NEVADA NURSE AIDE

Mock Skills

Effective for Testing: October 19, 2026

Please note: The skill task steps included in this document are offered as guidelines to help prepare candidates for the nurse aide skill test, and the steps included herein are not intended to be used to provide complete care that would be all-inclusive of best care practiced in an actual work setting.



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MANDATORY TASKS

1. Assisting a Resident with the use of a Bedpan with Handwashing

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident - pulls the curtain.	
	Puts on gloves BEFORE handling the bedpan.	
	Raises the bed.	
	Positions the resident on the bedpan correctly using correct body mechanics.	
	Raises the head of the bed to a comfortable level.	
	Hands tissue to the resident.	
	Hands the call light to the resident.	
	Leaves the area until called.	
	Washes/assists resident to wash and dry hands (uses wet washcloth or a disposable wipe).	
	Places soiled linen in an appropriate container, or disposes of wipes in a trash can.	
	Lowers the head of the bed BEFORE removing the bedpan.	
	Gently removes bedpan. Holds the bedpan for the RN Test Observer while liquid is poured into the bedpan.	
	Lowers the bed.	
	Empties the bedpan into the toilet/commode.	
	Rinses equipment.	
	Empties rinse water into the toilet/commode.	
	Dries equipment.	
	Returns to storage.	
	Removes gloves, turning them inside out without contaminating self, and disposes of them in an appropriate container.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	
	Washes hands – turns on water.	
	Thoroughly wets hands BEFORE applying soap.	
	Applies soap to hands.	
	Rubs hands together for at least 20 seconds with soap using friction.	
	Using friction, rubs interlaced fingers together with soap while pointing downward.	
	Cleans under fingernails with soap.	
	Washes all surfaces of hands and wrists with soap.	
	Rinses hands thoroughly under running water with fingers pointed downward.	
	Dries hands with clean paper towel(s) [to prevent contamination: start at the fingertips and go up the hand from fingertips to wrists].	
	Turns off the faucet with the last clean, dry paper towel.	
	Discards paper towels in the trash container as used.	
	Does not recontaminate hands at any time during the handwashing procedure.	

2. Catheter Care with Handwashing

[DEMONSTRATED ON A MANIKIN]

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident – pulls the curtain.	
	Fills basin with comfortably warm water.	
	Maintains resident privacy by only exposing the perineal area between the knees and hips.	
	Puts on gloves BEFORE beginning catheter care.	
	Checks to see that urine can flow, unrestricted, into the drainage bag.	
	Uses soap and water to carefully wash the catheter tubing where it exits the urinary meatus.	
	Holds the catheter where it exits the urethra with one hand.	
	Cleans at least 3-4 inches down the catheter tube.	
	Cleans with stroke(s) only away from the urethra.	
	Uses clean portion of cloth for stroke(s).	
	Rinses using stroke(s) only away from the urethra.	
	Rinses using a clean portion of a cloth for stroke(s).	
	Pats dry.	
	Does not allow the tube to be pulled at any time during the procedure.	
	Replaces the top cover over the resident.	
	Leaves the resident in a position of safety and comfort.	
	Rinses equipment.	
	Dries equipment.	
	Returns equipment to storage.	
	Removes gloves, turning them inside out without contaminating self, and disposes of them in an appropriate container.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	
	Washes hands - turns on water.	
	Thoroughly wets hands BEFORE applying soap.	
	Applies soap to hands.	
	Rubs hands together for at least 20 seconds with soap using friction.	
	Using friction, rubs interlaced fingers together with soap while pointing downward.	
	Cleans under fingernails with soap.	
	Washes all surfaces of hands and wrists with soap.	
	Rinses hands thoroughly under running water with fingers pointed downward.	
	Dries hands with clean paper towel(s) [to prevent contamination: start at the fingertips and go up the hand from fingertips to wrists].	
	Turns off the faucet with the last clean, dry paper towel.	
	Discards paper towels in the trash container as used.	
	Does not recontaminate hands at any time during the handwashing procedure.	

