

Effective: 11-1-2023

D&SDT-HEADMASTER

Note: The skill task steps included in this handbook are the discrete skill tasks steps used for objective testing purposes only. The steps included herein are not intended to be used to provide complete care that would be inclusive of best care practiced in an actual work setting.

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Applying an Anti-Embolic Stocking to One of the Resident's Legs

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	Perform hand hygiene.	
	a. Cover all surfaces of hands with hand sanitizer.	
	b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Raise the bed height.	
	Provide for privacy.	
	Provide for resident's privacy by only exposing one leg.	
	Roll, gather or turn stocking down inside out to the heel.	
	Place stocking over the resident's toes, foot, and heel.	
	Roll OR pull stocking up the leg.	
	Check toes for possible pressure from stocking.	
	Adjust stocking as needed.	
	Leave the resident with a stocking that is smooth/wrinkle free.	
	Lower bed.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Place call light or signal calling 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.	

Assisting a Resident to Ambulate using a Gait Belt

Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Obtain gait belt for the resident.	
Lock bed brakes to ensure resident's safety.	
Lock wheelchair brakes to ensure resident's safety.	
Position the bed so the resident's feet will rest comfortably flat on	
the floor when sitting on the bed.	
Bring resident to sitting position with resident's feet flat on the floor.	
Properly place gait belt around resident's waist.	
Tighten gait belt.	
Check gait belt for tightness by slipping fingers between gait belt and	
resident.	
Assist resident in putting on non-skid footwear BEFORE standing.	
Bring resident to standing position.	
Use proper body mechanics at all times.	
Grasp gait belt.	
Stabilize resident.	
Ambulate resident at least 10 steps.	
Assist resident to pivot/turn.	
Sit resident 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 signal 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.	

Assisting a Resident who is Dependent with a Meal

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.	
Ask resident to state their name and verify name matches the name	
on the diet card.	
Position the resident in an upright position, at least 45 degrees.	
Protect the resident's clothing from soiling by using a napkin,	
clothing protector, or towel.	
Perform hand hygiene for the resident BEFORE assisting them with	
their meal. (May use a wet washcloth and dry washcloth/towel to wash/dry	
resident's hands –OR- may use hand sanitizer making sure to completely cover	
all surfaces of the resident's hands and rub until hands are completely dry.)	
Ensure the resident's hands are dry BEFORE assisting them with	
their meal.	
Position yourself at eye level facing the resident while assisting the	
resident with their meal.	
Describe the foods being offered to the resident.	
Offer each fluid frequently.	
Offer small amounts of food at a reasonable rate.	
Allow resident time to chew and swallow.	
Wipe the resident's face during the meal at least one time.	
a. Actor will say, "I'm full" before all the solid food and fluids are gone.	
Leave the resident clean.	
Leave the resident in bed with the head of the bed set up to at least 30 degrees.	
Record the intake as a percentage of total solid food eaten on the	
previously signed recording form.	
The Candidate's calculation must be within 25 percentage points	
of the RN Test Observer's.	
Record the sum total of the estimated fluid intake in ml on the	
previously signed recording form.	
The Candidate's calculation must be within 60ml 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.	

Assisting Resident with a Bedpan with Hand Washing Required

(One of the possible mandatory first tasks.)

Introduce yourself to resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide for privacy.	
Candidate puts on gloves.	
Position resident on bedpan/fracture pan correctly. (Pan not upside	
down, is centered, etc.)	
Position resident on the bedpan/fracture pan using correct body	
mechanics.	
Raise the head of bed to a comfortable level.	
Leave tissue within easy reach of the resident.	
Leave call light within easy reach of the resident.	
Move to an area of the room away from the Actor.	
When the RN Test Observer indicates, candidate returns.	
Obtain a wet washcloth with soap.	
Provide the washcloth for resident to wash hands.	
Provide a wet washcloth for resident to rinse hands.	
Provide a towel or dry washcloth for resident to dry hands.	
Place soiled linen in a designated laundry hamper.	
Gently remove bedpan/fracture pan.	
(Hold the bedpan/fracture pan while the RN Test Observer pours liquid	
[fake urine] into the bedpan/fracture pan.)	
Empty equipment used in the designated toilet.	
Rinse equipment used and empty rinse water into the designated	
toilet.	
Remove gloves turning inside out.	
Dispose of gloves in an appropriate container.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place call light or signaling device within easy reach of the resident.	
Wash hands: Begin by wetting your hands.	
Apply soap to hands.	
Rub hands together using friction with soap.	
Rub hands together for at least twenty (20) seconds with soap.	
Interlace fingers pointing downward.	
Wash all surfaces of hands with soap.	

