

TRAINING RECORD

STUDENT INFORMATION

STUDENT'S NAME: _____	SSN#: _____
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP+4: _____
DATE OF BIRTH: _____	DATE OF HIRE IN NURSING: _____ QMA#: _____

COURSE INFORMATION (30 HOUR CLASSROOM)

NAME OF FACILITY/SCHOOL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP+4: _____
DATE COMPLETED: _____ PROGRAM DIRECTOR: _____

COURSE INFORMATION (75 HOUR CLINICAL)

NAME OF FACILITY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP+4: _____
DATE COMPLETED: _____ CLINICAL SUPERVISOR: _____

PROCEDURES

1. Handwashing *
2. Gloves *
3. Supine Position
4. Lateral Position
5. Fowler's Position
6. Semi-Fowler's Position
7. Sit On Edge of Bed
8. Assist Resident to Move to Head of Bed
9. Protective Devices
10. Walking
11. Assist with Walker
12. Assist to Chair
13. Transfer to Wheelchair and Transport
14. Drape and Undrape
15. Rub Back
16. Heel or Elbow Protectors
17. Check Skin
18. Range of Motion
19. Change Gown
20. Dressing a Dependent Resident
21. Unoccupied Bed *
22. Occupied Bed
23. Fingernail Care
24. Safety Razor
25. Electric Razor
26. Denture Care
27. Oral Care
28. Oral care for Unconscious
29. Comb Hair
30. Assist to Eat
31. Feeding
32. Shower
33. Bed Bath
34. Perineal Care
35. Assist to Bathroom
36. Bedside Commode
37. Bedpan/Fracture Pan
38. Urinal
39. Empty Urinary Drainage Bag*
40. Weight
41. Pulse and Respiration
42. Oral Temperature
43. Axillary Temperature
44. Blood Pressure
45. Choking*
46. Fire*
47. Seizures*
48. Falling or Fainting*

* Can be simulated in laboratory if clinical experience is not available.

WHEN BEGINNING AND ENDING A PROCEDURE, THE LEARNER MUST PERFORM SPECIFIC STEPS TO ENSURE RESIDENTS' RIGHTS AND PROVIDE FOR COMMUNICATION, PRIVACY, SAFETY, INFECTION CONTROL AND COMFORT. THE LEARNER IS EXPECTED TO PERFORM ALL STEPS APPROPRIATE FOR THE INDIVIDUAL RESIDENT.

INITIAL STEPS

STEP	RATIONALE
1. ASK NURSE ABOUT RESIDENT'S NEEDS, ABILITIES AND LIMITATIONS, IF NECESSARY	1. Prepares you to provide best possible care to resident
2. KNOCK BEFORE ENTERING ROOM	2. Maintains resident's right to privacy
3. GREET RESIDENT BY NAME AND CHECK IDENTIFICATION	3. Shows respect for resident
4. IDENTIFY YOURSELF BY NAME AND TITLE	4. Resident has right to know identity and qualifications of their care giver
5. EXPLAIN WHAT YOU WILL BE DOING. ENCOURAGE RESIDENT TO HELP AS ABLE	5. Promotes understanding and independence
6. GATHER SUPPLIES AND CHECK EQUIPMENT	6. Organizes work and provides for safety
7. WASH YOUR HANDS	7. Provides for Infection Control
8. CLOSE CURTAINS, DRAPES AND DOORS. KEEP RESIDENT COVERED. EXPOSE ONLY AREA OF RESIDENT'S BODY NECESSARY TO DO PROCEDURE	8. Maintains resident's right to privacy and dignity
9. RAISE SIDE RAILS BEFORE RAISING BED TO COMFORTABLE WORKING HEIGHT, USUALLY WAIST HIGH. LOWER SIDE RAIL ON SIDE CARE IS BEING GIVEN	9. Prevents injury to you and to resident
10. WEAR GLOVES AS INDICATED BY STANDARD PRECAUTIONS	10. Protects you from contamination by bodily fluids
11. USE GOOD BODY MECHANICS	11. Prevents you from injuring yourself

