

Catheter Care with Hand Washing
Clean with strokes only away from the urethra (AT LEAST TWO STROKES).

Wisconsin Mock Skills

Effective: 4-18-2022

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.

Ambulation with 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 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 to put 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.	
Sit resident in a controlled manner.	
Ensure safety at all times.	
Remove gait belt.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place call light or signal device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

Applying and Anti-Embolic Stocking to One Leg

Bedpan and Output with Hand Washing Required

Knock.	
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 bedpan/fracture pan using correct body	
mechanics.	
Raise head of bed to comfortable level.	
Leave tissue within reach of resident.	
Leave call light within reach of resident.	
Move to an area of the room away from the Actor.	
When the RN Test Observer indicates, candidate returns. (Candidate	
holds bedpan while RN Test Observer pours liquid into bedpan.)	
Obtain a wet washcloth.	
Wash/assist resident to wash hands.	
Dry/assist resident to dry hands.	
Discard soiled linen in designated laundry hamper.	
Gently remove bedpan/fracture pan.	
Hold the bedpan/fracture pan for the RN Test Observer while	
an unknown quantity of liquid is poured into bedpan/fracture	
pan.	
Place graduate on level, flat surface.	
With graduate at eye level, read output.	
Empty equipment used into designated toilet.	
Rinse equipment used and empty rinse water into designated toilet.	
Remove gloves turning inside out.	
Properly dispose of gloves.	
Record output on recording form.	
Candidate's measured reading is within 25ml of RN Test Observer's	
reading. Maintain respectful, sourteque interpersonal interactions at all times.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place call light or signaling device within reach of the resident.	Continued ->

Wash hands: Begin by wetting 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 on clean paper towel(s).	
Turn off faucet with a clean, dry paper towel.	
Discard paper towels to trash container as used.	
Do not re-contaminate hands by touching faucet or sink at	
any time during/after the hand washing procedure.	

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

Catheter Care with Hand Washing Required

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 over exposure throughout the procedure.	
Check to see that urine can flow, unrestricted, into the drainage bag.	
Use soap and water to carefully wash around the catheter where it	
exits the urethra.	
Hold catheter where it exits the urethra with one hand.	
While holding catheter, clean 3-4 inches down the catheter tube.	
Clean with strokes only away from the urethra (AT LEAST TWO	
STROKES).	
Use clean portion of washcloth for each stroke.	
Rinse using clean washcloth with strokes only away from the urethra.	
 Soapy washcloth dipped in basin and wrung out is okay for rinsing. 	
Rinse using clean portion of washcloth for each stroke.	
Replace gown over resident's peri area.	
Pat dry.	
Do not allow the tube to be pulled at any time during the procedure.	
Replace top cover over resident.	
Remove bath blanket.	
Leave resident in a position of safety and comfort.	
Place call light or signaling device within reach of resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Wash hands: Begin by wetting 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.	Continued ->

Dry hands on clean paper towel(s).	
Turn off faucet with a clean, dry paper towel.	
Discard paper towels to trash container as used.	
Do not re-contaminate hands by touching 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 denture using clean cool water.	
Place denture in rinsed cup.	
Add cool clean water to denture cup.	
Rinse equipment.	
a. Denture brush or toothbrush	
Return equipment to storage.	
Discard protective lining in an appropriate container.	
Remove gloves, turning inside out as they are removed.	
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.	