3. Don an Isolation Gown and Gloves; Empty a Urinary Drainage Bag; Measure and Record Urine Output; Remove the Gown and Gloves with Handwashing

√	Step	Notes
	Performs hand hygiene.	
	Faces the back opening of the gown.	
	Unfolds the gown.	
	Places arms through each sleeve.	
	Ties the neck opening.	
	Ties the waist in the back or on the side.	
	Ensures back flap covers clothing as completely as possible.	
	Puts on gloves.	
	Gloves overlap gown sleeves at the wrist.	
	Knocks on the door.	
	Explains the urinary output procedure to the resident.	
	Provides privacy for the resident – pulls the curtain.	
	Hands the call light to the resident.	
	Places a barrier on the floor under the drainage bag.	
	Places the graduate on the previously placed barrier.	
	Opens the drain to allow the urine to flow into the graduate.	
	Completely empties the urinary drainage bag.	
	Does not touch the graduate with the tip of the drain tube.	
	Closes the drain.	
	Wipes the drain with an antiseptic wipe.	
	Secures the drain.	
	Places a barrier on a flat surface.	
	Places the graduate on the previously placed barrier on a flat surface.	
	With the graduate at eye level, measures output.	
	Empties graduate into the toilet/commode.	
	Rinses graduate.	
	Empties rinse water into the toilet/commode.	
	Dries equipment.	
	Returns equipment to storage.	
	Leaves the resident in a position of safety and comfort.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Removes gloves BEFORE removing the gown or uses the alternate method of pulling/popping the gown off by pulling on the front of the gown with gloves on.	
	Removes gloves, turning them inside out, or uses the alternate method of pulling/popping the gown off by pulling on the front of the gown.	
	Disposes of gloves in an appropriate biohazard container or peels them off, keeping them inside out and rolled up inside the gown.	
	Unfastens gown at the neck, if not using the alternate method of removal.	
	Unfastens gown at the waist, if not using the alternate method of removal.	
	Removes gown by folding the soiled area to the soiled area.	
	Disposes of gown in appropriate biohazard container.	
	Does not touch self with contaminated PPE during any of the previous steps.	
	Records the output on the previously signed recording form.	

	Candidate's measurement is within 25 mL of the RN Test Observer's premeasured amount.	
	Washes hands - turns on water.	
	Thoroughly wets hands BEFORE applying soap.	
	Applies soap to hands.	
	Rubs hands together for at least 20 seconds with soap using friction.	
	Using friction, rubs interlaced fingers together with soap while pointing downward.	
	Cleans under fingernails with soap.	
	Washes all surfaces of hands and wrists with soap.	
	Rinses hands thoroughly under running water with fingers pointed downward.	
	Dries hands with clean paper towel(s) [to prevent contamination: start at the fingertips and go up the hand from fingertips to wrists].	
	Turns off faucet with the last clean dry paper towel.	
	Discards paper towels in the trash container as used.	
	Does not recontaminate hands at any time during the handwashing procedure.	

4. Perineal Care for a Female Resident with Handwashing

[DEMONSTRATED ON A MANIKIN]

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident (manikin).	
	Provides privacy for the resident - pulls the curtain.	
	Raises the bed.	
	Maintains resident privacy by only exposing the perineal area between the knees and hips.	
	Fills basin with comfortably warm water.	
	Directs RN Test Observer to stand on opposite side of the bed or raises the side rail opposite the working side of the bed.	
	Puts on gloves BEFORE washing the peri area.	
	Exposes the perineum only.	
	Separates labia.	
	Uses water and a soapy washcloth.	
	Always cleans the vaginal/labia area from top to bottom.	
	Cleans one side of the labia.	
	Using a clean portion of a washcloth, cleans the other side of the labia.	
	Using a clean portion of a washcloth, cleans the vaginal area.	
	Always rinses the vaginal/labia area from top to bottom.	
	Using a clean portion of a washcloth, rinses one side of the labia.	
	Using a clean portion of a washcloth, rinses the other side of the labia.	
	Using a clean portion of a washcloth, rinses the vaginal area.	
	Pats dry.	
	Covers the exposed area.	
	Assists the resident to turn onto their side away from the candidate.	
	Maintains resident privacy by only exposing the perineal area between the knees and hips.	
	Uses a clean washcloth, water, and soap to clean the rectal area.	
	Cleans from the vagina to the rectal area.	
	Uses a clean portion of a washcloth for any cleaning stroke(s).	
	Using a clean portion of a washcloth, rinses from the vagina to the rectal area.	
	Uses a clean portion of a washcloth for any rinsing stroke(s).	
	Pats dry.	
	Positions the resident (manikin) on her back.	
	Covers the resident.	
	Places soiled linen in an appropriate container.	
	Rinses equipment.	
	Dries equipment.	
	Returns equipment to storage.	
	Removes gloves, turning them inside out without contaminating self, and disposes of them in an appropriate container.	
	Lowers the bed.	
	Lowers the side rail if raised.	
	Maintains respectful, courteous interpersonal interactions at all times.	