Wash wrists with soap.	
Rinse hands thoroughly under running water with your fingers	
pointed downward.	
Dry hands with a 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 by touching faucet or sink at	
any time during/after the hand washing procedure.	

Catheter Care with Hand Washing Required

(One of the possible mandatory first tasks.) [DEMONSTRATED ON MANIKIN]

Knock.	
Introduce yourself to resident/manikin.	
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 for privacy.	
Put on gloves.	
Avoid overexposure throughout the procedure.	
Check to see that urine can flow unrestricted into the drainage bag.	
Use soap and water to carefully wash the catheter where it exits the	
urethra.	
Hold the catheter where it exits the urethra with one hand.	
While holding the catheter, clean 3-4 inches down the catheter tube.	
Clean with strokes only away from the urethra (AT LEAST TWO STROKES).	
Use a clean portion of the washcloth for each stroke.	
Rinse using a clean washcloth with strokes only away from the urethra.	
Rinse using a clean portion of the washcloth for each stroke.	
Pat dry.	
Do not allow the tube to be pulled at any time during the procedure.	
Replace the top cover over the resident.	
Leave the resident in a position of safety and comfort.	
Place call light or signaling device within easy reach of resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Wash hands: Begin by wetting your hands.	
Apply soap to hands.	
Rub hands together using friction with soap.	
Rub hands together for at least twenty (20) seconds with soap.	
Interlace fingers pointing downward.	
Wash all surfaces of hands with soap.	
Wash wrists with soap.	
Rinse hands thoroughly under running water with your fingers	
pointed downward.	
Dry hands with a clean paper towel(s).	
Turn off the faucet with a clean, dry paper towel.	

Discard paper towels to trash container as used.	
Do not re-contaminate hands by touching the faucet or sink at any	
time during/after the hand washing procedure.	

Denture Care

Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Line bottom of the sink with a protective lining that would help	
prevent damage to the dentures. (Towel, washcloth or paper	
towels are allowed for lining.)	
Put on gloves.	
Apply denture cleanser.	
Remove denture from cup.	
Handle denture carefully to avoid damage.	
Handle denture carefully to avoid contamination.	
Thoroughly brush denture inner surfaces.	
Thoroughly brush denture outer surfaces.	
Thoroughly brush denture chewing surfaces.	
Rinse the denture using clean, cool water.	
Place the denture in the rinsed cup.	
Add cool, clean water to denture cup.	
Rinse equipment.	
a. Denture brush or toothbrush	
Return equipment to storage.	
Discard the protective lining in an appropriate container.	
Remove gloves, turning them inside.	
Dispose of gloves in an appropriate 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 hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

Donning an Isolation Gown and Gloves; Empty a Urinary Bag; Measure and Record Output and Remove Gown and Gloves with Hand Washing Required

(One of the possible mandatory first tasks.)

Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Face the back opening of the gown.	
Unfold the gown.	
Place arms through each sleeve.	
Secure the neck opening.	
Secure the waist, making sure that the back flaps cover clothing as	
completely as possible.	
Put on gloves.	
Ensure that the gloves overlap the gown sleeves at the wrist.	
Knock.	
Introduce yourself to the resident.	
Explain the procedure to the resident.	
Place a barrier on the floor under the drainage bag.	
Place the graduate on the previously placed barrier.	
Open the drain to allow the urine to flow into the graduate.	
Avoid touching the graduate with the tip of the tubing.	
Close the drain.	
Wipe the drain with an alcohol wipe AFTER emptying the drainage	
bag.	
Replace the drain in the holder.	
Place the graduate on a level, flat surface	
With the graduate at eye level, read the output.	
Empty the graduate into the designated toilet.	
Rinse equipment emptying the rinse water into the designated toilet.	
Return equipment to storage.	
Leave the resident in a position of comfort and safety.	
Place call light or signaling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Record the output in ml on the previously signed recording form.	
The Candidate's recorded measurement is within 25ml of the RN	

Test Observer's measurement.	
Remove gloves, turning inside out.	
Remove gloves BEFORE removing the gown.	
Dispose of the gloves in an appropriate container.	
Unfasten the gown at the neck.	
Unfasten the gown at the waist.	
Remove the gown by folding the soiled area to the soiled area.	
Dispose of the gown in an appropriate container.	
Wash hands: Begin by wetting your hands.	
Apply soap to hands.	
Rub hands together using friction.	
Rub hands together for at least twenty (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 with a clean paper towel(s).	
Turn off the faucet with a clean, dry paper towel.	
Discard paper towels to trash container as used.	
Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.	

Dressing Bedridden Resident with an Affected (Weak) Side

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	Perform hand hygiene.	
	a. Cover all surfaces of hands with hand sanitizer.	
	b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Provide for privacy.	
	Raise the bed height.	
	Keep the resident covered while removing gown.	
	Remove the gown from the resident's unaffected side first.	
	Place the soiled gown in a designated laundry hamper.	
	Dress the resident in a button-up shirt. Insert your hand through	
	the sleeve of the shirt and grasp the hand of the resident.	
	When dressing the resident in a button-up shirt, always dress	
	from the resident's weak side first.	
	Assist the resident to raise their buttocks or turn the resident from	
	side to side and draw the pants over the buttocks and up to the	
	resident's waist.	
	When dressing the resident in pants, always dress the resident's	
	weak side leg first.	
	Put on the resident's non-skid socks. Draw the socks up the	
	resident's foot until they are smooth.	
	Leave the resident comfortably/properly dressed.	
	Leave the resident in a position of safety.	
	Lower the 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.	

Foot Care One Foot

Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Fill a basin with warm water.	
Put on gloves.	
Remove the sock from the resident's (left/right) foot. (The scenario	
read to you will specify left or right.)	
Immerse the resident's foot in warm water.	
a. You may verbalize the 5 to 20 minutes of soaking time after	
you begin soaking the foot.	
Use water and a soapy washcloth.	
Wash the resident's entire foot.	
Wash between resident's toes.	
Rinse the resident's entire foot.	
a. Soapy washcloth dipped in the basin and wrung out is okay for	
rinsing.	
Rinse between the resident's toes.	
Dry the resident's foot thoroughly.	
Dry thoroughly between the resident's toes.	
Warm lotion by rubbing it between your hands.	
Massage lotion over the resident's entire foot.	
Avoid getting lotion between the resident's toes.	
If there is any excess lotion, wipe it with a towel.	
Replace sock on the resident's foot.	
Empty the basin.	
Rinse the basin.	
Dry the basin.	
Return the basin to the storage area.	
Place the soiled linen in a designated laundry hamper.	
Remove gloves, turning them inside out.	
Dispose of gloves in an appropriate container.	
Leave the resident in a position of safety in proper alignment in the	
chair.	
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.	

Modified Bed Bath for Resident – Whole Face and One Arm, Hand and Underarm

Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide for privacy.	
Fill a basin with warm water.	
Raise the bed height.	
Cover the resident with a bath blanket.	
Fanfold the bed linens at least down to the resident's waist or move	
the linens to opposite side.	
Remove the resident's gown without exposing the resident.	
Place the soiled gown in a designated laundry hamper.	
Wash face WITHOUT SOAP.	
Pat dry face.	
Place a towel under the resident's arm, exposing one arm.	
Wash the resident's arm with soap.	
Wash the resident's hand with soap.	
Wash the resident's underarm soap.	
Rinse the resident's arm.	
Rinse the resident's hand.	
Rinse the resident's underarm.	
Pat dry the resident's arm.	
Pat dry the resident's hand.	
Pat dry the resident's underarm.	
Assist the resident in putting on a clean gown.	
Empty the equipment.	
Rinse the equipment.	
Dry the basin.	
Return equipment to storage.	
Place the soiled linen in a designated laundry hamper.	
Lower the bed.	
Maintain respectful, courteous interpersonal interactions at all	
times.	
Place call light or signal calling 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.	

