrotum dry with a towel.
19. Re-covers the exposed area with the bath blanket.
20. Assists resident to turn onto side away from the candidate.
21. Uses a clean wash cloth to clean the rectal area.
22. Cleans area from scrotum to rectal area with single strokes.
23. Uses a different part of the washcloth for each stroke. May use more than one washcloth.
24. Pats area dry with a towel from scrotum to anus.
25. Removes water proof pad from under buttocks.
26. Discards soiled linen in hamper.
27. Turns gloves inside out as they are removed.
28. Disposes of gloves in appropriate manner.
29. Identifies hand hygiene should be performed.
30. Lowers bed, if it was raised.
31. Leaves resident in a position of comfort.
32. Places call bell within reach.
33. Maintains respectful, courteous interpersonal interactions at all times.

POSITION RESIDENT ON HIS/HER SIDE IN BED:

1. Identifies hand hygiene should be performed.
2. Explains what is to be done and how the resident may help.
3. Provides privacy.
4. Positions bed flat.
5. Adjusts bed to working height.
6. Ensures resident safety by locking bed brakes.
7. Uses a turn sheet and weight shift technique or moves/pulls torso of the resident, with proper body mechanics, toward self.
8. Uses a turn sheet and weight shift technique or moves/pulls resident's hips, with proper body mechanics, toward self.
9. Uses a turn sheet and weight shift technique or moves/pulls resident's legs, with proper body mechanics, toward self.
10. Crosses legs.
11. Assists/turns resident on side, either by turning the resident toward the TO from the working side of the bed or by moving to the opposite side of the bed and turning the resident on his/her side toward themselves.
12. Support device is placed under the resident's head.
13. Support device is placed under the resident's up side arm.
14. Support device is placed behind the resident's back.
15. Support device is placed between the resident's knees.
16. Asks resident if s(he) is comfortable.
17. Lowers bed when finished, if it was raised.
18. Identifies hand hygiene should be performed.
19. Maintains respectful, courteous interpersonal interactions at all times.
20. Leaves call light or signal calling device within easy reach of the resident.

RANGE OF MOTION EXERCISE:

1. Identifies hand hygiene should be performed.
2. Explains procedure to the resident.
3. Provides for resident's privacy.
4. Positions resident supine and in good body alignment.
5. Correctly supports the extremity/joint being exercised.
6. Moves shoulder through flexion, extension, rotation, abduction, and adduction as appropriate, at least three times.
7. Moves elbow through flexion and extension at least three times.
8. Moves wrist through flexion, extension, and rotation, as appropriate, at least three times.
9. Moves hip through flexion, extension, rotation, abduction, and adduction as appropriate, at least three times.
10. Moves knee through flexion and extension at least three times.
11. Moves ankle joint through flexion, extension, rotation, abduction, and adduction as appropriate, at least three times.
12. Does not cause discomfort or pain and does not force any joint beyond the point of free movement.
13. Identifies hand hygiene should be performed.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signal calling device within easy reach of the resident.

TRANSFER FROM BED TO WHEELCHAIR USING A GAIT BELT:

1. Identifies hand hygiene should be performed.
2. Obtains correct size gait belt.
3. Explains the procedure to be performed to the resident.
4. Positions wheelchair at the foot or head of bed.
5. Ensures resident's safety. Locks wheelchair brakes.
6. Brings resident to a sitting position using proper body mechanics.
7. Positions bed such that the resident's feet are flat on the floor when sitting on the edge of the bed.
8. Assists resident in putting on non-skid slippers or shoes.
9. Places gait belt around the resident, below the rib cage and above his/her waist, to stabilize trunk.
10. Tightens gait belt so that fingers of Candidate's hand can be slipped between gait belt and resident.
11. Brings resident to standing position using proper body mechanics.
12. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using another appropriate method to stabilize, transfers resident from bed to wheelchair.
13. Assists resident to pivot and sit in a controlled manner that ensures safety.
14. Removes gait belt.
15. Identifies hand hygiene should be performed.
16. Maintains respectful, courteous interpersonal interactions at all times.
17. Leaves call light or signal calling device within easy reach of the resident.