	Hands the call light to the resident.	
	Washes hands - turns on water.	
	Thoroughly wets hands BEFORE applying soap.	
	Applies soap to hands.	
	Rubs hands together for at least 20 seconds with soap using friction.	
	Using friction, rubs interlaced fingers together with soap while pointing downward.	
	Cleans under fingernails with soap.	
	Washes all surfaces of hands and wrists with soap.	
	Rinses hands thoroughly under running water with fingers pointed downward.	
	Dries hands with clean paper towel(s) [to prevent contamination: start at the fingertips and go up the hand from fingertips to wrists].	
	Turns off the faucet with the last clean, dry paper towel.	
	Discards paper towels in the trash container as used.	
	Does not recontaminate hands at any time during the handwashing procedure.	

OTHER TASKS

5. Ambulation with a Gait Belt

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident – pulls the curtain.	
	Obtains a gait belt.	
	Locks the bed brakes to ensure the resident's safety.	
	Assists the resident in putting on non-skid footwear.	
	Assists the resident to a sitting position.	
	Places the gait belt around the waist to stabilize the trunk.	
	Tightens the gait belt so that it is snug enough that only 3-4 flat fingers can be slipped between the gait belt and the resident.	
	Checks the gait belt by slipping fingers between the gait belt and the resident.	
	Ensures the resident's feet are flat on the floor.	
	Stands in front of and faces the resident.	
	Grasps the gait belt on each side of the resident with an underhand grip.	
	Asks the resident if they are stable/okay/dizzy.	
	Assists the resident to a standing position, using proper body mechanics.	
	Grasps the gait belt with one hand, using an underhand grip.	
	Stabilizes the resident with the other hand by holding the forearm, shoulder, or using another appropriate method to stabilize the resident.	
	Ambulates the resident 10 steps to the chair.	
	Assists the resident to sit in the chair in a controlled manner that ensures safety.	
	Removes gait belt.	
	Leaves the resident in a position of comfort and safety.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	

6. Applying a Knee-High Anti-Embolic Stocking

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident – pulls the curtain.	
	Raises the bed.	
	Provides for the resident's privacy by only exposing one leg.	
	Turns the stocking down inside out to the heel.	
	Places the stocking over the resident's toes, foot, and heel.	
	Pulls the stocking up the leg.	
	Checks the heel of the stocking to ensure it is in the correct position.	
	Checks the toes for possible pressure from the stocking.	
	Adjusts the stocking as needed.	
	Leaves the resident with a stocking that is smooth without wrinkles or twists.	
	Lowers the bed.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	

7. Assisting a Dependent Resident with a Meal

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident – pulls the curtain.	
	Picks up the diet card and indicates the resident has received the correct tray.	
	Positions the resident in an upright position (at least 75 degrees) before feeding the resident.	
	Protects clothing from soiling by using a clothing protector.	
	Sits to assist with feeding the resident.	
	Describes the foods and fluids being offered to the resident.	
	Offers fluid at least once.	
	Offers small amounts of food at a reasonable rate.	
	Allows resident time to chew and swallow.	
	Removes clothing protector.	
	Places clothing protector in designated linen hamper, or, if disposable, discards in the trash can.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	
	Leaves the resident upright – at least 75 degrees.	
	Records intake of total solid food eaten as a percentage on the previously signed recording form.	
	Candidate's calculation must be within 25 percentage points of the RN Test Observer's calculation.	
	Records fluid intake as mL consumed on previously signed recording form.	
	Candidate's calculation is within 25 mL of the RN Test Observer's calculation.	

