Tennessee Mock Skills

Effective for testing July 25, 2021

D&SDT – Headmaster, LLP

AMBULATION WITH A GAIT BELT

Knock on door.			
Perform hand hygiene.			
a. Cover all surfaces of hands with hand sanitizer.			
b. Rub hands together until hands are completely dry.			
Explain the procedure to the resident.			
Obtain gait belt for the resident.			
Adjust the bed height to ensure that the resident's feet are flat on the			
floor when the resident is sitting on the edge of the bed.			
Lock bed brakes to ensure resident's safety.			
Lock wheelchair brakes to ensure resident's safety.			
Bring resident to sitting position.			
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.			
Assist resident to put on non-skid slippers.			
Bring resident to standing position.			
Grasp gait belt with one hand and the other hand stabilizing resident			
by holding forearm, shoulder or using other appropriate method to			
stabilize.			
Safely ambulate resident at least 10 steps to the wheelchair.			
Assist resident to pivot/turn and sit resident in the wheelchair in a			
controlled manner that ensures safety.			
Use proper body mechanics at all times.			
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.			
a. Cover all surfaces of hands with hand sanitizer.			
b. Rub hands together until hands are completely dry.			
	Knock on door. Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry. Explain the procedure to the resident. Obtain gait belt for the resident. Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed. Lock bed brakes to ensure resident's safety. Lock wheelchair brakes to ensure resident's safety. Bring resident to sitting position. 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. Assist resident to standing position. Grasp gait belt with one hand and the other hand stabilizing resident by holding forearm, shoulder or using other appropriate method to stabilize. Safely ambulate resident at least 10 steps to the wheelchair. Assist resident to pivot/turn and sit resident in the wheelchair in a controlled manner that ensures safety. Use proper body mechanics at all times. 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. a. Cover all surfaces of hands with hand sanitizer.		

AMBULATION WITH A WALKER

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	Knock on door.	
	Perform hand hygiene.	
	a. Cover all surfaces of hands with hand sanitizer.	
	b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Adjust the bed height to ensure that the resident's feet are flat on the	
	floor when the resident is sitting on the edge of the bed.	
	Lock bed brakes to ensure resident's safety.	
	Lock wheelchair brakes to ensure resident's safety.	
	Bring resident to a sitting position.	
	Assist resident to put on non-skid slippers.	
	Position walker correctly.	
	Assist resident to stand.	
	Ensure resident has stabilized walker.	
	Position self behind and slightly to side of resident.	
	Safely ambulate resident at least 10 steps to the wheelchair.	
	Assist resident to pivot/turn and sit resident in the wheelchair in a	
	controlled manner that ensures safety.	
	Use proper body mechanics at all times.	
	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 hands with hand sanitizer.	
	b. Rub hands together until hands are completely dry.	

BED BATH (PARTIAL) – WHOLE FACE AND ONE ARM, HAND AND UNDERARM

Knock on door.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide privacy for resident – pull curtain.	
Raise bed height between mid-thigh and waist level.	
Cover resident with a bath blanket or clean sheet.	
Remove remaining top covers. Fanfold to bottom of bed or place aside.	
Remove resident's gown without exposing resident and place soiled	
gown in designated laundry hamper.	
Fill basin with comfortably warm water.	
Place basin on over bed table or bedside stand.	
Wash face WITHOUT SOAP.	
Dry face.	
Place towel under arm, exposing one arm.	
Wash arm with soap.	
Wash hand with soap.	
Wash underarm with soap.	
Rinse arm.	
Rinse hand.	
Rinse underarm.	
Dry arm.	
Dry hand.	
Dry underarm.	
Assist resident to put on a clean gown.	
Place soiled linen in designated laundry hamper.	
Empty equipment.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Lower bed.	
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 hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