TRANSFER FROM WHEELCHAIR TO BED USING A GAIT BELT:

1. Identifies hand hygiene should be performed.
2. Explains procedure to be performed to the resident.
3. Positions wheelchair at foot of bed.
4. Ensures resident's safety. Locks wheelchair brakes.
5. Raises bed to working height.
6. Places gait belt around the resident, below the rib cage and above waist, to stabilize trunk.
7. Tightens gait belt so that fingers of Candidate's hand can be comfortably slipped between gait belt and resident.
8. Instructs resident to move hips forward to front of wheelchair seat.
9. Instructs resident to place hands on wheelchair armrests.
10. Candidate uses his/her legs to stabilize resident.
11. Assists resident to standing position using underhand grip on gait belt.
12. Assists resident to standing position using proper body mechanics.

13. Assists resident to pivot in a controlled manner that ensures safety.
14. Assists resident to sit on bed using correct body mechanics.
15. Removes gait belt.
16. Removes footwear.
17. Assists resident to move to center of bed and lie, using correct body mechanics.
18. Makes sure resident is comfortable and in good body alignment.
19. Identifies hand hygiene should be performed.
20. Maintains respectful, courteous interpersonal interactions at all times.
21. Leaves call light or signal calling device within easy reach of the resident.

VITAL SIGNS – PULSE & RESPIRATION:

1. Knocks on door.
2. Identifies hand hygiene should be performed.
3. Explains procedure to resident.
4. Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
5. Candidate counts pulse for 60 seconds. (or 30 x 2)
6. Candidate records count on the signed Recording Form.
7. Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.
8. Candidate counts respirations for 60 seconds. (or 30 x 2)
9. Candidate records count on the signed recording sheet.
10. The Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.
11. Gathered and used equipment as appropriate.
 - a. Recording Form and pencil/pen.
 - b. Watch
12. Leaves resident in a position of comfort and safety.
13. Identifies hand hygiene should be performed.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signal calling device within easy reach of the resident.

VITAL SIGNS –TEMPERATURE, PULSE & RESPIRATION:

(Digital, tympanic or temp dot thermometer)

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Provides for resident's privacy.
4. Correctly turns on digital or tympanic thermometer, or correctly handles temp dot thermometer.
5. Gently inserts bulb end of thermometer in mouth-under tongue or tympanic in ear or properly places temp dot thermometer.
6. Holds or leaves thermometer in place for appropriate length of time.
7. Removes thermometer.
8. Candidate reads and records the temperature on the Recording Form.
9. Candidate's recorded temperature varies no more than 0.1 degrees from the TO's recorded temperature.
10. Candidate wipes the thermometer clean with alcohol pad or discards sheath or temp dot thermometer appropriately.
11. Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
12. Counts pulse for 60 seconds, or 30x2.
13. Candidate records count on the Recording Form.
14. Candidate's recorded pulse rate is within 4 beats of TO's recorded rate.
15. Candidate counts respirations for 60 seconds, or 30 x 2.
16. Candidate records count on signed Recording Form.
17. The candidate's recorded respiratory rate is within 2 breaths of the TO's recorded rate.
18. Identifies hand hygiene should be performed.
19. Maintains respectful, courteous interpersonal interactions at all times.
20. Leaves call light or signal calling device within easy reach of the resident.

WEIGHING AN AMBULATORY RESIDENT:

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Ensures resident's safety. Locks wheelchair brakes. Use of gait belt is optional but procedure must be performed safely.
4. Balances or zeros scale, before weighing resident.
5. Checks that resident is balanced and centered on scale with arms at side.
6. Checks that resident is not holding on to anything that would alter reading of the weight.
7. Appropriately adjusts weights until scale is in balance.
8. Reads weight and records it on signed Recording Form.
9. Candidate's recorded weight varies no more than 1 lb. from actual reading.
10. Unlocks wheelchair brakes, if they were locked.
11. Returns resident to position of comfort and safety.
12. Identifies hand hygiene should be performed.
13. Maintains respectful, courteous interpersonal interactions at all times.
Leaves call light or signal calling device within easy reach of the resident.

NOTES:
