



OHIO STNA MOCK SKILLS

D&S DT – HEADMASTER LLP

Effective October 2020

Updated: August 17, 2020

HAND WASHING

		Turn on water.	
		Wet all surfaces of hands.	
		Wet wrists.	
		Apply soap to hands.	
		Rub hands together using friction.	
		While hands are not under the water stream, rub hands together for at least 20 seconds.	
		Interlace fingers pointing downward.	
		Wash all surfaces of hands with soap.	
		Wash wrists with soap.	
		Rinse hands thoroughly under running water with fingers pointed downward.	
		Dry hands on clean paper towel(s).	
		Immediately discard paper towel(s) in trash can.	
		Turn off faucet with a clean dry paper towel(s).	
		Discard paper towels into trash container.	
		Do not recontaminate hands at any time during the procedure.	

1. AMBULATION USING A GAIT BELT

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

		Explain the procedure to be performed to the resident.	
		Obtain a gait belt for the resident.	
		Lock designated bed brake(s) to ensure resident's safety.	
		Lock wheelchair brakes to ensure resident's safety.	
		Assist resident to put on non-skid footwear.	
		Lower bed to a position so the resident's feet will be flat on the floor when sitting on bed.	
		Bring resident to a sitting position with resident's feet flat on the floor.	
		Place gait belt around resident's waist to stabilize trunk.	
		Tighten gait belt.	
		Check gait belt for tightness by slipping fingers between gait belt and resident.	
		Face resident and grasp gait belt with both hands.	
		Bring resident to a standing position using proper body mechanics at all times.	
		Grasp gait belt with one hand with other hand stabilizing resident by holding forearm, shoulder or using other appropriate method to stabilize the resident.	
		Position self behind and slightly to side of the resident.	
		Ambulate resident at least 10 steps to the wheelchair.	
		Assist resident to pivot/turn and sit in the wheelchair in a controlled manner ensuring safety at all times.	
		Remove gait belt.	
		Maintain respectful, courteous interpersonal interactions at all times.	
		Place call light or signal device within easy reach of the resident.	
		Perform hand hygiene.	
		<ul style="list-style-type: none"> a. Cover all surfaces of the hands with hand sanitizer. b. Rub hands together to dry. 	

2. AMBULATION WITH A WALKER USING A GAIT BELT

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

		Explain the procedure to be performed to the resident.	
		Obtain a gait belt for the resident.	
		Lock designated bed brake(s) to ensure resident's safety.	
		Lock wheelchair brakes to ensure resident's safety.	
		Assist the resident to put on non-skid footwear.	
		Bring resident to a sitting position with resident's feet flat on the floor.	
		Place gait belt around resident's waist to stabilize trunk.	
		Tighten gait belt.	
		Check gait belt for tightness by slipping fingers between gait belt and resident.	
		Position walker.	
		Assist resident to standing position using proper body mechanics at all times.	
		Stabilize walker using hand and/or foot.	
		Position self behind and slightly to the side of the resident.	
		Ambulate resident at least 10 steps to the wheelchair.	
		Assist resident to pivot/turn and sit in the wheelchair in a controlled manner ensuring safety at all times.	
		Remove gait belt.	
		Maintain respectful, courteous interpersonal interactions at all times.	
		Place call light or signal device within easy reach of the resident.	
		Perform hand hygiene.	
		a. Cover all surfaces of the hands with hand sanitizer.	
		b. Rub hands together to dry.	

3.APPLYING AN ANTI-EMBOLIC STOCKING TO ONE LEG

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

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

4. BEDPAN AND OUTPUT WITH HAND WASHING

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

		Explain the procedure to be performed to the resident.	
		Gather supplies.	
		Provide privacy for resident, pull privacy curtain.	
		Put on gloves.	
		Position resident on standard bedpan/fracture pan with pan in correct orientation and using correct body mechanics.	
		Raise head of the bed.	
		Leave tissue within reach of resident.	
		Leave call light or signaling device within reach of resident.	
		Step away from the resident until the RN Test Observer identifies that the resident is finished.	
		Upon returning, lower the head of the bed.	
		Gently remove the bedpan.	
		Hold the bedpan while the RN Test Observer pours fluid into bedpan.	
		Place the graduate on a flat surface for reading output at eye level and pours fluid into graduate.	
		Empty graduate into designated toilet.	
		Rinse and dry bedpan and graduate and return to storage.	
		Wash resident's hands using a wet wash cloth.	
		Dry resident's hands with a dry towel.	
		Dispose of linens in designated container.	
		Remove gloves turning inside out as they are removed and dispose in designated container.	
		Leave resident in a position of comfort and safety.	
		Record output on the provided, previously signed recording form.	
		Candidate's recorded output is within 25 ml's of RN Test Observer's recorded output.	
		Open privacy curtain.	
		Maintain respectful, courteous interpersonal interactions at all times.	
		Place call light or signal device within easy reach of the resident.	
		Wash hands: Turn on water.	
		Wash hands: Wet all surfaces of hands.	
		Wash hands: Wet wrists.	
		Wash hands: Apply soap to hands.	
		Wash hands: Rub hands together using friction.	
		Wash hands: While hands are not under running water, rub hands together for at least 20 seconds.	
		Wash hands: Interlace fingers pointing downward.	
		Wash hands: Wash all surfaces of hands and wrists with soap.	
		Wash hands: Rinse hands and wrists thoroughly under running water with fingers pointed downward.	