BEDPAN AND OUTPUT WITH HAND WASHING REQUIRED

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

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	Knock on door.	
	Perform hand hygiene.	
	a. Cover all surfaces of hands with hand sanitizer.	
	b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Provide privacy for resident – pull curtain.	
	Put on gloves.	
	Position resident on bedpan safely and correctly. (Pan not upside	
	down, is centered, etc.)	
	Position resident on bedpan pan using correct body mechanics.	
	Raise head of bed to comfortable level.	
	Leave tissue within reach of resident.	
	Leave call light or signaling device within reach of resident.	
	Step behind privacy curtain to provide privacy for resident.	
	When the RN Test Observer indicates, candidate returns.	
	Gently remove bedpan.	
	Hold the bedpan for the RN Test Observer while an unknown	
	quantity of liquid is poured into bedpan.	
	Do not place the bedpan on the floor or on the over bed table at	
	any time during the demonstration.	
	Place graduate on designated level flat surface.	
	Pour bedpan contents into graduate.	
	With graduate at eye level, measure output.	
	Empty equipment used into designated toilet/commode. (Bedpan – Graduate)	
	Rinse equipment used. (Bedpan – Graduate)	
	Dry equipment used. (Bedpan – Graduate)	
	Return equipment to storage.	
	Remove gloves turning inside out as they are removed.	
	Dispose of gloves in the appropriate container.	
	Wash/assist resident to wash and dry hands with soap and water.	
	Record output in cc/ml's on previously signed recording form.	
	Candidate's recorded measurement is within 30cc/ml's of RN Test	
	Observer's pre-measured reading.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Place call light or signaling device within easy reach of the resident.	
	Turn on water.	

Wet hands.	
Apply soap to hands.	
Rub hands together using friction with soap.	
Scrub/wash hands together for at least twenty (20) seconds with soap.	
Scrub/wash with interlace fingers pointing downward with soap.	
Wash all surfaces of hands with soap.	
Wash wrists with soap.	
Rinse hands thoroughly under running water with fingers pointed	
downward.	
Dry hands on clean paper towel(s).	
Turn off faucet with a clean, dry paper towel.	
Discard paper towels to trash container as used.	
Do not re-contaminate hands at any time during the hand	
washing procedure. (Such as touching the sides of the sink	
during the procedure or crumpling up the paper towel used to	
turn off the faucet with both hands before discarding, etc.)	

BLOOD PRESSURE

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Knock on door.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide privacy for resident – pull curtain.	
Assist resident into a comfortable sitting or recumbent position with	
forearm relaxed and supported in a palm-up position approximately at	
the level of the heart.	
 Roll resident's sleeve up about five (5) inches above the elbow.	
Apply the appropriate size cuff correctly around the upper arm just	
 above the elbow.	
 Clean earpieces of stethoscope appropriately and place in ears.	
Locate the brachial artery.	
 Place stethoscope over brachial artery.	
Hold stethoscope snugly in place.	
Inflate cuff until 30mmHG above the average systolic rate provided by	
the RN Test Observer.	
 Slowly release air from cuff to disappearance of pulsations.	
 Remove cuff.	
 Record reading on previously signed recording form.	
Candidate's recorded systolic blood pressure is within 4mmHg of the	
RN Test Observer's recorded systolic blood pressure.	
Candidate's recorded diastolic blood pressure is within 4mmHg of	
 the RN Test Observer's recorded diastolic blood pressure.	
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 hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

CATHETER CARE FOR A FEMALE WITH HAND WASHING REQUIRED

ONE OF THE POSSIBLE MANDATORY FIRST TASKS) Knock on door. Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry. Explain the procedure to the resident. Provide privacy for resident – pull curtain. Fill basin with comfortably warm water. Place basin on over bed table or bedside stand. Cover resident with a bath blanket or clean sheet BEFORE putting on gloves. Put on gloves AFTER gathering supplies and preparing the area. Verbalize and physically check to see that urine can flow, unrestricted, into the drainage bag. Verbalize and physically check the area around the urethra for signs of leakage. Use soap and water to carefully wash around the catheter where it exits the urethra. Hold catheter near the urethra. Clean 3-4 inches away from the urethra down the drainage tube.

Clean with strokes only away from the urethra. Use clean portion of washcloth for each stroke. Rinse with a clean washcloth. Rinse using strokes only away from the urethra. Rinse using clean portion of washcloth 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. Place soiled linens in the designated laundry hamper. Leave resident in a position of safety and comfort. Empty basin. Rinse basin. Dry basin. Return basin to storage. Remove gloves turning inside out as they are removed. Dispose of gloves in the appropriate container. Maintain respectful, courteous interpersonal interactions at all times.