Mouth Care – Brushing Resident's Teeth

Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide for privacy.	
Put on gloves only AFTER supplies have been gathered.	
Drape the resident's chest with a towel (cloth or paper) to prevent	
soiling.	
Wet toothbrush.	
Apply toothpaste to the toothbrush.	
Brush the resident's teeth, including the inner surfaces of all	
upper and lower teeth, while verbalizing the surfaces you are	
cleaning.	
Brush the resident's teeth, including the outer surfaces of all	
upper and lower teeth, while verbalizing the surfaces you are	
cleaning.	
Brush the resident's teeth, including chewing surfaces of all upper	
and lower teeth, while verbalizing the surfaces you are cleaning.	
Clean the resident's tongue.	
Assist the resident in rinsing their mouth.	
Wipe the resident's mouth.	
Remove the soiled chest barrier.	
Place the soiled chest barrier (cloth or paper) in the appropriate	
container.	
Empty the emesis basin.	
Rinse the emesis basin.	
Dry the emesis basin.	
Rinse the toothbrush.	
Return equipment to storage.	
Remove gloves, turning them inside out.	
Dispose of gloves in an appropriate container.	
Leave the resident in a position of comfort.	
Place call light or signaling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all	
times.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

Perineal Care Female with Hand Washing Required

(One of the possible mandatory first tasks.) [DEMONSTRATED ON MANIKIN]

Knock.	
Introduce yourself to the resident/manikin.	
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 for privacy.	
Raise the bed height	
Fill a basin with warm water.	
Put on gloves.	
Direct the RN Test Observer to stand on the opposite side of the	
bed or raise the side rail on the opposite side of the bed.	
a. RN Test Observer DOES NOT move into position unless	
directed to do so by the candidate.	
Turn the resident or raise the resident's hips and place a	
waterproof pad under the resident's buttocks.	
(Candidate will choose barrier such as a towel, waterproof pad,	
chux, etc.)	
Expose the perineum only.	
Separate the labia.	
Use water and a clean, soapy washcloth.	
Clean one side of the labia from top to bottom.	
Use a clean portion of a washcloth, clean the other side of the	
labia from top to bottom.	
Use a clean portion of a washcloth, clean the vaginal area from	
top to bottom.	
Use a clean washcloth, and rinse one side of the labia from top to bottom.	
Use a clean portion of a washcloth, rinse the other side of the	
labia from top to bottom.	
Use a clean portion of a washcloth, rinse the vaginal area from top	
to bottom.	
Pat dry.	
Avoid overexposure throughout the procedure.	
Assist the resident to turn onto their side away from the	
candidate.	
a. RN Test Observer may help hold the manikin on their side	
ONLY after the candidate has turned the manikin.	
Use water and a clean, soapy washcloth.	

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

Positioning Resident in Bed on their Side

1 03	tioning resident in bed on their side	
	Perform hand hygiene.	
	a. Cover all surfaces of hands with hand sanitizer.	
	b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Provide for privacy.	
	Position the bed flat.	
	Raise the bed height.	
	Raise the side rail or directs the RN Test Observer to stand on	
	the side of the bed opposite the working side of the bed to	
	provide safety.	
	(RN Test Observer DOES NOT move into position unless directed to do so by	
	the candidate.)	
	From the working side of the bed - move the resident's upper	
	body toward self.	
	From the working side of the bed - move the resident's hips toward self.	
	From the working side of the bed - move the resident's legs	
	toward self.	
	Assist/turn the resident on their left/right side. (Side will be read	
	to the candidate by RN Test Observer.)	
	Ensure that the resident's face never becomes obstructed by the pillow.	
	Check to ensure that the resident is not lying on their down-side	
	arm.	
	Ensure the resident is in correct body alignment.	
	Place support devices under the resident's head.	
	Place support devices under the resident's upside arm.	
	Place support devices behind the resident's back.	
	Place support devices between the resident's knees.	
	Leave the resident in a position of comfort and safety.	
	Lower the 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.	