			Wash hands: Dry hands and wrists on clean paper towel(s).	
			Wash hands: Immediately discard paper towel(s) in trash can.	
			Wash hands: Turn off faucet with a clean, dry paper towel.	
			Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.	

5. CATHETER CARE FOR A FEMALE WITH HAND WASHING

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

		Explain the procedure to be performed to the resident.	
		Fill basin with comfortably warm water.	
		Provide privacy for resident, pull privacy curtain.	
		Raise side rail opposite working side of bed, or request RN Test Observer or Actor to opposite working side of bed.	
		Raise bed between mid-thigh and waist level.	
		Put on gloves.	
		Place a bath blanket or clean sheet over resident to maintain privacy.	
		Turn resident [manikin] (side-to-side), or raise hips and place waterproof pad under resident [manikin].	
		Verbalize the act of checking, while physically checking, to see that urine can flow unrestricted into the drainage bag.	
		Use soap and water to carefully wash in a circular motion around the drainage tube where it exits the urethra.	
		With one hand holding the catheter near the urethra to prevent tugging on catheter.	
		Cleans at least 3-4 inches from the urethra down the drainage tube with other hand.	
		Clean with strokes only away from the urethra. (At least two strokes.)	
		Use a clean portion of wash cloth for each stroke.	
		Rinse with strokes only away from the urethra. (At least two strokes.)	
		Use a clean portion of wash cloth for each stroke.	
		Pat dry with a clean towel.	
		Do not allow the tube to be pulled at any time during the procedure.	
		Replace top cover over resident.	
		Remove bath blanket or sheet.	
		Remove waterproof pad, without friction, by turning resident [manikin] side-to-side, or raised hips.	
		Dispose of all soiled linens in designated container.	
		Empty, rinse, dry and return equipment to storage.	
		Remove gloves turning inside out as they are removed and dispose in designated container.	
		Open privacy curtain.	
		Lower bed.	
		Lower side rail(s), if side rails were used.	
		Leave resident in a position of comfort and safety.	
		Maintain respectful, courteous interpersonal interactions at all times.	
		Place call light or signal device within easy reach of the resident.	
		Wash hands: Turn on water.	
		Wash hands: Wet all surfaces of hands.	
		Wash hands: Wet wrists.	

		Wash hands: Apply soap to hands.	
		Wash hands: Rub hands together using friction.	
		Wash hands: While hands are not under running water, rub hands together for at least 20 seconds.	
		Wash hands: Interlace fingers pointing downward.	
		Wash hands: Wash all surfaces of hands and wrists with soap.	
		Wash hands: Rinse hands and wrists thoroughly under running water with fingers pointed downward.	
		Wash hands: Dry hands and wrists on clean paper towel(s).	
		Wash hands: Immediately discard paper towel(s) in trash can.	
		Wash hands: Turn off faucet with a clean, dry paper towel.	
		Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.	