Place call light or signaling device within easy reach of the resident.	
Turn on water.	
Wet hands.	
Apply soap to hands.	
Rub hands together using friction with soap.	
Scrub/wash hands together for at least twenty (20) seconds with	
soap.	
Scrub/wash with interlace fingers pointing downward with soap.	
Wash all surfaces of hands with soap.	
Wash wrists with soap.	
Rinse hands thoroughly under running water with fingers pointed	
downward.	
Dry hands on clean paper towel(s).	
Turn off faucet with a clean, dry paper towel.	
Discard paper towels to trash container as used.	
Do not re-contaminate hands at any time during the hand washing	
procedure. (Such as touching the sides of the sink during the	
procedure or crumpling up the paper towel used to turn off the	
faucet with both hands before discarding, etc.)	
	Turn on water. Wet hands. Apply soap to hands. Rub hands together using friction with soap. Scrub/wash hands together for at least twenty (20) seconds with soap. Scrub/wash with interlace fingers pointing downward with soap. Wash all surfaces of hands with soap. Wash wrists with soap. Rinse hands thoroughly under running water with fingers pointed downward. Dry hands on clean paper towel(s). Turn off faucet with a clean, dry paper towel. Discard paper towels to trash container as used. Do not re-contaminate hands at any time during the hand washing procedure. (Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the

DENTURE CARE

DRESSING A DEPENDENT RESIDENT

FEEDING A DEPENDENT RESIDENT

Knock on door.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Look at diet card and verbally indicate that the resident has received	
the correct tray.	
Position the resident in an upright position. At least 45 degrees.	
Protect clothing from soiling by using napkin, clothing protector, or	
towel.	
Provide hand hygiene for the resident BEFORE feeding. (Candidate may	
use a disposable wipe and dispose of in trash can –or- wash resident's hands with	
soap and a wet washcloth –or- they may rub hand sanitizer over all surfaces of the	
resident's hands until dry.)	
Ensure resident's hands are dry BEFORE feeding. (If a wet washcloth with soap was used, the candidate will need to dry the resident's hands. If a	
disposable wipe or hand sanitizer was used, must make sure hands are dry.)	
Place soiled linen in designated laundry hamper, or disposes in	
appropriate container.	
Sit in a chair, facing the resident, while feeding the resident.	
Describe the foods being offered to the resident.	
Offer fluid frequently from each glass.	
Offer small amounts of food at a reasonable rate.	
Allow resident time to chew and swallow.	
Wipe resident's hands and face at least once during the feeding	
demonstration.	
 Leave resident clean and in a position of comfort.	
Record intake as a percentage of total solid food eaten on the	
previously signed recording form.	
Candidate's calculation must be within 25 percentage points of the	
RN Test Observer's.	
Record estimated intake as the sum total fluid consumed from the	
two glasses in cc/ml's on the previously signed recording form.	
Candidate's calculation must be within 30cc/ml's of the RN Test	
Observer's.	
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 hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
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HAIR CARE

Knock on door.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Place towel on resident's shoulders.	
Ask resident how they would like their hair combed.	
Comb/brush the resident's hair gently and completely.	
Place soiled linen in designated laundry hamper.	
Leave hair neatly brushed, combed or styled.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place call light or signaling device within easy reach of resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

ISOLATION GOWN AND GLOVES AND EMPTY URINARY BAG WITH HAND WASHING REQUIRED

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

TONE OF		
	Perform hand hygiene.	
	a. Cover all surfaces of hands with hand sanitizer.	
	b. Rub hands together until hands are completely dry.	
	Unfold the gown.	
	Face the back opening of the gown with seams and tags on the	
	inside.	
	Place arms through each sleeve.	
	Fasten the neck opening behind the neck.	
	Secure the waist, making sure that the back flaps cover clothing as	
	completely as possible.	
	Put on gloves.	
	Glove overlap gown sleeves at the wrist.	
	Knock on door.	
	Explain the procedure to the resident.	
	Provide privacy for resident – pull curtain.	
	Place a clean 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 completely empty.	
	Avoid touching the graduate or the urine in the graduate with the tip	
	of the tubing.	
	Close the drain.	
	Wipe the drain with an uncontaminated antiseptic wipe.	
	Place graduate on the designated level flat surface.	
	With graduate at eye level, measures output.	
	Empty graduate into designated toilet/commode.	
	Rinse and dry equipment.	
	Return equipment to storage.	
	Discard barrier in the appropriate container.	
	Leave resident in a position of comfort and safety.	
	Record the output in cc/ml's on previously signed recording form.	
	Candidate's recorded measurement is within 25cc/ml's of the RN	
	Test Observer's measurement.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Place call light or signaling device within easy reach of resident.	
	Remove gloves, turning inside out as they are removed.	