Range of Motion for Resident's Hip and Knee

Kang	e of Motion for Resident's hip and Knee	
	Perform hand hygiene.	
	a. Cover all surfaces of hands with hand sanitizer.	
	b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Do not cause the resident discomfort/pain anytime during ROM.	
	Raise the bed height.	
	Provide for privacy.	
	Position the resident supine (bed flat).	
	Position resident in good body alignment.	
	Place one hand under the resident's knee.	
	Place the other hand under the resident's ankle.	
	ROM for Hip: Move the resident's entire leg away from their body. a. abduction	
	Move the resident's entire leg toward their body. a. adduction	
	Complete abduction and adduction of the resident's hip at least three times.	
	Continue to correctly support the resident's 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 resident's knee and hip.	
	a. extension of knee and hip at the same time	
	Complete flexion and extension of the resident's knee and hip at least three times.	
	Do not force any joint beyond the point of free movement.	
	You must ask the resident at least once during the ROM exercise	
	if there is/was any discomfort/pain.	
	Leave the resident in a comfortable position.	
	Lower the 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.	

Range of Motion for One of Resident's Shoulders

 of Motion for One of Resident's Shoulders	
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.	
Do not cause the resident discomfort/pain at any time during ROM.	
Provide for privacy.	
Raise the bed height.	
Position the resident supine (bed flat).	
Position the resident in good body alignment.	
Place one hand under the resident's elbow.	
Place the other hand under the resident's wrist.	
Raise the resident's arm up and over the resident's head. a. flexion	
Bring the resident's arm back down to the resident's side. a. extension	
Complete flexion and extension of the resident's shoulder at least three times.	
Continue to correctly support the resident's 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 their body. a. abduction	
Return the resident's arm to the resident's side. a. adduction	
Complete abduction and adduction of the shoulder at least three times.	
Do not force any joint beyond the point of free movement.	
You must ask at the resident least once during the ROM exercise if there is/was any discomfort/pain.	
Leave the resident in a comfortable position.	
Lower the 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.	

Stand and Pivot Transfer a Weight Bearing Resident from Bed to Wheelchair using a Gait Belt

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	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 a gait belt.	
	Lock the bed brakes to ensure the resident's safety.	
	Assist the resident in putting on non-skid footwear.	
	Position the bed so the resident's feet will be flat on the floor	
	when the resident is sitting on the bed.	
	Assist the resident to a sitting position.	
	Position the wheelchair arm/wheel touching the side of the bed.	
	Lock the wheelchair brakes to ensure the resident's safety.	
	Place a gait belt around the resident's waist to stabilize the trunk.	
	Tighten the gait belt.	
	Check the gait belt for tightness by slipping fingers between the	
	gait belt and the resident.	
	Face the resident.	
	Grasp the gait belt with both hands.	
	Bring the resident to a standing position.	
	Use proper body mechanics.	
	Assist the resident to pivot in a controlled manner that ensures	
	safety.	
	Sit the resident in the wheelchair in a controlled manner that	
	ensures safety.	
	Remove the 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.	

Vital Signs: Count and Record Resident's Pulse and Respirations

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.	
Locate the resident's radial pulse by placing the tips of fingers on	
the thumb side of the resident's wrist.	
Count the resident's pulse for 60 seconds.	
a. Tell the RN Test Observer when you start counting and tell	
them when you stop counting.	
Record your reading on the previously signed recording form.	
The Candidate's recorded pulse rate is within 4 beats of the RN	
Test Observer's recorded rate.	
a. Tell the RN Test Observer when you start counting and tell them when you stop counting.	
Record your reading on the previously signed recording form.	
The Candidate's recorded respiratory rate is within 2 breaths of	
the RN Test Observer's recorded rate.	
the RN Test Observer's recorded rate. Maintain respectful, courteous interpersonal interactions at all	
Maintain respectful, courteous interpersonal interactions at all	
Maintain respectful, courteous interpersonal interactions at all times.	
Maintain respectful, courteous interpersonal interactions at all times. Place call light or signal calling device within easy reach of the resident. Perform hand hygiene.	
Maintain respectful, courteous interpersonal interactions at all times. Place call light or signal calling device within easy reach of the resident.	