6. CHANGING AN ADULT BREIF, PROVIDE PERINEAL CARE FOR A MALE WITH HAND WASHING

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

			Explain the procedure to be performed to the resident [manikin].	
			Fill basin with comfortably warm water.	
			Provide privacy for resident, pull privacy curtain.	
			Fill basin with comfortably warm water.	
			Raise bed between mid-thigh and waist level.	
			Raise side rail opposite working side of bed, or request RN Test Observer or Actor to opposite working side of bed.	
			Obtain brief.	
			Put on gloves.	
			Place bath blanket or clean sheet over resident to maintain privacy.	
			Place waterproof pad under resident's buttocks by turning resident toward side, or raise hips.	
			Expose perineum only.	
			Unfasten wet brief on both sides.	
			Remove soiled brief under resident [manikin] by rolling resident [manikin] side-to-side OR raise hips.	
			Discard soiled brief in the designated container.	
			Gently grasp the penis.	
			Use water and a soapy wash cloth.	
			Clean tip of penis starting at the urethral opening working outward with a circular motion.	
			Clean shaft of the penis with downward motions.	
			Use a clean portion of a wash cloth with each stroke.	
			Clean scrotum with a clean portion of a wash cloth.	
			Rinse penis with a new wash cloth.	
			Rinse penis using a clean portion of a wash cloth with each stroke.	
			Rinse scrotum using a clean portion of a wash cloth with each stroke.	
			Pat dry the area.	
			Recover the exposed area with the bath blanket or clean sheet.	
			Assist resident to turn onto side away from the working side of the bed.	
			Use a new, soapy wash cloth to clean the rectal area.	
			Clean area from scrotum to rectal area using a clean portion of a wash cloth with each stroke.	
			Rinse area from scrotum to rectal area using a clean portion of a wash cloth with each stroke.	
			Pat dry the area.	
			Apply a new brief by rolling resident [manikin] side-to-side OR raise hips.	
			Pull front of brief through ensuring brief is even on both sides of the resident [manikin] and fasten brief securely on both sides.	

			Remove waterproof pad, without friction, by turning resident [manikin] side-to-side, or raise hips.	
			Remove bath blanket or sheet.	
			Dispose of all soiled linen in the designated container.	
			Position resident on his back.	
			Lower bed.	
			Lower side rail(s), if side rails were used.	
			Empty, rinse, dry and return equipment to storage.	
			Remove gloves turning inside out as they are removed and dispose in designated container.	
			Open privacy curtain.	
			Leave resident in a position of comfort and safety.	
			Maintain respectful courteous, interpersonal interactions at all times.	
			Place call light or signaling device within easy reach of resident.	
			Wash hands: Turn on water.	
			Wash hands: Wet all surfaces of hands.	
			Wash hands: Wet wrists.	
			Wash hands: Apply soap to hands.	
			Wash hands: Rub hands together using friction.	
			Wash hands: While hands are not under running water, rub hands together for at least 20 seconds.	
			Wash hands: Interlace fingers pointing downward.	
			Wash hands: Wash all surfaces of hands and wrists with soap.	
			Wash hands: Rinse hands and wrists thoroughly under running water with fingers pointed downward.	
			Wash hands: Dry hands and wrists on clean paper towel(s).	
			Wash hands: Immediately discard paper towel(s) in trash can.	
			Wash hands: Turn off faucet with a clean, dry paper towel.	
			Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.	

7. DENTURE CARE

Perform hand hygiene.

- a. Cover all surfaces of hands with hand sanitizer.
- b. Rub hands together to dry.

		Explain the procedure to be performed to the resident.	
		Line bottom of sink with a protective lining that would help prevent damage to the dentures. (Use cloth towel or wash cloth, do not use paper towels.)	
		Put on gloves.	
		Remove dentures from cup.	
		Handle dentures carefully to avoid damage being careful to avoid contamination.	
		Empty and rinse denture cup.	
		Apply toothpaste.	
		Thoroughly brush dentures including the inner, outer, and chewing surfaces of upper or lower dentures. (Only one plate is used during testing. Toothettes may be utilized instead of a toothbrush as long as all surfaces listed are cleaned.)	
		Rinse dentures using clean cool water.	
		Place dentures in rinsed denture cup.	
		Add cool clean water to denture cup.	
		Clean and dry equipment and return to storage.	
		Discard protective lining in designated container.	
		Remove gloves turning inside out as they are removed and dispose in designated container.	
		Maintain respectful, courteous interpersonal interactions at all times.	
		Place call light or signaling device within easy reach of the resident.	
		Perform hand hygiene.	
		a. Cover all surfaces of the hands with hand sanitizer.	
		b. Rub hands together to dry.	

8. DRESSING A BEDDRIDDEN RESIDENT

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

		Explain the procedure to be performed to the resident.	
		Provide privacy for resident, pull privacy curtain.	
		Raise bed between mid-thigh and waist level.	
		Keep resident covered while removing gown.	
		Remove gown from unaffected side first.	
		Place soiled gown in designated container.	
		When dressing the resident in a shirt/blouse, insert your hand through the sleeve of the shirt/ blouse and grasp the hand of the resident.	
		When dressing the resident in a shirt/blouse, always dresses from the affected side first.	
		When dressing the resident in pants, assist the resident to raise her/his hips or turn resident from side to-side and pull the pants over the buttocks and up to the resident's waist.	
		When dressing the resident in pants, always dress the resident from the affected side first.	
		Apply resident's non-skid footwear.	
		Leave the resident comfortably and properly dressed and in a position of safety.	
		Lower bed.	
		Open privacy curtain.	
		Maintain respectful, courteous interpersonal interactions at all times.	
		Place call light or signaling device within easy reach of the resident.	
		Perform hand hygiene.	
		<ol style="list-style-type: none"> a. Cover all surfaces of the hands with hand sanitizer. b. Rub hands together to dry. 	