8. Denture Care – Upper or Lower Plate

[ONLY ONE PLATE IS USED FOR TESTING]

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Lines the bottom of the sink with a protective lining (towel, washcloth, or paper towels) or fills the sink with water to prevent damage if the denture is dropped.	
	Puts on gloves BEFORE handling the denture.	
	Carefully removes the denture from the cup.	
	Handles the denture carefully to avoid damage.	
	Rinses the denture cup.	
	Rinses the denture cup lid.	
	Adds cool, clean water to the denture cup.	
	Never puts the denture in/on a contaminated surface.	
	Applies denture cleanser to toothbrush.	
	Thoroughly brushes the inner surfaces of the denture.	
	Thoroughly brushes the outer surfaces of the denture.	
	Thoroughly brushes the chewing surfaces of the denture.	
	Thoroughly brushes the denture groove or plate that touches the gum surface of the denture.	
	Rinses the denture using clean, cool running water.	
	Places the denture in the denture cup.	
	Puts the lid on the denture cup.	
	Rinses and dries equipment and returns it to storage.	
	Discards sink's protective lining in an appropriate container, or drains sink.	
	Removes gloves, turning them inside out without contaminating self, and disposes of them in an appropriate container.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	

9. Dressing a Bedridden Resident

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident - pulls the curtain.	
	Keeps the resident covered during the skill, avoiding unnecessary exposure.	
	Removes the gown from the unaffected side first.	
	Places the used gown in the laundry hamper.	
	When dressing the resident in a shirt, always dress the affected side first.	
	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.	
	Leaves the resident in correct body alignment.	
	Leaves the resident properly dressed.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	

10. Foot Care - One Foot

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident	
	Provides privacy for the resident - pulls the curtain.	
	Puts on gloves BEFORE beginning foot care.	
	Fills a basin with comfortably warm water.	
	Immerses the foot in comfortably warm water for 10 to 20 minutes (time is to be verbalized).	
	Uses water and a soapy washcloth.	
	Washes the entire foot.	
	Washes between the toes.	
	Rinses the entire foot.	
	Rinses between the toes.	
	Dries the foot thoroughly.	
	Dries between the toes thoroughly.	
	Warms the lotion by rubbing it between hands.	
	Applies lotion over the entire foot.	
	Does not get lotion between the toes.	
	If there is any excess lotion on the foot, wipe it with a towel.	
	Pours used water in toilet/commode or sink.	
	Rinses and dries basin.	
	Returns equipment to storage area.	
	Places dirty linen in the hamper.	
	Removes gloves, turning them inside out without contaminating self, and disposes of them in an appropriate container.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions.	
	Hands the call light to the resident.	

11. Making an Occupied Bed

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident - pulls the curtain.	
	Gathers linen.	
	Transports linen away from the body.	
	Places clean linen on a clean surface - (bedside stand, chair, or overbed table).	
	Directs the RN Test Observer to stand on the opposite side of the bed or raises the side rail opposite the working side of the bed.	
	Raises the bed.	
	The resident is to remain covered at all times with a sheet or a gown.	
	Assists the resident to roll onto their side toward the RN Test Observer or the side rail.	
	Rolls or fan folds the soiled linen, soiled side inside, to the center of the bed.	
	Places a clean bottom sheet on the mattress along the center of the bed, rolls or fan-folds it against the resident's back, and unfolds the remaining half.	
	Secures two fitted corners.	
	Directs the RN Test Observer to the opposite side of the bed or uses the side rails.	
	Assists the resident to roll over the bottom linen, preventing trauma and avoidable pain to the resident.	
	Removes soiled linen without shaking.	
	Avoids placing dirty linen on the overbed table, bedside stand, chair, or floor.	
	Avoids touching linen on the uniform.	
	Places soiled linen in the laundry hamper.	
	Pulls through and smooths out the clean bottom linen.	
	Secures the other two fitted corners.	
	The resident's body never touches the bare mattress.	
	Places clean top linen over the covered resident.	
	Removes used top linen, keeping the resident unexposed at all times.	
	Tucks in clean top linen at the foot of the bed.	
	Applies a clean pillowcase with zippers and/or tags to the inside.	
	Gently lifts the resident's head while replacing the pillow.	
	Lowers the bed.	
	Lowers the side rail if raised.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	

