

Minnesota Mock Skills

Updates Effective: December 11, 2023

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UPDATES TO THE SKILL TASKS

- The Feeding a Dependent Resident and Mouth Care tasks **will be included in testing and demonstrated with a live actor.**
- The Modified Bed Bath task **will be demonstrated with a live actor.**
- The Vital Signs: Pulse and Respirations – Candidates will have the option to count the Pulse and Respirations for either 1 full minute or 30 seconds and double their recording. They will need to verbally tell the RN Test Observer which count they will be using.
- ***Other updates made to the Skill Tasks are in red font and highlighted in gray.***

Please note:


The skill task steps included in this document are offered as guidelines to help prepare candidates for the Minnesota 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.

These mock skills are an added tool to help prepare your candidates for the skills exam. They may be used in a practice testing setting that emulates an actual test event to check off steps as they are demonstrated, which familiarizes the candidate with what to expect when they test and may help ease testing anxiety. They are the same steps listed in the Candidate Handbook.

APPLY A KNEE-HIGH ANTI-EMBOLIC (ELASTIC) STOCKING TO ONE LEG

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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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Raise bed height. | |
| Provide for privacy. | |
| Provide for resident's privacy by only exposing one leg. | |
| Roll, gather, or turn the stocking down inside out to at least the heel. | |
| Place the foot of the stocking over the resident's toes, foot, and heel. | |
| Roll OR pull the top of the stocking over the resident's foot, heel, and up the leg. | |
| Move the resident's foot and leg gently and naturally, avoiding force and over-extension of limbs and joints. | |
| Check toes for possible pressure from stocking. | |
| Adjust stocking as needed. | |
| Leave resident with a stocking that is smooth/wrinkle-free. | |
| Lower bed. | |
| Place call light or signal calling 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. | |

ASSIST RESIDENT TO AMBULATE 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. | |
| Provide for privacy. | |
| Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Obtain a 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 BEFORE assisting to stand. |  <p>FLIPPED ORDER OF STEPS</p> |
| Assist resident in putting on non-skid shoes/footwear BEFORE assisting to standing . | |
| Lock bed brakes to ensure resident's safety BEFORE assisting to stand. | |
| Lock wheelchair brakes to ensure resident's safety. | |
| Bring the resident to a sitting position. | |
| Place gait belt around resident's waist to stabilize trunk. | |
| Tighten the gait belt. | |
| Check the gait belt for tightness by slipping fingers between the gait belt and the resident. | |
| Ensure the resident's safety by standing and positioning self-facing the resident. | |
| Grasp the gait belt on both sides with an upward grasp. | |
| Bring the resident to a standing position. | |
| Grasp the gait belt with one hand and stabilize the resident. | |
| Safely ambulate the 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 the gait belt. | |
| 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. | |

ASSIST RESIDENT WITH THE USE OF A BEDPAN, MEASURE, AND RECORD URINE OUTPUT WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

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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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Provide for privacy. | |
| Put on gloves. | |
| Position resident on bedpan/fracture pan safely and correctly. (Pan not upside down, is centered, etc.) | |
| Remove gloves, turning them inside out as they are removed and dispose of. | |
| Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry. | |
| AFTER positioning the resident on the bedpan/fracture pan and removing gloves, raise the head of the bed to a comfortable level. | |
| Leave tissue within reach of the resident. | |
| Leave the call light or signaling device within reach of the resident. | |
| Step behind the privacy curtain to provide privacy for the resident. | |
| When the RN Test Observer indicates, the candidate returns. | |
| Put on gloves. (<i>NOTE: 2nd glove change required.</i>) | |
| Lower the head of the bed BEFORE gently removing the bedpan. | |
| Hold the bedpan for the RN Test Observer while an unknown quantity of liquid is poured into the bedpan. | |
| Place the graduate on a level flat surface. | |
| Pour bedpan contents into the graduate without spilling or splashing urine outside of the graduate. | |
| With graduate at eye level, measure output. | |
| Empty equipment used into designated toilet/commode. | |
| Rinse equipment used and empty rinse water into the designated toilet/commode. | |
| Return equipment to storage. | |
| Remove gloves turning them inside out as they are removed and dispose. | |
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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. | |
| Wash/assist resident to wash and dry hands with soap and water. | |
| Place soiled linen in the designated laundry hamper. | |
| Perform hand hygiene BEFORE recording output. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry. | |
| Record output in mls on the previously signed recording form. | |
| The candidate's recorded measurement is within 25mls of the RN Test Observer's reading. | |
| Place call light or signaling device within easy reach of the resident. | |
| Maintain respectful, courteous interpersonal interactions at all times. | |
| Turn on the water faucet. | |
| Wet hands and wrists thoroughly. | |
| 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 interlaced fingers pointing downward with soap. | |
| Wash all surfaces of your hands with soap. | |
| Wash wrists with soap. | |
| Clean fingernails by rubbing fingertips against the palm of the opposite hand. | |
| Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward. | |
| Starting at the fingertips, dry fingers, hands, and wrists on a clean paper towel(s). | |
| Discard paper towels to trash container as used. | |
| Turn off the faucet with a clean, dry paper towel and discard the paper towel to the trash container as used, or use knee/foot control to turn off the faucet. | |
| Do not re-contaminate hands at any time during the hand-washing procedure. | |