9. EMPTYING A URINARY DRAINAGE BAG WITH HAND WASHING

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

		Explain the procedure to be performed to the resident.	
		Provide privacy for resident, pull privacy curtain.	
		Raise bed between mid-thigh and waist level.	
		Put on gloves.	
		Place a barrier on the floor under the drainage bag.	
		Place the graduate on the previously placed barrier.	
		Open the drain to allow the urine to flow into the graduate until bag is empty.	
		Avoid touching the graduate with the tip of the tubing.	
		Close the drain.	
		Wipe the drain with an antiseptic wipe AFTER the drainage bag is empty.	
		Replace drain in holder.	
		Lower bed.	
		Place graduate on level, flat surface.	
		With graduate at eye level, read output.	
		Empty graduate into designated toilet.	
		Rinse, dry and return equipment to storage.	
		Remove gloves turning inside out as they are removed and dispose in designated container.	
		Leave resident in a position of comfort and safety.	
		Record output on the provided, previously signed recording form.	
		Candidate's measured output reading is within 25 ml of RN Test Observer's output reading.	
		Open privacy curtain.	
		Maintain respectful, courteous interpersonal interactions at all times.	
		Place call light or signaling device within easy reach of the resident.	
		Wash hands: Turn on water.	
		Wash hands: Wet all surfaces of hands.	
		Wash hands: Wet wrists.	
		Wash hands: Apply soap to hands.	
		Wash hands: Rub hands together using friction.	
		Wash hands: While hands are not under running water, rub hands together for at least 20 seconds.	
		Wash hands: Interlace fingers pointing downward.	
		Wash hands: Wash all surfaces of hands and wrists with soap.	
		Wash hands: Rinse hands and wrists thoroughly under running water with fingers pointed downward.	
		Wash hands: Dry hands and wrists on clean paper towel(s).	
		Wash hands: Immediately discard paper towel(s) in trash can.	
		Wash hands: Turn off faucet with a clean, dry paper towel.	

		Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.	
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10. HAIR CARE

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

			Explain the procedure to be performed to the resident.	
			Place a towel on resident's shoulders.	
			Ask resident how s(he) would like her/his hair styled.	
			Comb/brush/style hair gently and completely.	
			Discard linen in designated container.	
			Leave hair neatly brushed/combed/styled.	
			Maintain respectful, courteous interpersonal interactions at all times.	
			Place call light or signaling device within easy reach of the resident.	
			Perform hand hygiene.	
			<ol style="list-style-type: none"> a. Cover all surfaces of the hands with hand sanitizer. b. Rub hands together to dry. 	

11. MAKING AN OCCUPIED BED

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

		Gather linen and transport correctly.	
		Place linen on a clean surface. May place linen on the over-bed table, over the back of a chair, on bedside stand or over the foot of the bed.	
		Explain procedure to be performed to the resident.	
		Provide privacy for resident, pull privacy curtain.	
		Raise side rail opposite working side of bed, or request RN Test Observer to opposite working side of bed.	
		Raise bed to between mid-thigh and waist level.	
		Assist resident to roll onto side toward raised side rail or RN Test Observer.	
		Roll or fan fold soiled linen, soiled side inside, to the center of the bed.	
		Place clean bottom sheet along the center of the bed and roll or fan fold linen against resident's back and unfold remaining half.	
		Secure two fitted corners of the clean bottom sheet.	
		Raise side rail on other side of the bed, or request RN Test Observer to opposite working side of the bed.	
		Assist the resident to roll over the bottom linen, preventing trauma and avoidable pain to resident at all times.	
		Remove soiled linen without shaking.	
		Avoid touching linen to uniform.	
		Dispose of soiled linen in designated container.	
		Pull through and smooth out the clean bottom linen.	
		Secure the other two fitted corners.	
		Place clean top linen and blanket or bed spread over covered resident while removing used linen.	
		Keep resident unexposed at all times.	
		Tuck in top linen and blanket or bedspread at the foot of bed.	
		Make mitered corners at the foot of the bed.	
		Apply clean pillow case, with zippers and/or tags of pillow to inside.	
		Gently lift resident's head while replacing the pillow.	
		Leave bed completely and neatly made without wrinkles.	
		Lower bed.	
		Lower side rails, if side rails were used.	
		Open privacy curtain.	
		Maintain respectful, courteous interpersonal interactions at all times.	
		Place call light or signaling device within easy reach of the resident.	
		Perform hand hygiene.	
		a. Cover all surfaces of the hands with hand sanitizer.	
		b. Rub hands together to dry.	