Remove gloves BEFORE removing gown.	
Dispose of the gloves in the designated biohazard container.	
Unfasten gown at the neck AFTER the gloves are removed.	
Unfasten gown at the waist AFTER the gloves are removed.	
Remove gown by folding soiled area to soiled area.	
Dispose of gown in the designated biohazard container.	
Turn on water.	
Wet hands.	
Apply soap to hands.	
Rub hands together using friction with soap.	
Scrub/wash hands together for at least twenty (20) seconds with	
soap.	
Scrub/wash with interlace fingers pointing downward with soap.	
Wash all surfaces of hands with soap.	
Wash wrists with soap.	
Rinse hands thoroughly under running water with fingers pointed	
downward.	
Dry hands on clean paper towel(s).	
Turn off faucet with a clean, dry paper towel.	
Discard paper towels to trash container as used.	
Do not re-contaminate hands at any time during the hand washing	
procedure. (Such as touching the sides of the sink during the	
procedure or crumpling up the paper towel used to turn off the	
faucet with both hands before discarding, etc.)	

MAKING AN OCCUPIED BED

Knock on door. Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Gather linen and transport linen correctly without touching uniform.	
Place clean linen over back of chair, drape over foot of bed or on over	
bed table.	
Explain the procedure to the resident.	
Provide privacy for resident – pull curtain.	
Raise bed height to between mid-thigh and waist level.	
Resident is to remain covered at all times.	
Assist resident to turn onto side away from the candidate toward the	
center of the bed.	
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 the resident's back and unfold the remaining half of the	
clean bottom sheet.	
Secure two fitted corners.	
Roll or fan fold clean linen against resident's back.	
Assist the resident to roll onto side over the clean bottom linen.	
Remove soiled linen without shaking.	
Avoid placing soiled linen on the over bed table, chair or floor.	
Avoid touching linen to uniform.	
Place soiled linen in designated laundry hamper.	
Pull through and smooth out the clean bottom linen leaving it tight and	
free of wrinkles.	
Secure the other two fitted corners.	
Place resident on their back.	
Physically check to ensure that resident is in good body alignment.	
Ensure that resident never touches the bare mattress at any time during	
the demonstration.	
Place clean top linen over covered resident.	
Place clean blanket or bedspread over covered resident.	
Remove used linen keeping resident unexposed at all times.	
Place soiled linen in designated laundry hamper.	
Tuck in top linen, blanket or bedspread at the foot of bed only.	
Ensure sheet and top linens do not constrict the resident's feet.	
Apply clean pillow case with zippers and/or tags to the inside.	

Gently lift resident's head while replacing the pillow.	
Leave bed neatly and completely made.	
Lower bed.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place call light or signaling device within easy reach of resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

MAKING AN UNOCCUPIED BED

Knock on door.		
Perform hand hygiene.		
a. Cover all surfaces of hands with hand sanitizer.		
b. Rub hands together until hands are completely dry.		
Gather linen and transport linen correctly without touching uniform.		
Place clean linen over back of chair, drape over foot of bed or on over		
bed table.		
Raise bed height to between mid-thigh and waist level.		
Remove soiled linen from bed without touching uniform.		
Place removed linen in designated laundry hamper.		
Do not put soiled linen on the over bed table or floor.		
Do not put clean linen on the floor.		
Apply clean bottom fitted sheet, keeping it straight and center.		
Make bottom linen smooth and/or tight and free of wrinkles.		
Place clean top linen and blanket or bedspread on the bed.		
Tuck in top linen and blanket or bedspread at the foot of the bed only.		
Make mitered corners at the foot of the bed.		
Apply clean pillow case with zippers and/or tags to the inside.		
Leave bed neatly and completely made.		
Lower bed.		
Perform hand hygiene.		
a. Cover all surfaces of hands with hand sanitizer.		
b. Rub hands together until hands are completely dry.		