CATHETER CARE FOR A FEMALE RESIDENT WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

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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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Provide for privacy. | |
| Fill a basin with comfortably warm water. | |
| Put on gloves. | |
| Expose the area surrounding the catheter, only exposing the resident between the hip and knee. | |
| Hold catheter at the meatus. | REWORDED |
| Use water and a soapy washcloth. | |
| Hold the catheter at the meatus, and do not allow it to be pulled or tugged at any time. | |
| Wash at least 4 inches away from the meatus down the catheter (wash w/strokes only away from the meatus). | NO LONGER A KEY STEP |
| Use a clean portion of the washcloth for each stroke. | REWORDED |
| Rinse at least 4 inches away from the meatus down the catheter (rinse w/strokes only away from the meatus). | NO LONGER A KEY STEP |
| Rinse using a While washing and rinsing, use a clean portion of the washcloth for each stroke. | |
| While holding the catheter at the meatus, dry it at least 4 inches away from the meatus using a dry towel/washcloth. | |
| Do not allow the tube to be tugged/pulled at any time during the procedure. | COMBINED IN STEP ABOVE |
| Replace the top cover over the resident. | |
| Place soiled linen in a designated laundry hamper. | |
| Empty equipment. | |
| Rinse equipment. | |
| Dry equipment. | |
| Return equipment to storage. | |
| Remove gloves, turning them inside out as they are removed and dispose of. | |
| Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry. | |
| Place call light or signaling device within easy reach of the resident. | |
| Maintain respectful, courteous interpersonal interactions at all times. | |

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| Turn on the water faucet. | |
| Wet hands and wrists thoroughly. | |
| 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 interlaced fingers pointing downward with soap. | |
| Wash all surfaces of your hands with soap. | |
| Wash wrists with soap. | |
| Clean fingernails by rubbing fingertips against the palm of the opposite hand. | |
| Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward. | |
| Starting at the fingertips, dry fingers, hands, and wrists on a clean paper towel(s). | |
| Discard paper towels to trash container as used. | |
| Turn off the faucet with a clean, dry paper towel and discard the paper towel to the trash container as used, or use knee/foot control to turn off the faucet. | |
| Do not re-contaminate hands at any time during the hand-washing procedure. | |

DENTURE CARE – CLEANING UPPER OR LOWER DENTURE

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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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Place a protective lining/basin in the sink. | |
| Put on gloves BEFORE handling the denture. | |
| Apply denture cleanser (paste) to denture brush (or toothbrush). | |
| Remove the denture from the cup. | |
| Handle the denture carefully to avoid damage. | |
| Rinse the denture under tepid running water BEFORE brushing. | |
| Thoroughly brush denture inner surfaces of the upper or lower denture. | |
| Thoroughly brush denture outer surfaces of the upper or lower denture. | |
| Thoroughly brush denture chewing surfaces of the upper or lower denture. | |
| Rinse all surfaces of the denture under tepid running water. | |
| Rinse the denture cup and lid. | |
| Place denture in rinsed cup. | |
| Add tepid, clean water to the denture cup and replace the lid on the denture cup. | |
| Rinse equipment (denture brush or toothbrush and basin, if used). | |
| Return equipment to storage. | |
| Discard sink protective lining in an appropriate container if used. | |
| Remove gloves, turning them inside out as they are removed and dispose of. | |
| Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry. | |
| Place call light or signaling device within easy reach of the resident. | |
| Maintain respectful, courteous interpersonal interactions at all times. | |

DONNING PPE (GOWN AND GLOVES), EMPTYING A URINARY DRAINAGE BAG, MEASURE AND RECORD URINE OUTPUT AND REMOVE PPE WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

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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. | |
| Unfold the gown. | |
| Face the back opening of the gown. | |
| Place arms through each sleeve. | |
| Secure the neck opening. | |
| Secure the gown at the waist, making sure that the back flaps cover the clothing as completely as possible. | |
| Put on gloves. | |
| The cuffs of the gloves overlap the cuffs of the gown. | |
| Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Provide for privacy. | |
| Place a barrier on the floor under the drainage bag. | |
| Place the graduate on the previously placed barrier. | |
| Open the drain to allow the urine to flow into the graduate until the bag is completely empty. | |
| 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. | |
| Place the graduate on a level flat surface. | |
| With graduate at eye level, measures output. | |
| Empty graduate into designated toilet/commode. | |
| Rinse equipment emptying into designated toilet/commode. | |
| Return equipment to storage. | |
| Record the output in mls on previously signed recording form. | |
| The candidate's recorded measurement is within 25mls of the RN Test Observer's measurement. | |
| Place call light or signaling device within easy reach of resident. | |
| Maintain respectful, courteous interpersonal interactions at all times. | |
| Remove gloves BEFORE removing the gown with one gloved hand grasping the other glove at the palm to remove. | |

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| Slip fingers from the ungloved hand underneath the cuff of the remaining glove at the wrist and remove the glove, turning inside out as it is removed. | |
| Dispose of gloves in the trash can without contaminating yourself. | |
| Unfasten the gown at the waist AFTER gloves are removed. | |
| Unfasten the gown at the neck AFTER gloves are removed. | |
| Remove the gown without touching the outside of the gown AFTER the gloves are removed. | |
| While removing the gown, hold the gown away from the body without touching the floor. | |
| While removing the gown, turn the gown inward and keep it inside out. | |
| Dispose of the gown in a designated container without contaminating yourself. | |
| Turn on the water faucet. | |
| Wet hands and wrists thoroughly. | |
| 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 interlaced fingers pointing downward with soap. | |
| Wash all surfaces of your hands with soap. | |
| Wash wrists with soap. | |
| Clean fingernails by rubbing fingertips against the palm of the opposite hand. | |
| Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward. | |
| Starting at the fingertips, dry fingers, hands, and wrists on a clean paper towel(s). | |
| Discard paper towels to trash container as used. | |
| Turn off the faucet with a clean, dry paper towel and discard the paper towel to the trash container as used, or use knee/foot control to turn off the faucet. | |
| Do not re-contaminate hands at any time during the hand-washing procedure. | |

DRESSING A 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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Provide for privacy. | |
| Raise bed height. | |
| Keep resident covered while removing gown. | |
| Remove the gown from the unaffected side first. | |
| Place the soiled gown in a designated laundry hamper. | |
| Dress the resident in a button-up shirt. Insert 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 affected (weak) side first. | |
| Assist the resident to raise her/his 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 affected (weak) side leg first. | NO LONGER A KEY STEP |
| Put on the resident's socks. Draw the socks up the resident's foot until they are smooth. | |
| Leave the resident comfortably/properly dressed. | |
| Lower bed. | |
| 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. | |

FEEDING A DEPENDENT RESIDENT

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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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Ask the resident to state their name and verify their name matches the name on the diet card. | |
| Position the resident in an upright, sitting position BEFORE feeding. At least 75-90 degrees. | |
| Offer a napkin, clothing protector, or towel to protect clothing from soiling. | |
| Provide hand hygiene for the resident BEFORE feeding. <i>(Candidate may use a disposable wipe and dispose of it in a 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.)</i> | |
| Ensure the resident's hands are dry BEFORE feeding. <i>(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 their hands are dry.)</i> | |
| Place soiled linen in a designated laundry hamper or dispose in the appropriate container if used. | |
| Sit in a chair, facing the resident, while feeding the resident. | |
| Describe the food and fluids 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 hands and mouth AFTER the feeding demonstration. | |
| Remove the clothing protector or napkin and place in an appropriate container if used. | |
| Leave the resident sitting upright in bed with the head of the bed set up to at least 75-90 degrees. | |
| Record 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 estimated intake as the sum of total fluid consumed in mls on the previously signed recording form. | |
| The candidate's calculation must be within 30mls of the RN Test Observer's. | |
| Place call light or signaling device within easy reach of the resident. | |

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| | 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. | |

FOOT CARE ON ONE FOOT

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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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Provide for privacy. | |
| Fill a basin with comfortably warm water. | |
| Place the basin on a protective barrier and in a comfortable position for the resident. | |
| Put on gloves BEFORE washing the resident's foot. | |
| Immerse the resident's bare foot into the water. | |
| Use water and a soapy washcloth. | |
| Wash entire foot. | |
| Wash between toes. | |
| Rinse the entire foot. | |
| Rinse between toes. | |
| Dry foot thoroughly. | |
| Dry thoroughly between the resident's toes. | |
| Apply lotion to the top and bottom of the resident's foot. | |
| Avoid getting lotion between the resident's toes. | |
| If any excess lotion is on the resident's foot, wipe with a towel/washcloth. | |
| Support foot and ankle during the procedure. | |
| Empty equipment. | |
| Rinse equipment. | |
| Dry equipment. | |
| Return equipment to storage. | |
| Placed soiled linens in a designated laundry hamper. | |
| Remove gloves, turning them inside out as they are removed and dispose of. | |
| Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry. | |
| Place call light or signaling device within easy reach of resident. | |
| Maintain respectful, courteous interpersonal interactions at all times. | |

MODIFIED BED BATH –FACE AND ONE ARM, HAND AND UNDERARM

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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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Provide for privacy. | |
| Raise bed height. | |
| Cover the resident with a bath blanket. | |
| Remove the remaining top covers to the bottom of the bed or place them aside. | |
| Remove the resident's gown without exposing the resident and place the soiled gown in a designated laundry hamper. | |
| Fill a basin with comfortably warm water. | |
| Put on gloves BEFORE washing the resident. | |
| Beginning with eyes, wash the resident's eyes WITHOUT SOAP using a clean portion of the washcloth for each stroke, washing the inner aspect to the outer aspect. | |
| Wash face WITHOUT SOAP. | |
| Pats 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 with soap. | |
| Rinse the resident's arm. | |
| Rinse the resident's hand. | |
| Rinse the resident's underarm. | |
| Dry the resident's arm. | |
| Dry the resident's hand. | |
| Dry the resident's underarm. | |
| Assist the resident in putting on a clean gown. | |
| Empty equipment. | |
| Rinse equipment. | |
| Dry equipment. | |
| Return equipment to storage. | |
| Place the soiled linen in a designated laundry hamper. | |
| Lower bed. | MOVED BELOW HAND HYGIENE |
| Remove gloves, turning them inside out as they are removed and dispose of. | |

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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. | |
| Lower bed. | |
| Place call light or signaling device within easy reach of the resident. | |
| Maintain respectful, courteous interpersonal interactions at all times. | |

MOUTH CARE – BRUSHING RESIDENT’S TEETH

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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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Provide for privacy. | |
| Drape the resident's chest with a towel to prevent soiling. | |
| Put on gloves BEFORE cleaning the resident’s mouth. | |
| Wet a toothbrush and apply a small amount of toothpaste. | |
| Gently brush the inner surfaces of resident’s upper and lower teeth. | |
| Gently brush the outer surfaces of resident’s upper and lower teeth. | |
| Gently brush the chewing surfaces of resident’s upper and lower teeth. | |
| Gently brush the resident's tongue. | |
| Assist the resident in rinsing their mouth. | |
| Wipe the resident's mouth. | |
| Remove the soiled linen. | |
| Place the soiled linen in a designated laundry hamper. | |
| Empty container. <i>(The container may be an emesis basin or a disposable cup.)</i> | |
| Rinse emesis basin, if used, or discard disposable items in a trash can. | |
| Dry emesis basin, if used. | |
| Rinse toothbrush. | |
| Return equipment to storage. | |
| Remove gloves, turning them inside out as they are removed and dispose of. | |
| Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry. | |
| Place call light or signaling device within easy reach of resident. | |
| Maintain respectful, courteous interpersonal interactions at all times. | |

PERINEAL CARE FOR A FEMALE RESIDENT WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS) [DEMONSTRATED ON A MANIKIN]

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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/manikin. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Provide for privacy. | |
| Fill a basin with comfortably warm water. | |
| Raise bed height. | |
| Put on gloves BEFORE washing. | |
| Place pad/linen protector under the perineal area, including the buttocks, BEFORE washing. | |
| Expose perineal area only. (Only expose between hips and knees.) | |
| Use water and a soapy washcloth (no peri-wash or no-rinse soap allowed). | |
| Wash genital area from front to back. | |
| Use a clean portion of the washcloth for each stroke. | |
| Using a clean washcloth, rinse soap from the genital area from front to back. | NO LONGER A KEY STEP |
| Use a clean portion of the washcloth for each stroke. | |
| Pats dry genital area from front to back with a dry washcloth/towel. | |
| Assist the resident (manikin) to turn onto their side away from the candidate toward the center of the bed. a. <i>RN Test Observer may help hold the manikin on their side ONLY after the candidate has turned the manikin.</i> | |
| Use a clean washcloth with water and soap (no peri-wash or no-rinse soap allowed). | |
| Wash the rectal area from front to back using a clean portion of a washcloth with each stroke. | |
| Using a clean washcloth, rinse soap from the rectal area from front to back. | |
| Use a clean portion of the washcloth for each stroke. | |
| Pats dry the rectal area from front to back with a dry washcloth/towel. | |
| Safely remove pad/liner from under resident, if used. | |
| Position the manikin on their back. | |
| Place the soiled linen in a designated laundry hamper. | |
| Empty equipment. | |
| Rinse equipment. | |
| Dry equipment. | |

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| Return equipment to storage. | |
| Remove gloves, turning them inside out as they are removed and dispose of. | |
| Lower bed. | |
| Place call light or signaling device within easy reach of resident. | |
| Maintain respectful, courteous interpersonal interactions at all times. | |
| Turn on the water faucet. | |
| Wet hands and wrists thoroughly. | |
| 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 interlaced fingers pointing downward with soap. | |
| Wash all surfaces of your hands with soap. | |
| Wash wrists with soap. | |
| Clean fingernails by rubbing fingertips against the palm of the opposite hand. | |
| Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward. | |
| Starting at the fingertips, dry fingers, hands, and wrists on a clean paper towel(s). | |
| Discard paper towels to trash container as used. | |
| Turn off the faucet with a clean, dry paper towel and discard the paper towel to the trash container as used, or use knee/foot control to turn off the faucet. | |
| Do not re-contaminate hands at any time during the hand-washing procedure. | |

POSITIONING RESIDENT ON 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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Provide for privacy. | |
| Position the bed flat. | |
| Raise bed height. | |
| Direct RN Test Observer to stand on the side of the bed opposite the working side of the bed to provide safety. | |
| From the working side of the bed – gently move the resident's upper body toward self. | |
| From the working side of the bed – gently move the resident's hips toward self. | |
| From the working side of the bed – gently move the resident's legs toward self. | |
| Gently assist/turn the resident to slowly roll onto the correct side that the RN Test Observer stated in the scenario that was read to the candidate at the start of the task. | |
| Place or adjust the pillow under the resident's head for support. | |
| Reposition the resident's arm and shoulder so that the resident is not lying on their arm. | |
| Place a support device under the resident's upside arm. | |
| Place a support device behind the resident's back. | |
| Place a support device between the resident's legs. | |
| Lower bed. | |
| Place call light or signaling device within easy reach of 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. | |