12. NAIL CARE

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

			Explain the procedure to be performed to the resident.	
			Immerse resident's nails in comfortably warm water.	
			Soak nails for at least five minutes. The five minutes may be verbalized by the candidate and acknowledged by the RN Test Observer.	
			Gently push cuticle back with a wet wash cloth.	
			Dry hand thoroughly, making sure to dry carefully between the fingers.	
			Gently clean under the nails with an orange stick.	
			File each fingernail.	
			Empty, rinse, dry and return equipment to storage.	
			Discard soiled linen in designated container.	
			Discard orange stick in the designated container.	
			Maintain respectful, courteous interpersonal interactions at all times.	
			Place call light or signaling device within easy reach of the resident.	
			Perform hand hygiene.	
			<ol style="list-style-type: none"> a. Cover all surfaces of the hands with hand sanitizer. b. Rub hands together to dry. 	

13. PERINEAL CARE FOR A FEMALE WITH HAND WASHING

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

		Explain the procedure to be performed to the resident [manikin].	
		Fills basin with comfortably warm water	
		Provide privacy for resident, pull privacy curtain.	
		Raise side rails on opposite working side of the bed, or request the RN Test Observer or Actor to	
		opposite working side of the bed.	
		Raise the bed to between mid-thigh and waist level.	
		Place bath blanket or clean sheet over resident.	
		Put on gloves.	
		Place waterproof pad under resident's buttocks by turning resident side-to-side or raise hips.	
		Expose perineum only.	
		Use water and a soapy wash cloth.	
		Clean both sides and middle of labia from top to bottom with a clean portion of the wash cloth for each stroke.	
		Rinse area from top to bottom with a clean portion of the wash cloth with each stroke.	
		Pat dry the area with a clean portion of the towel for each pat.	
		Cover the exposed area with the bath blanket or clean sheet.	
		Assist resident to turn onto side away from the working side of the bed.	
		With a new clean wash cloth with water and soap, clean the rectal area.	
		Clean the rectal area from vagina to rectal area using at least two single strokes with a clean portion of the wash cloth for each single stroke.	
		Rinse the rectal area from vagina to rectal area using at least two single strokes.	
		Pat dry area from vagina to rectal area.	
		Remove waterproof pad from under buttocks, without friction, by turning resident [manikin] side-to side or raise hips.	
		Position resident on her back.	
		Remove bath blanket or sheet.	
		Dispose of all soiled linen in the designated container.	
		Empty, rinse, dry and return equipment to storage.	
		Remove gloves, turning inside out as they are removed and dispose in designated container.	
		Lower bed.	
		Lower side rail(s), if side rails were used.	
		Open privacy curtain.	
		Maintain respectful, courteous interpersonal interactions at all times.	
		Place call light or signaling device within easy reach of the resident.	
		Wash hands: Turn on water.	
		Wash hands: Wet all surfaces of hands.	

			Wash hands: Wet wrists.	
			Wash hands: Apply soap to hands.	
			Wash hands: Rub hands together using friction.	
			Wash hands: While hands are not under running water, rub hands together for at least 20 seconds.	
			Wash hands: Interlace fingers pointing downward.	
			Wash hands: Wash all surfaces of hands and wrists with soap.	
			Wash hands: Rinse hands and wrists thoroughly under running water with fingers pointed downward.	
			Wash hands: Dry hands and wrists on clean paper towel(s).	
			Wash hands: Immediately discard paper towel(s) in trash can.	
			Wash hands: Turn off faucet with a clean, dry paper towel.	
			Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.	

