



Wisconsin Mock Skills

Effective: 10-7-2022

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.

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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-Embollic Stocking to One Leg

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

Bedpan and Output with Hand Washing Required

(one of the possible mandatory first tasks)

	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. (<i>Pan not upside down, is centered, etc.</i>)	
	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. (<i>Candidate holds bedpan while RN Test Observer pours liquid into bedpan.</i>)	
	Obtain a wet washcloth with soap.	
	Provide washcloth for resident to wash hands.	
	Provide wet washcloth for resident to rinse hands.	
	Provide a towel or washcloth for 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, courteous interpersonal interactions at all times.	
	Place call light or signaling device within reach of the 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.	

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

(one of the possible mandatory first tasks)

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. a. 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.	
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. <i>(Towel, washcloth or paper towels are allowed for lining.)</i>	
	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

	<p>Perform hand hygiene.</p> <ol style="list-style-type: none"> Cover all surfaces of hands with hand sanitizer. 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	
	<p>Perform hand hygiene.</p> <ol style="list-style-type: none"> Cover all surfaces of hands with hand sanitizer. Rub hands together until hands are completely dry. 	

Assisting a Resident who is Dependent with a Meal

Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Ask resident to state 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.	
Perform hand hygiene for resident BEFORE assisting them with their meal. <i>(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.)</i>	
Ensure resident's hands are dry BEFORE assisting them with their meal.	
Position yourself at eye level facing the resident while assisting the resident with their meal.	
Describe the foods being offered to the resident.	
Offer each fluid frequently.	
Offer small amounts of food at a reasonable rate.	
Allow resident time to chew and swallow.	
Wipe 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

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.	
Put on gloves.	
Remove a sock from the (right/left) foot. <i>(The scenario read to you will specify right or left.)</i>	
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.	
Remove gloves, turning inside out as they are removed.	
Dispose of gloves in an appropriate container.	
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

(one of the possible mandatory first tasks)

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

(one of the possible mandatory first tasks)

Knock.	
Introduce yourself to the resident/manikin.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident/manikin.	
Provide for privacy.	
Raise the bed height	
Fill basin with warm water.	
Put on gloves.	
Direct RN Test Observer to stand on opposite side of the bed or raise side rail on opposite side of bed. a. RN Test Observer DOES NOT move into position unless directed to do so by the candidate.	
Turn resident or raise hips and place waterproof pad under resident's buttocks.	
Expose perineum only.	
Separate labia.	
Use water and soapy washcloth.	
Clean one side of labia from top to bottom.	
Use a clean portion of a washcloth, clean other side of labia from top to bottom.	
Use a clean portion of a washcloth; clean the vaginal area from top to bottom.	
Use a clean washcloth, rinse one side of labia from top to bottom.	
Use a clean portion of a washcloth; rinse other side of labia from top to bottom.	
Use a clean portion of a washcloth; rinse the vaginal area from top to bottom.	
Pat dry.	
Avoid over exposure throughout the procedure.	
Assist resident to turn onto side away from the candidate. a. RN Test Observer may help hold the manikin on her side ONLY after the candidate has turned the manikin.	
Use a clean washcloth.	
Use water, washcloth and soap.	
Clean from 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 their Side

Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to 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. <i>(Side will be read to candidate by RN Test Observer.)</i>	
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.	
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.	

Pulse and Respirations

	<p>Perform hand hygiene.</p> <ul style="list-style-type: none"> a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry. 	
	Explain the procedure to resident.	
	Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.	
	<p>Count pulse for 60 seconds.</p> <ul style="list-style-type: none"> a. Tell the RN Test Observer when you start counting and tell him/her when you stop counting. 	
	Record your reading on the previously signed recording form.	
	Recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.	
	<p>Count respirations for 60 seconds.</p> <ul style="list-style-type: none"> a. Tell the RN Test Observer when you start counting and tell him/her when you stop counting. 	
	Record your reading on the previously signed recording form.	
	Recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Place call light or signal calling device within easy reach of the resident.	
	<p>Perform hand hygiene.</p> <ul style="list-style-type: none"> a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry. 	

Range of Motion Hip and Knee

Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Do not cause 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.	