MOUTH CARE

Knock on door.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide privacy for resident – pull curtain.	
Drape resident's chest with a towel to prevent soiling.	
Put on gloves only AFTER supplies have been gathered and preparing	
the area.	
Wet toothbrush (toothettes may be utilized) and apply a small	
amount of cleaning solution.	
Brush the inner surfaces of resident's upper and lower teeth.	
Brush the outer surfaces of resident's upper and lower teeth.	
Brush the chewing surfaces of resident's upper and lower teeth.	
Brush the resident's tongue.	
Assist the resident in rinsing mouth.	
Wipe resident's mouth.	
Remove soiled linen.	
Place soiled linen in the designated laundry hamper.	
Empty container. (Container may be an emesis basin or a disposable	
cup.)	
Rinse emesis basin, if used, or discards disposable items in trash can.	
Dry emesis basin, if used.	
Rinse toothbrush or dispose of toothette.	
Return equipment to storage.	
Remove gloves turning inside out as they are removed.	
Dispose of gloves in appropriate container.	
Leave resident in position of comfort.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place call light or signaling device within easy reach of resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

MOUTH CARE OF A COMATOSE RESIDENT

Knock on door.		
Perform hand hygiene.		
a. Cover all surfaces of hands v	vith hand sanitizer.	
b. Rub hands together until ha	nds are completely dry.	
Explain the procedure to the res	ident.	
Provide privacy for resident – pu	ll curtain.	
Positions resident in semi-Fowle	er's position with head turned well	
to one side or positions residen	t on side as appropriate to avoid	
choking or aspiration.		
Drape resident's chest/bed as ne	eded to protect from soiling.	
Put on gloves only AFTER supplie	es have been gathered and preparing	
the area.		
Apply a small amount of cleaning	g solution to a swab(s).	
Gently and thoroughly brush the	inner surfaces of resident's upper	
and lower teeth.		
Gently and thoroughly brush the	outer surfaces of resident's upper	
and lower teeth.		
Gently and thoroughly brush the	chewing surfaces of resident's upper	
and lower teeth.		
Gently and thoroughly brush the	resident's gums.	
Gently and thoroughly brush the	resident's tongue.	
Clean/wipe resident's mouth.		
Dry resident's mouth.		
Return resident to position of co	mfort and safety.	
Rinse equipment.		
Dry equipment.		
Return equipment to storage.		
Discard disposable items in desig	gnated container.	
Place soiled linens in designated		
Remove gloves turning inside ou		
Dispose of gloves in appropriate		
	nterpersonal interactions at all times.	
Place call light or signaling device		
Perform hand hygiene.		
a. Cover all surfaces of hands v	vith hand sanitizer.	
b. Rub hands together until ha	nds are completely dry.	

NAIL CARE ONE HAND

Knock on door.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to resident.	
Immerse nails in comfortably warm water	
Verbalize to soak nails for at least five (5) minutes.	
Dry hand thoroughly.	
Specifically dry between fingers.	
Gently clean under nails with orange stick.	
Gently push cuticle back with an orange stick.	
File each fingernail.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Place soiled linen in designated laundry hamper.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place call light or signaling device within easy reach of resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

PERINEAL CARE FOR A FEMALE WITH HAND WASHING REQUIRED

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

THE POSSIBLE MANDATORY FIRST TASKS	
 Knock on door.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident. (manikin)	
Provide privacy for resident – pull curtain.	
Raise bed height to between mid-thigh and waist level.	
Fill basin with comfortably warm water.	
Place basin on over bed table or bedside stand.	
Prepare area and gather supplies.	
Place bath blanket or clean sheet over resident BEFORE putting on	
gloves.	
Put on gloves.	
Expose perineum only.	
Separate labia. (Candidate <i>must also verbalize</i> separating.)	
Use water and soapy washcloth (no peri-wash or no rinse soap	
allowed).	
Clean both sides of labia from front to back.	
Use a clean portion of a washcloth with each single stroke.	
Clean the middle of the labia from front to back using a clean portion	
of a washcloth with each single stroke.	
Rinse both sides of labia from front to back.	
Rinse middle of labia from front to back.	
Use a clean portion of a washcloth with each single stroke.	
Pat dry.	
Covers the exposed area with the bath blanket or clean sheet.	
Assist resident (manikin) to turn onto side away from the candidate	
toward the center of the bed.	
a. RN Test Observer may help hold the manikin on her side	
ONLY after the candidate has turned the manikin.	
Use a clean washcloth with water and soap (no peri-wash or no rinse	
soap).	
Clean rectal area from vagina to rectum with single strokes using a	
clean portion of a washcloth with each single stroke.	
Rinse area from front to back using a clean portion of the washcloth	
with each single stroke.	
Pat dry.	
Position manikin on her back.	