Dressing Bedridden 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.	
Raise bed height.	
Keep resident covered while removing gown.	
Remove gown from unaffected side first.	
Place used gown in 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 weak side first.	
Assist the resident to raise his/her 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 weak side	
leg first.	
Put on the resident's socks. Draw the socks up the resident's foot	
until they are smooth.	
Put on the resident's non-skid footwear, slip each non-skid	
footwear on the resident's feet.	
Leave the resident comfortably/properly dressed.	
Leave the resident in a position of safety.	
Lower bed, if raised.	
Maintain respectful, courteous interpersonal interactions at all	
times.	
Place call light or signaling device within easy reach of the resident	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	
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Feeding the Dependent 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.	
Ask resident to state name and verify name matches the name on	
the diet card.	
Position the resident in an upright position, at least 45 degrees.	
Protect clothing from soiling by using napkin, clothing protector, or towel.	
Assist resident to clean hands BEFORE feeding. (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 resident's hands are dry BEFORE feeding.	
Position yourself at eye level facing the resident while feeding resident.	
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 resident's face during meal at least one time.	
a. Actor will say, "I'm full" before all the solid food and fluids are gone.	
Leave resident clean.	
Leave resident in bed with head of bed set up to at least 30 degrees.	
Record intake as a percentage of total solid food eaten on the	
previously signed recording form.	
Candidate's calculation must be within 25 percentage points of	
the RN Test Observer's.	
Record sum of estimated fluid intakes in ml on the previously	
signed recording form.	
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.	

Foot Care One Foot

Porform hand hygiona	
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 foot basin with warm water.	
Remove a sock from the (right/left) foot. (The scenario read to you will specify right or left.)	
Immerse foot in warm water.	
a. You may verbalize the 5 to 20 minutes soaking time after you	
begin soaking the foot.	
Use water and soapy washcloth.	
Wash entire foot.	
Wash between toes.	
Rinse entire foot.	
a. Soapy washcloth dipped in basin and wrung out is okay for	
rinsing.	
Rinse between toes.	
Dry foot thoroughly.	
Dry thoroughly between toes.	
Warm lotion by rubbing it between hands.	
Massage lotion over entire foot.	
Avoid getting lotion between the toes.	
If any excess lotion, wipe with a towel.	
Replace sock on foot.	
Empty basin.	
Rinse basin.	
Dry basin.	
Return basin to storage area.	
Place dirty linen in designated laundry hamper.	
Leave resident in position of safety in proper alignment in the	
chair.	
Maintain respectful, courteous interpersonal interactions at all	
times.	
Place call light or signaling device within reach of resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub hands together until hands are completely dry.	

Isolation Gown and Gloves and Empty Urinary Bag with Hand Washing Required

Perform hand hygiene.	
a. Cover all surfaces of hands wit	h hand sanitizer
b. Rub hands together until hand	
Face the back opening of the gowr	
Unfold the gown.	
Place arms through each sleeve.	
Secure the neck opening.	
Secure the waist, making sure that	the back flans cover clothing as
completely as possible.	the back haps cover clothing as
Put on gloves.	
Glove overlap gown sleeves at the	wrist
Knock.	WITST.
Introduce yourself to resident.	
Explain the procedure to the resident	ent.
Place a barrier on the floor under t	
Place the graduate on the previous	5 5
Open the drain to allow the urine t	· ·
Avoid touching the graduate with	
Close the drain.	
Wipe the drain with alcohol wipe A	AFTER emptying drainage bag.
Replace drain in holder.	
Place graduate on level, flat surfac	e
With graduate at eye level, read or	utput.
Empty graduate into designated to	ilet.
Rinse equipment emptying into de	signated toilet.
Return equipment to storage.	
Leave resident in a position of com	fort and safety.
Record the output in ml on previo	usly signed recording form.
Candidate's recorded measureme	nt is within 25ml of the RN
Test Observer's measurement.	
Place call light or signaling device v	vithin reach of the resident.
Maintain respectful, courteous interestimes.	erpersonal interactions at all
Remove gloves, turning inside out.	
Remove gloves BEFORE removing	gown.
Dispose of the gloves in appropriate	te container.

Unfasten gown at the neck.	
Unfasten gown at the waist.	
Remove gown by folding soiled area to soiled area.	
Dispose of gown in an appropriate container.	
Wash hands: Begin by wetting 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 on clean paper towel(s).	
Turn off faucet with a clean, dry paper towel.	
Discard paper towels to trash container as used.	
Do not re-contaminate hands by touching faucet or sink at any time during/after the hand washing procedure.	