14. PPE (GOWN, GLOVES, GOGGLES OR FACE SHIELD) AND BED BATH – WHOLE FACE AND ONE ARM, HAND AND UNDERARM

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

			Unfold the gown.	
			Don (put on) gown fully covering torso and wrapping gown around the back.	
			Fasten at the neck and the waist.	
			Put on goggles or face shield appropriately over eyes or face.	
			Put on gloves.	
			Extend gloves over the wrists of the gown.	
			Explain procedure to be performed to the resident.	
			Fill basin with comfortably warm water.	
			Provide privacy for resident, pull privacy curtain.	
			Raise bed between mid-thigh and waist level.	
			Cover resident with a bath blanket or clean sheet.	
			Fanfold bed linens down to waist or move linens to opposite side.	
			Remove resident's gown without exposing resident.	
			Dispose of gown in designated container.	
			Wash face WITHOUT SOAP and pat dry.	
			Place towel under arm, exposing one arm.	
			Wash arm, hand and underarm using soap and water.	
			Rinse arm, hand, and underarm.	
			Pat dry arm, hand and underarm.	
			Assist resident to put on a clean gown.	
			Empty, rinse and dry equipment and return to storage.	
			Dispose of soiled linen in designated container.	
			Lower bed.	
			Open privacy curtain.	
			Maintain respectful, courteous interpersonal interactions at all times.	
			Place call light or signaling device within easy reach of the resident.	
			Remove gloves BEFORE gown turning inside out as they are removed.	
			Dispose of gloves in designated container.	
			Remove goggles or face shield from the back by lifting ear pieces or headband.	
			Place goggles or face shield in designated container.	
			Unfasten gown at the neck.	
			Unfasten gown at the waist.	
			Pull gown away from neck, touching only the inside of the gown.	
			Turn gown inside out and roll into a bundle.	
			Dispose of gown in designated container.	
			Perform hand hygiene.	
			a. Cover all surfaces of the hands with hand sanitizer.	
			b. Rub hands together to dry.	

15. PPE (GOWN, GLOVES, GOGGLES OR FACE SHIELD) AND FEEDING A DEPENDENT RESIDENT

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

			Unfold the gown.	
			Don (put on) gown fully covering torso and wrapping gown around the back.	
			Fasten at the neck and the waist.	
			Put on goggles or face shield appropriately over eyes or face.	
			Put on gloves.	
			Extend gloves over the wrists of the gown.	
			Explain the procedure to be performed to the resident.	
			Verbalize identifying the resident's name against the diet card and verbalize that the resident has received the correct tray while actually checking the diet card and tray.	
			Position the resident in an upright position that is at least 45 degrees.	
			Protect clothing from soiling by using napkin, clothing protector, or towel.	
			Wash and dry resident's hands BEFORE feeding.	
			Discard soiled linen in designated container.	
			Remain at eye level facing the resident while feeding resident.	
			Describe the foods being offered to the resident.	
			Offer each fluid frequently.	
			Offer food in small amounts at a reasonable rate, allowing resident time to chew and swallow.	
			Wipe resident's face during meal at least one time.	
			Leave resident clean and in bed with the head of the bed set up to at least 30 degrees.	
			Record intake in percentage of total solid food eaten on provided, previously signed recording form.	
			Candidate's recorded consumed food intake must be within 25 percentage points of the RN Test Observer's recorded food intake.	
			Record the sum of total fluid consumed in ml on provided, previously signed recording form.	
			Candidate's recorded total consumed fluid intake is within 60 ml of the RN Test Observer's recorded fluid intake.	
			Maintain respectful, courteous interpersonal interactions at all times.	
			Place call light or signaling device within easy reach of the resident.	
			Remove gloves BEFORE gown turning inside out as they are removed.	
			Dispose of gloves in designated container.	
			Remove goggles or face shield from the back by lifting ear pieces or headband.	
			Place goggles or face shield in designated container.	
			Unfasten gown at the neck.	
			Unfasten gown at the waist.	
			Pull gown away from neck, touching only the inside of the gown.	
			Turn gown inside out and roll into a bundle.	

			Dispose of gown in designated container.	
			Perform hand hygiene. a. Cover all surfaces of the hands with hand sanitizer. b. Rub hands together to dry.	

16. PPE (GOWN, GLOVES, GOGGLES OR FACE SHIELD) AND MOUTH CARE – BRUSHING TEETH

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

			Unfold the gown.	
			Don (put on) gown fully covering torso and wrapping gown around the back.	
			Fasten at the neck and the waist.	
			Put on goggles or face shield appropriately over eyes or face.	
			Put on gloves.	
			Extend gloves over the wrists of the gown.	
			Explain the procedure to be performed to the resident.	
			Gather equipment/supplies.	
			Provide privacy for resident, pull privacy curtain.	
			Drape the chest with towel (cloth or paper) to prevent soiling.	
			Wet toothbrush and apply a small amount of toothpaste to toothbrush. (If available, toothettes may be utilized instead of the toothbrush as long as all of the surfaces listed are cleaned.)	
			Brush resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.	
			Clean tongue.	
			Assist resident in rinsing mouth.	
			Wipe resident's mouth.	
			Remove soiled chest barrier (cloth or paper) and place in designated container.	
			Empty, rinse and dry emesis basin.	
			Rinse toothbrush.	
			Return equipment to storage.	
			Leave resident in a position of comfort.	
			Open privacy curtain.	
			Maintain respectful, courteous interpersonal interactions at all times	
			Place call light or signaling device within easy reach of the resident.	
			Remove gloves BEFORE gown turning inside out as they are removed.	
			Dispose of gloves in designated container.	
			Remove goggles or face shield from the back by lifting ear pieces or headband.	
			Place goggles or face shield in designated container.	
			Unfasten gown at the neck.	
			Unfasten gown at the waist.	
			Pull gown away from neck, touching only the inside of the gown.	
			Turn gown inside out and roll into a bundle.	
			Dispose of gown in designated container.	