12. Modified Bed Bath- Face and One Arm, Hand and Axilla

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident - pulls the curtain.	
	Puts on gloves BEFORE washing the resident.	
	Raises the bed.	
	Removes the resident's gown without exposing the resident.	
	Fills basin with comfortably warm water.	
	Wipes eyes gently from the inner eye toward the outer eye, using a clean portion of the washcloth with each wipe.	
	Washes the whole face without soap.	
	Dries face.	
	Places a towel under the arm, exposing one arm.	
	Using soap, washes the arm.	
	Using soap, washes the hand.	
	Using soap, washes the axilla.	
	Rinses arm.	
	Rinses hand.	
	Rinses axilla.	
	Dries arm.	
	Dries hand.	
	Dries axilla.	
	Assists the resident in putting on a clean gown.	
	Rinses and dries the basin and returns it to storage.	
	Places soiled linen in an appropriate container.	
	Lowers the bed.	
	Removes gloves, turning them inside out without contaminating self, and disposes of them in an appropriate container.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	

13. Mouth Care—Brush a Resident's Teeth

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident - pulls the curtain.	
	Drapes the chest with a clothing protector to prevent soiling.	
	Raises the head of the bed at least 75 degrees BEFORE providing mouth care.	
	Puts on gloves BEFORE providing mouth care.	
	Applies toothpaste to the toothbrush.	
	Brushes all inner surfaces of all upper and lower teeth.	
	Brushes all outer surfaces of all upper and lower teeth.	
	Brushes all chewing surfaces of all upper and lower teeth.	
	Cleans the tongue.	
	Assists the resident in rinsing their mouth.	
	Wipes the resident's mouth.	
	Removes the soiled clothing protector.	
	Places soiled linen in the hamper or disposes of the clothing protector.	
	Empties the emesis basin.	
	Rinses the emesis basin.	
	Dries the emesis basin.	
	Rinses toothbrush.	
	Returns equipment to storage.	
	Removes gloves, turning them inside out without contaminating oneself, and disposes of them in an appropriate container.	
	Leaves the resident in a position of comfort.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	

14. Pivot-Transfer a Weight-Bearing, Non-Ambulatory Resident from their Bed to a Wheelchair using a Gait Belt

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident – pulls the curtain.	
	Obtains a gait belt.	
	Positions the wheelchair at the foot or head of the bed.	
	The wheelchair touches the bed.	
	Locks the wheelchair brakes to ensure the resident's safety.	
	Locks the bed brakes to ensure the resident's safety.	
	Assists the resident in putting on non-skid footwear.	
	Assists the resident to a sitting position using proper body mechanics.	
	Ensures the resident's feet are flat on the floor.	
	Places a gait belt around the resident's waist to stabilize the trunk.	
	Tightens the gait belt so that it is snug enough that only 3-4 flat fingers can be slipped between the gait belt and the resident.	
	Grasps the gait belt with both hands in an underhand grip to stabilize the resident.	
	Asks the resident if they are stable/okay/dizzy.	
	Assists the resident to a standing position using proper body mechanics.	
	To ensure safety, assist the resident to pivot and sit in a wheelchair in a controlled manner without ambulating the resident.	
	Removes the gait belt.	
	Leaves the resident in a position of safety and comfort.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	

15. Range of Motion (ROM) for a Resident's Lower Extremities (Hip and Knee)

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident - pulls the curtain.	
	Positions the bed flat.	
	Positions the resident on their back (supine).	
	Correctly supports joints at the knee and ankle at all times.	
	Asks if causing any discomfort or pain sometime during the ROM procedure.	
	Moves the entire leg away from the body (abduction).	
	Moves the entire leg toward the body (adduction).	
	Completes abduction and adduction of the hip at least three times.	
	Continues to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.	
	Bends the resident's knee and hip toward the resident's trunk (flexion of hip and knee at the same time - may also do separately).	
	Straightens the knee and hip (extension of knee and hip in the same motion - may also do separately).	
	Completes flexion and extension of the knee and hip at least three times.	
	Does not force any joint beyond the point of free movement.	
	Leaves the resident in a comfortable position.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	

16. Range of Motion (ROM) for a Resident's Upper Extremities (One Shoulder)

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident - pulls the curtain.	
	Positions the resident on their back.	
	Correctly supports joints at the wrist and elbow at all times.	
	Asks if causing any discomfort or pain sometime during the ROM procedure.	
	Raises the resident's straight arm up as close to the ear as possible (flexion).	
	Lowers the resident's arm back down to the resident's side (extension).	
	Completes flexion and extension of the shoulder at least three times.	
	Continues the same support for abduction and adduction of the shoulder joint.	
	Moves the resident's entire arm out away from the body (abduction).	
	Returns the arm to the side of the resident's body (adduction).	
	Completes abduction and adduction of the shoulder at least three times.	
	Does not force any joint beyond the point of free movement.	
	Leaves the resident in a comfortable position.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	