Mouth Care – Brushing 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 resident's chest with a towel (cloth or paper) to prevent	
soiling.	
Wet toothbrush.	
Apply toothpaste to toothbrush.	
Brush resident's teeth, including the inner surfaces of all upper	
and lower teeth, while verbalizing the surfaces you are cleaning.	
Brush resident's teeth, including the outer surfaces of all upper	
and lower teeth, while verbalizing the surfaces you are cleaning.	
Brush resident's teeth, including chewing surfaces of all upper	
and lower teeth, while verbalizing the surfaces you are cleaning.	
Clean resident's tongue.	
Assist the resident in rinsing mouth.	
Wipe resident's mouth.	
Remove soiled chest barrier.	
Place soiled chest barrier (cloth or paper) in the appropriate	
container.	
Empty emesis basin.	
Rinse emesis basin.	
Dry emesis basin.	
Rinse toothbrush.	
Return equipment to storage.	
Remove gloves turning inside out.	
Dispose of gloves in appropriate container.	
Leave resident in 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

Knock.		
Introdu	ice yourself to the resident/manikin.	
Perforr	n hand hygiene.	
a. Co	ver all surfaces of hands with hand sanitizer.	
b. Ru	b hands together until hands are completely dry.	
Explain	the procedure to the resident/manikin.	
Provide	e for privacy.	
Raise t	ne bed height	
Fill bas	in with warm water.	
Put on	gloves.	
raise si	RN Test Observer to stand on opposite side of the bed or de rail on opposite side of bed. I Test Observer DOES NOT move into position unless	
di	rected to do so by the candidate.	
	sident or raise hips and place waterproof pad under at's buttocks.	
Expose	perineum only.	
Separa	te labia.	
Use wa	ter and soapy washcloth.	
Clean	one side of labia from top to bottom.	
Use a c	lean portion of a washcloth, clean other side of labia from	
top to	oottom.	
	lean portion of a washcloth; clean the vaginal area from	
	bottom.	
Use a c	lean washcloth, rinse one side of labia from top to bottom.	
	lean portion of a washcloth; rinse other side of labia from pottom.	
Use a c	lean portion of a washcloth; rinse the vaginal area from top om.	
Pat dry		
Avoid	over exposure throughout the procedure.	
	esident to turn onto side away from the candidate.	
a. RN	Test Observer may help hold the manikin on her side	
ON	ILY after the candidate has turned the manikin.	
Use a c	lean washcloth.	
Use w	ater, washcloth and soap.	
Clean f	rom vagina to rectal area.	

Use a clean portion of a washcloth with any stroke.	
Use a clean washcloth.	
Use a clean portion of a washcloth, rinse from vagina to rectal	
area.	
Use a clean portion of a washcloth with any stroke.	
Pat dry.	
Safely remove waterproof pad from under buttocks.	
Position resident/manikin on her back.	
Dispose of soiled linen in designated laundry hamper.	
Empty equipment.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Remove gloves, turning inside out.	
Dispose of gloves in appropriate container.	
Lower bed, if it was raised.	
Maintain respectful, courteous interpersonal interactions at all	
times.	
Place call light or signaling device within reach of resident.	
Wash hands: Begin by wetting 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 on clean paper towel(s).	
Turn off faucet with a clean, dry paper towel.	
Discard paper towels to trash container as used.	
Do not re-contaminate hands by touching faucet or sink at any	
time during/after the hand washing procedure.	