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Place soiled linen in designated laundry hamper.	
Empty equipment.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Remove gloves turning inside out as they are removed.	
Dispose of gloves in appropriate container.	
Lower bed.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place call light or signaling device within easy reach of resident.	
Turn on water.	
Wet hands.	
Apply soap to hands.	
Rub hands together using friction with soap.	
Scrub/wash hands together for at least twenty (20) seconds with soap.	
Scrub/wash with interlace fingers pointing downward with soap.	
Wash all surfaces of hands with soap.	
Wash wrists with soap.	
Rinse hands thoroughly under running water with fingers pointed	
downward.	
Dry hands on clean paper towel(s).	
Turn off faucet with a clean, dry paper towel.	
Discard paper towels to trash container as used.	
Do not re-contaminate hands at any time during the hand washing	
procedure. (Such as touching the sides of the sink during the	
procedure or crumpling up the paper towel used to turn off the	
faucet with both hands before discarding, etc.)	

POSITIONING RESIDENT ON SIDE

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	Knock on door.		
	Perform hand hygiene.		
	a. Cover all surfaces of hands with hand sanitizer.		
	b. Rub hands together until hands are completely dry.		
	Explain the procedure to resident and how the resident may help.		
	Provide privacy for resident – pull curtain.		
	Position bed flat.		
	Raise bed height to between mid-thigh and waist level.		
	From the working side of bed – gently move resident's upper body toward self.		
	From the working side of the bed – gently move resident's hips toward self.		
	From the working side of the bed – gently move resident's legs toward self.		
	Gently assist/turn resident on his/her left/right side. (Side will be read to candidate by RN Test Observer.)		
	Physically check to ensure that the resident's face never becomes		
	obstructed by the pillow.		
	Physically check to be sure resident is not lying on down side arm.		
	Place support devices under the resident's head.		
	Place support devices under the resident's upside arm.		
	Place support devices behind resident's back.		
	Place support devices between resident's knees.		
	Physically check to ensure resident is in good body alignment.		
	Does not cause any discomfort or pain at any time during the		
	procedure.		
	Lower bed.		
	Maintain respectful, courteous interpersonal interactions at all times.		
	Place call light or signaling device within easy reach of resident.		
	Perform hand hygiene.		
	a. Cover all surfaces of hands with hand sanitizer.		
	b. Rub hands together until hands are completely dry.		

RANGE OF MOTION FOR HIP AND KNEE

Knock on door.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide privacy for resident – pull curtain.	
Raise bed height to between mid-thigh and waist level.	
Position resident supine (bed flat).	
Correctly support joints at all times by placing one hand under the	
resident's knee and the other hand under the resident's ankle.	
ROM for Hip: Move the entire leg away from the body.	
a. ABDUCTION	
ROM for Hip: Move the entire leg toward the body.	
a. 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.	
a. FLEXION (of hip and knee at the same time) Straighten the knee and hip.	
a. EXTENSION (of knee and hip at the same time)	
Complete flexion and extension of the knee and hip at least three	
times.	
Do not force any joint beyond the point of free movement.	
Candidate <u>must ask</u> at least once during the ROM exercise if there	
is/was any discomfort/pain.	
Does not cause any discomfort or pain at any time during ROM.	
Leave resident in a comfortable position.	
Physically check to ensure that resident is in good body alignment.	
Lower bed.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place call light or signaling device within easy reach of resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

RANGE OF MOTION SHOULDER

Knock on door.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide privacy for resident – pull curtain.	
Raise bed height to between mid-thigh and waist level.	
Position resident supine (bed flat) on back.	
Correctly support resident's joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.	
Raise the resident's arm up and over the resident's head. <i>a. FLEXION</i>	
Bring the resident's arm back down to the resident's side. <i>a. EXTENSION</i>	
Complete flexion and extension of shoulder at least three times.	
Continue same support for shoulder joints by placing one hand under	
the resident's elbow and the other hand under the resident's wrist.	
Move the resident's entire arm out away from the body. <i>a.</i> ABDUCTION	
Return arm to the resident's side. <i>a. ADDUCTION</i>	
Complete abduction and adduction of the shoulder at least three times.	
Do not force any joint beyond the point of free movement.	
Candidate <u>must ask</u> at least once during the ROM exercise if there is/was any discomfort/pain.	
Does not cause any discomfort or pain at any time during ROM.	
Leave resident in a comfortable position.	
Physically check to ensure that resident is in good body alignment.	
Lower bed.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place call light or signaling device within easy reach of resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