17. Reposition a Resident on their Side in Bed

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident - pulls the curtain.	
	Positions the bed flat.	
	Raises the bed.	
	Ensures that the resident's face never becomes obstructed by the pillow.	
	Directs the RN Test Observer to stand on the side of the bed opposite the candidate; or uses the side rail on that side to ensure safety; or always turns the resident toward self.	
	Moves the resident's upper body toward self.	
	Moves the resident's hips toward self.	
	Moves the resident's legs toward self.	
	Moves to the opposite side of the bed if the RN Test Observer is not directed or if side rails are not used, and turns the resident toward self; otherwise, may remain on the other side of the bed and turns the resident toward the RN Test Observer or raised side rail.	
	Assists/turns the resident onto their side.	
	The resident is not lying on their downside arm.	
	Maintains the resident's correct body alignment with the head of the bed flat.	
	Places support devices under the resident's head.	
	Places support devices under the resident's upper arm.	
	Places support devices behind the resident's back.	
	Places support devices between the resident's knees and ankles.	
	Lowers the bed.	
	Lowers the side rail, if raised.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	

18. Vital Signs – Count and Record the Resident's Radial Pulse and Respiration

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident – pulls the curtain.	
	Locates the radial pulse by placing the tips of fingers on the thumb side of the resident's wrist.	
	Counts the pulse for a full 60 seconds/one full minute. → *Advises the RN Test Observer when you start counting and when you stop counting the pulse.*	
	Counts respirations for a full 60 seconds/one full minute. → *Advises the RN Test Observer when you start counting and when you stop counting the respirations.*	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	
	Records the pulse count on the previously signed recording form.	
	The candidate's recorded pulse rate is within 4 beats of the RN Test Observer's recorded rate.	
	Records the respirations count on the previously signed recording form.	
	The candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.	

19. Vital Signs – Take and Record the Resident's Manual Blood Pressure

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident – pulls the curtain.	
	Positions the resident with the forearm relaxed and supported in a palm-up position, approximately at the level of the heart.	
	Rolls the resident's sleeve up about 5 inches above the elbow.	
	Applies an appropriately sized cuff around the upper arm just above the elbow.	
	Locates the brachial artery with fingertips.	
	Lines cuff arrows up with the brachial artery.	
	Cleans the earpieces of the stethoscope appropriately and places them in the ears.	
	Cleans the diaphragm.	
	Places the stethoscope diaphragm over the brachial artery.	
	Holds the stethoscope diaphragm snugly in place.	
	Inflates the cuff to 160-180mmHg or 30 mmHg above where the pulse was last heard or felt.	
	Inflates the blood pressure cuff no more than two times per arm if using the one-step method.	
	Slowly releases air from the cuff to the disappearance of pulsations.	
	Removes the cuff.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	
	Records the blood pressure reading on the previously signed recording form.	
	The candidate's recorded systolic blood pressure reading is within 8mmHg of the RN Test Observer's reading.	
	The candidate's recorded diastolic blood pressure reading is within 8mmHg of the RN Test Observer's reading.	

20. Weighing an Ambulatory Resident

√	Step	Notes
	Knocks on the door.	
	Performs hand hygiene.	
	Explains the procedure to be performed for the resident.	
	Provides privacy for the resident – pulls the curtain.	
	Balances or sets the scale to zero BEFORE weighing the resident.	
	Ensures the resident is wearing non-skid footwear BEFORE assisting to ambulate.	
	Assists the resident in stepping onto the scale.	
	Checks that the resident is balanced and centered on the scale.	
	Ensures the resident is not holding onto anything and that their arms are at their side.	
	Weigh the resident.	
	Assist the resident off the scale.	
	Assist the resident to the chair.	
	Ensures safety at all times.	
	Performs hand hygiene.	
	Maintains respectful, courteous interpersonal interactions at all times.	
	Hands the call light to the resident.	
	Records the weight count on the previously signed recording form.	
	The candidate's recorded weight varies no more than 2 lbs. from the RN Test Observer's reading.	