Positioning Resident on 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 resident. Provide for privacy. Position bed flat. Raise bed height. Raise side rail on side of the bed opposite working side of bed to provide safety. From the working side of bed - move resident's upper body toward self. From the working side of the bed - move resident's hips toward self. From the working side of the bed - move resident's legs toward self. Assist/turn resident on his/her left/right side. (Side will be read to candidate by RN Test Observer.) Ensure that the resident's face never becomes obstructed by the pillow. Check to be sure resident is not lying on down side arm. Ensure resident is in correct body alignment. Place support devices under the resident's head. Place support devices under the resident's up side arm. Place support devices behind back. Place support devices between knees. Leave resident in a position of comfort and safety. Lower bed, if raised.		
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Place support devices under the resident's head. Place support devices under the resident's up side arm. Place support devices behind back. Place support devices between knees. Leave resident in a position of comfort and safety. Lower bed, if raised.	Check to be sure resident is not lying on down side arm.	
Place support devices under the resident's up side arm. Place support devices behind back. Place support devices between knees. Leave resident in a position of comfort and safety. Lower bed, if raised.	Ensure resident is in correct body alignment.	
Place support devices behind back. Place support devices between knees. Leave resident in a position of comfort and safety. Lower bed, if raised.	Place support devices under the resident's head.	
Place support devices between knees. Leave resident in a position of comfort and safety. Lower bed, if raised.	Place support devices under the resident's up side arm.	
Leave resident in a position of comfort and safety. Lower bed, if raised.	Place support devices behind back.	
Lower bed, if raised.		
	 •	
times.	Maintain respectful, courteous interpersonal interactions at all times.	
Place call light or signaling device within easy reach of the resident.		
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	a. Cover all surfaces of hands with hand sanitizer.	

Pulse and Respirations

Range of Motion Hip and Knee

	T
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 discomfort/pain anytime during ROM.	
Raise bed height.	
Provide for privacy.	
Position resident supine (bed flat).	
Position resident in good body alignment.	
Place one hand under the knee.	
Place the other hand under the ankle.	
ROM for Hip: Move the entire leg away from the body.	
a. abduction	
Move the entire leg toward the body.	
a. adduction	
Complete abduction and adduction of the hip at least three times.	
Continue to correctly support joints by placing one hand under	
the resident's knee and the other hand under the resident's ankle.	
Bend the resident's knee and hip toward the resident's trunk.	
a. flexion of hip and knee at the same time	
Straighten the knee and hip.	
a. extension of knee and hip at the same time	
Complete flexion and extension of the knee and hip at least three	
times.	
Do not force any joint beyond the point of free movement.	
You must ask at least once during the ROM exercise if there	
is/was any discomfort/pain.	
Leave resident in a comfortable position.	
Lower bed, if raised.	
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 Shoulder

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 discomfort/pain at any time during ROM.	
Provide for privacy.	
Raise bed height.	
Position resident supine (bed flat).	
Position resident in good body alignment.	
Place one hand under the elbow.	
Place 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 shoulder at least three times.	
Continue same support for shoulder joint.	
Move the resident's entire arm out away from the body. a. abduction	
Return 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 least once during the ROM exercise if there is/was any discomfort/pain.	
Leave resident in a comfortable position.	
Lower bed, if raised.	
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.	

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

Weighing an Ambulatory Resident

Perform hand hygiene.	
Place call light or signal calling device within easy reach of the resident.	
times.	
Maintain respectful, courteous interpersonal interactions at all	
than 2 lb. from RN Test Observer's.	
Recorded weight from signed recording form varies no more	
Record weight on previously signed recording form.	
Assist resident to sit in chair.	
Return resident to the chair.	
Adjust weights until scale is in balance or read analog scale.	
Ensure resident is not holding on to anything that would alter reading of the weight.	
Check that resident has arms at side.	
Check that resident is centered on scale.	
Assist resident to step on scale.	
Walk resident to the scale.	
Assist resident to stand.	
Balance (or zero) scale.	
Explain the procedure to resident.	
b. Rub hands together until hands are completely dry.	
a. Cover all surfaces of hands with hand sanitizer.	
Perform hand hygiene.	