RANGE OF MOTION FOR ONE KNEE AND ONE ANKLE

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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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Provide for privacy. | |
| Raise bed height. | |
| 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. | |
| Gently bend the resident's knee. <i>a. Flexion</i> | |
| Gently return (straighten) resident's leg to normal position. <i>a. Extension</i> | |
| Gently, slowly, and smoothly complete flexion and extension of the knee at least three times. | |
| Correctly support joints at all times by placing one hand under the resident's foot and the other hand under the resident's ankle close to the bed. | |
| Gently push/pull the resident's foot toward their head. | |
| Gently push/pull the resident's foot down with toes pointing down. | |
| Gently, slowly, and smoothly complete dorsiflexion and plantar flexion of the ankle at least three times. | |
| Candidate <i>must ask</i> at least once during the ROM exercise if there is/was any discomfort/pain. | |
| Lower bed. | |
| Place call light or signaling device within easy reach of 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. | |

RANGE OF MOTION SHOULDER

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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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Provide for privacy. | |
| Raise bed height. | |
| Position resident supine (bed flat). | |
| Correctly support joints at all times by placing one hand under the resident's elbow and the other hand under the resident's wrist. | |
| Gently raise the resident's straightened arm up and over the resident's head to ear level. <i>a. Flexion</i> | |
| Gently bring the resident's arm back down to the side of the resident's body. <i>a. Extension</i> | |
| Gently, slowly, and smoothly complete the shoulder flexion and extension at least three times. | |
| Continue the same support for shoulder joints by placing one hand under the resident's elbow and the other hand under the resident's wrist. | |
| Gently move the resident's entire arm away from the side of the resident's body to shoulder level. <i>a. Abduction</i> | |
| Gently return the resident's arm to the side of the resident's body. <i>a. Adduction</i> | |
| Gently, slowly, and smoothly complete abduction and adduction of the shoulder at least three times. | |
| Candidate <u>must ask</u> at least once during the ROM exercise if there is/was any discomfort/pain. | |
| Lower bed. | |
| Place call light or signaling device within easy reach of 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. | |

TRANSFER 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. | |
| Provide for privacy. | |
| Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Obtain a 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 BEFORE assisting to stand. |  <p>FLIPPED ORDER OF STEPS</p> |
| Assist resident to put on non-skid shoes/footwear BEFORE assisting to standing. | |
| Lock bed brakes to ensure resident's safety BEFORE assisting to stand. | |
| Lock wheelchair brakes to ensure resident's safety BEFORE assisting to stand. | |
| Bring the resident to a sitting position. | |
| Place gait belt around resident's waist to stabilize trunk. | |
| Tighten the gait belt. | |
| Check the gait belt for tightness by slipping fingers between the gait belt and the resident. | |
| Ensure the resident's safety by standing and positioning yourself facing the resident. | |
| Grasp the gait belt on both sides with an upward grasp. | |
| Bring the resident to a standing position. | |
| Assist the resident to pivot/turn to stand in front of the wheelchair with the back of the resident's legs against the wheelchair in a controlled manner that ensures safety. | |
| Lower the resident into the wheelchair in a controlled manner that ensures safety. | |
| Position the resident with the resident's hips touching the back of the wheelchair seat. | |
| Remove the gait belt. | |
| 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. | |

VITAL SIGNS: COUNT AND RECORD RESIDENT'S RADIAL PULSE AND RESPIRATIONS

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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. (Speak clearly and directly, maintaining face-to-face contact whenever possible.) | |
| Locate the resident's radial pulse by placing fingertips on the thumb side of the resident's wrist. | |
| Count the resident's radial pulse for one full minute or thirty (30) seconds, and then double your recording. a. <i>Tell the RN Test Observer when you start counting and tell them when you stop counting.</i> | |
| Record your radial pulse rate reading on the previously signed recording form. | |
| The candidate's recorded radial pulse rate is within four (4) beats of the RN Test Observer's recorded rate. | |
| Count the resident's respirations for one full minute or thirty (30) seconds, and then double your recording. a. <i>Tell the RN Test Observer when you start counting and tell them when you stop counting.</i> | |
| Record your respiration reading on the previously signed recording form. | |
| The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded rate. | |
| Place call light or signaling device within easy reach of 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. | |