			Perform hand hygiene.	
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a. Cover all surfaces of the hands with hand sanitizer.

b. Rub hands together to dry.

17. POSITIONING RESIDENT IN BED ON SIDE

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

			Explain procedure to be performed to the resident.	
			Provide privacy for resident, pull privacy curtain.	
			Position bed flat.	
			Raise bed between mid-thigh and waist level.	
			Raise side rail on side of the bed opposite working side of the bed, or request RN Test Observer to opposite working side of the bed.	
			From the working side of the bed, gently move upper body toward self.	
			From the working side of the bed, gently move hips toward self.	
			From the working side of the bed, gently move legs toward self.	
			Assist/turn resident onto correct side stated by RN Test Observer.	
			Ensure that resident's face never becomes obstructed by the pillow.	
			Check to be sure resident is not lying on his/her downside arm.	
			Place support devices under the resident's head, the upside arm, behind the back and between the knees.	
			Ensure resident is in correct body alignment.	
			Leave resident in a position of comfort and safety.	
			Lower side rails, if side rails were used.	
			Lower bed.	
			Open privacy curtain.	
			Maintain respectful, courteous interpersonal interactions at all times.	
			Place call light or signaling device within easy reach of the resident.	
			Perform hand hygiene.	
			a. Cover all surfaces of the hands with hand sanitizer.	
			b. Rub hands together to dry.	

18. RANGE OF MOTION HIP & KNEE

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

			Explain procedure to be performed to the resident.	
			Raise bed between mid-thigh and waist level.	
			Provide privacy for resident, pull privacy curtain.	
			Position resident supine (bed flat).	
			Leave the resident in good body alignment.	
			Place one hand under the knee and the other hand under the ankle.	
			Move the entire leg away from the body. (abduction)	
			Move the entire leg back toward the body. (adduction)	
			Complete abduction and adduction of the hip at least three times.	
			Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.	
			Bend the resident's knee and hip toward the resident's trunk. (flexion of hip and knee at the same time)	
			Straighten the knee and hip. (extension of knee and hip at the same time)	
			Complete flexion and extension of knee and hip at least three times.	
			Candidate <i>must ask</i> at least once if they are causing any pain or discomfort.	
			Do not force any joint beyond the point of free movement.	
			Leave resident in a comfortable position.	
			Lower bed.	
			Open privacy curtain.	
			Maintain respectful, courteous interpersonal interactions at all times.	
			Place call light or signaling device within easy reach of the resident.	
			Perform hand hygiene.	
			a. Cover all surfaces of the hands with hand sanitizer.	
			b. Rub hands together to dry.	

19. RANGE OF MOTION SHOULDER

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

		Explain the procedure to be performed to the resident.	
		Raise bed between mid-thigh and waist level.	
		Provide privacy for resident, pull privacy curtain.	
		Position resident supine (bed flat).	
		Leave resident in good body alignment.	
		Place one hand under their elbow and the other hand under the resident's wrist.	
		Raise resident's arm up and over the resident's head. (flexion)	
		Bring the resident's arm back down to the resident's side. (extension)	
		Complete flexion and extension of the shoulder at least three times.	
		Continue to correctly support joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.	
		Move the resident's entire arm out away from the body. (abduction)	
		Return the resident's arm to the resident's side. (adduction)	
		Complete abduction and adduction of the shoulder at least three times.	
		Candidate <i>must ask</i> at least once if they are causing any pain or discomfort.	
		Do not force any joint beyond the point of free movement.	
		Leave resident in a comfortable position.	
		Lower bed.	
		Open privacy curtain.	
		Maintain respectful, courteous interpersonal interactions at all times.	
		Place call light or signaling device within easy reach of the resident.	
		Perform hand hygiene.	
		<ol style="list-style-type: none"> a. Cover all surfaces of the hands with hand sanitizer. b. Rub hands together to dry. 	