STAND, PIVOT AND TRANSFER RESIDENT USING A GAIT BELT

Knock on door.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitize	er.
b. Rub hands together until hands are complete	ely dry.
Explain the procedure to the resident.	
Obtain a gait belt.	
Position wheelchair at the foot or head of the be	d.
Lock wheelchair brakes to ensure resident's safe	ety.
Lock bed brakes to ensure resident's safety.	
Adjust bed height to ensure resident's feet will b	e flat on the floor
when sitting on the edge of the bed.	
Assist resident to a sitting position.	
Place gait belt around resident's waist to stabilize	e trunk.
Tighten gait belt.	
Check gait belt for tightness by slipping fingers be	etween gait belt and
resident.	
Assist resident in putting on non-skid slippers.	
Grasp gait belt with both hands.	
Bring resident to standing position, using proper	body mechanics.
With one hand grasping the gait belt and the oth	er hand stabilizing
the resident by holding forearm, shoulder or usir	ng other appropriate
method to stabilize, transfer resident from bed to	o wheelchair.
Assist resident to pivot and sit in the wheelchair	in a controlled
manner that ensures safety.	
RN Test Observer will tell the candidate to transfe	er the resident back
into the bed.	
Bring resident to a standing position, using prope	er body mechanics.
With one hand grasping the gait belt and the oth	er hand stabilizing
the resident by holding forearm, shoulder or usir	ng other appropriate
method to stabilize, transfer resident from whee	lchair back to the
bed.	
Assist resident to pivot and sit on the bed in a co	ntrolled manner that
ensures safety.	
Assist resident in removing non-skid slippers.	
Remove gait belt.	
Assist resident to move to center of bed and lie c	down.
Make sure resident is in a position of comfort.	
Physically check to ensure that resident is in good	d body alignment.
Maintain respectful, courteous interpersonal interpersonal	eractions at all times.

Place call light or signaling device within easy reach of resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

VITAL SIGNS – PULSE AND RESPIRATIONS

VITAL SIGNS -FOLSE AND RESPIRATIONS			
Knock on door.			
Perform hand hygiene.			
a. Cover all surfaces of hands with hand sanitizer.			
b. Rub hands together until hands are completely dry.			
Explain the procedure to resident.			
Locate the radial pulse by placing tips of fingers on thumb side of the			
resident's wrist.			
Count pulse for a full 60 seconds.			
a. Tell the RN Test Observer when you start counting and tell			
her/him when you stop counting.			
Record your pulse rate reading on the previously signed recording			
form.			
Candidate's recorded pulse rate is within 4 beats of RN Test			
Observer's recorded rate.			
Count respirations for a full 60 seconds.			
a. Tell the RN Test Observer when you start counting and tell			
her/him when you stop counting.			
Record your respirations reading on the previously signed recording			
form.			
Candidate's recorded respiratory rate is within 2 breaths of the RN			
Test Observer's recorded rate.			
Maintain respectful, courteous interpersonal interactions at all times.			
Place call light or signaling device within easy reach of resident.			
Perform hand hygiene.			
a. Cover all surfaces of hands with hand sanitizer.			
b. Rub hands together until hands are completely dry.			

WEIGHING AN AMBULATORY RESIDENT

Knock on door.			
Perform hand hygiene.			
a. Cover all surfaces of hands with hand sanitizer.			
b. Rub hands together until hands are completely dry.			
Explain the procedure to resident.			
Balance scale, or zeros scale if using an analog scale, BEFORE			
weighing resident.			
Lock wheelchair brakes to ensure resident's safety.			
Assist resident to stand and walk resident to the scale.			
Assist resident to step on the scale.			
Check that resident is balanced and centered on the scale with arms			
at sides and not holding on to anything that would alter reading of			
the weight.			
Appropriately adjust weights until scale is in balance or observe the			
analog scale.			
Read weight and return resident to wheelchair and assist resident to			
sit in the wheelchair.			
Record weight on the previously signed recording form.			
Candidate's recorded weight varies no more than 2 pounds from RN			
Test Observer's recorded weight.			
Maintain respectful, courteous interpersonal interactions at all times.			
Place call light or signaling device within easy reach of resident.			
Perform hand hygiene.			
a. Cover all surfaces of hands with hand sanitizer.			
b. Rub hands together until hands are completely dry.			