20. STAND AND PIVOT-TRANSFER FROM BED TO WHEELCHAIR USING A GAIT BELT

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

			Explain the procedure to be performed to the resident and obtain a gait belt.	
			Position wheelchair in close proximity of the bed.	
			Lock wheelchair brakes to ensure resident's safety.	
			Lock designated bed brake(s) to ensure resident's safety.	
			Assist resident in putting on non-skid footwear.	
			Assist resident to a sitting position and lower bed so resident's feet are flat on the floor when resident is sitting on the bed.	
			Place a gait belt around the resident's waist to stabilize trunk.	
			Tighten gait belt.	
			Check gait belt for tightness by slipping fingers between gait belt and resident.	
			Face resident and grasp the gait belt with both hands.	
			Bring resident to a standing position using proper body mechanics.	
			Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety.	
			Remove gait belt.	
			Maintain respectful, courteous interpersonal interactions at all times.	
			Place call light or signaling device within easy reach of the resident.	
			Perform hand hygiene.	
			<ol style="list-style-type: none"> a. Cover all surfaces of the hands with hand sanitizer. b. Rub hands together to dry. 	

21. STAND AND PIVOT-TRANSFER FROM WHEELCHAIR TO BED USING A GAIT BELT

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

		Explain the procedure to be performed to the resident and obtain a gait belt.	
		Position wheelchair in close proximity of the bed.	
		Lock wheelchair brakes to ensure resident's safety.	
		Lock designated bed brake(s) to ensure resident's safety.	
		Lower bed to a position so the resident's feet will be flat on the floor when the resident is transferred to the bed.	
		Place gait belt around resident's waist to stabilize trunk.	
		Tighten gait belt.	
		Check gait belt for tightness by slipping fingers between the gait belt and the resident.	
		Face resident and grasp the gait belt with both hands.	
		Bring resident to a standing position using proper body mechanics.	
		Assist resident to pivot and sit on the bed in a controlled manner that ensures safety.	
		Remove gait belt.	
		Assist resident in removing outer footwear.	
		Assist resident to move to center of bed and lie down, supporting extremities as necessary.	
		Ensure resident is comfortable.	
		Leave the resident in good body alignment.	
		Maintain respectful, courteous interpersonal interactions at all times.	
		Place call light or signaling device within easy reach of the resident.	
		Perform hand hygiene. <ol style="list-style-type: none"> a. Cover all surfaces of the hands with hand sanitizer. b. Rub hands together to dry. 	

22. VITAL SIGNS – PULSE & RESPIRATIONS

Perform hand hygiene.

- a. Covers all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

			Explain procedure to be performed to the resident.	
			Provide privacy for resident, pull privacy curtain.	
			Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.	
			Count pulse for a full 60 seconds. <i>a. Verbally tell the RN Test Observer when you start counting and when you stop counting.</i>	
			Record pulse rate on the provided, previously signed recording form. Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate for the full 60 seconds.	
			Count respirations for a full 60 seconds. <i>a. Verbally tell the RN Test Observer when you start counting and when you stop counting.</i>	
			Record respirations on provided, previously signed recording form. Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate for the full 60 seconds.	
			Open privacy curtain.	
			Maintain respectful, courteous interpersonal interactions at all times.	
			Place call light or signaling device within easy reach of the resident.	
			Perform hand hygiene. <ol style="list-style-type: none"> a. Cover all surfaces of the hands with hand sanitizer. b. Rub hands together to dry. 	

23. WEIGHING AN AMBULATOR RESIDENT

Perform hand hygiene.

- a. Cover all surfaces of the hands with hand sanitizer.
- b. Rub hands together to dry.

			Explain procedure to be performed to the resident.	
			Balance (or zero) scale.	
			Lock wheelchair brakes to ensure resident's safety.	
			Assist resident to stand and walk to the scale.	
			Assist resident to step on the scale.	
			Check that the resident is centered on scale, has both arms at her/his side and is not holding onto anything that would alter the recording of the weight.	
			Appropriately adjusts weights until scale is in balance OR read the analog scale.	
			Return resident to the wheelchair, assisting resident to sit in the wheelchair.	
			Record weight on the provided, previously signed recording form.	
			Candidate's recorded weight varies no more than 2 lb. from the RN Test Observer's pre-recorded weight.	
			Maintain respectful, courteous interpersonal interactions at all times.	
			Place call light or signal calling device within easy reach of the resident.	
			Perform hand hygiene.	
			<ol style="list-style-type: none"> a. Cover all surfaces of the hands with hand sanitizer. b. Rub hands together to dry. 	