FINAL STEPS

STEP	RATIONALE
1. USE GOOD BODY MECHANICS	1. Prevents you from injuring yourself
2. BE CERTAIN RESIDENT IS COMFORTABLE AND IN GOOD ALIGNMENT	2. Reduces stress and improves resident's sense of well being
3. LOWER BED HEIGHT AND POSITION SIDE RAILS AS APPROPRIATE	3. Provides for safety. Bed rails are considered a restraint and can only be used with a Doctor's order
4. PLACE CALL LIGHT AND WATER WITHIN RESIDENT'S REACH	4. Allows resident to communicate with staff as necessary
5. ASK RESIDENT IF ANY THING ELSE IS NEEDED	5. Encourages resident to express needs
6. THANK RESIDENT	6. Shows your respect toward resident
7. REMOVE SUPPLIES AND CLEAN EQUIPMENT ACCORDING TO CURRENT NURSING PRACTICES	7. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility
8. REMOVE GLOVES IF APPLICABLE AND WASH YOUR HANDS	8. Provides for Infection Control
9. OPEN CURTAINS, DRAPES AND DOOR ACCORDING TO RESIDENT'S WISHES	9. Provides resident with right to choose
10. PERFORM A SAFETY CHECK OF RESIDENT AND ENVIRONMENT	10. Prevents injury to you and resident
11. REPORT UNEXPECTED FINDINGS TO NURSE	11. Provides nurse with necessary information to properly assess resident's condition and needs
12. DOCUMENT PROCEDURES ACCORDING TO CURRENT NURSING PRACTICES	12. What you write is a legal record of what you did. If you don't document it, legally it didn't happen

I verify that these procedures were taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 1: HANDWASHING

STEP	RATIONALE
<ol style="list-style-type: none"> 1. Turn on faucet with a clean paper towel 2. ADJUST WATER TO ACCEPTABLE TEMPERATURE 3. Angle arms down holding hands lower than elbows. Wet hands and wrists 4. Put soap in hands 5. LATHER ALL AREAS OF HANDS AND WRISTS, RUBBING VIGOROUSLY FOR AT LEAST 10 SECONDS 6. CLEAN NAILS BY RUBBING THEM IN PALM OF OTHER HAND 7. RINSE THOROUGHLY, RUNNING WATER DOWN FROM WRISTS TO FINGERTIPS 8. Pat dry with paper towel 9. TURN OFF FAUCET WITH PAPER TOWEL AND DISCARD TOWEL IMMEDIATELY 	<ol style="list-style-type: none"> 1. Faucet may be used by residents/visitors and should be kept as clean as possible 2. Hot water opens pores which may cause irritation 3. The hands are most contaminated. Water should run from cleanest to dirtiest 5. Lather and friction loosen skin oils and allow pathogens to be rinsed away 6. Most pathogens on hands come from beneath the nails (McGinley et al, 1988) 7. Wrists are cleanest, fingertips dirtiest. Soap left on skin may cause irritation and rashes 8. Skin may chap if left damp 9. Hands will be recontaminated if you touch the dirty faucet with clean hands or if the towel is used after turning off the faucet

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 2: GLOVES

STEP	RATIONALE
<ol style="list-style-type: none"> 1. Wash hands (according to procedure 1) 2. Put on gloves 3. Check for tears 4. Perform procedure 5. REMOVE ONE GLOVE BY GRASPING OUTER SURFACE JUST BELOW CUFF 6. PULL GLOVE OFF SO THAT IT IS INSIDE OUT 7. HOLD THE REMOVED GLOVE IN YOUR GLOVED HAND 8. PLACE TWO FINGERS OF UNGLOVED HAND UNDER CUFF OF OTHER GLOVE AND PULL DOWN SO FIRST GLOVE IS INSIDE SECOND GLOVE 9. DISPOSE OF GLOVES WITHOUT CONTAMINATING HANDS 10. WASH HANDS (according to procedure 1) 	<ol style="list-style-type: none"> 3. Damaged gloves do not protect you or the resident 5. Both gloves are contaminated and should not touch unprotected skin 6. The dirtiest part of glove is concealed 8. Touching the outside of the glove with an ungloved hand causes contamination 9. Hands may be contaminated if gloves are rolled or moved from hand to hand

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 3: SUPINE POSITION

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. Lower head of bed 3. Move resident to head of bed if necessary (according to procedure 4) 4. POSITION RESIDENT FLAT ON BACK WITH LEGS SLIGHTLY APART 5. Align resident's shoulders and hips 6. Use supportive padding if necessary 7. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. When bed is flat, resident can be moved without working against gravity 3. Places resident in proper position in bed 4. Prevents friction in thigh area 5. Reduces stress to spine 6. Maintains position, prevents friction and reduces pressure on bony prominences. Padding may be used under neck, shoulders, arms, hands, ankles, lower back. Never use padding under knees unless directed by nurse as it may restrict blood flow to lower legs

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 4: LATERAL POSITION

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. Place resident in supine position (according to procedure 3) 3. Move resident to side of bed closest to you 4. Cross resident's arms over chest 5. Slightly bend knee of nearest leg to you or cross nearest leg over farthest leg at ankle 6. PLACE YOUR HANDS UNDER RESIDENT'S SHOULDER BLADE AND BUTTOCK. TURN RESIDENT AWAY FROM YOU ONTO SIDE 7. PLACE SUPPORTIVE PADDING BEHIND BACK, BETWEEN KNEES AND ANKLES, AND UNDER TOP ARM 8. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. Places resident in proper position and alignment 3. Allows resident to be positioned in center of bed when turned 4. Reduces stress on shoulders during move 5. Reduces stress on hip joint during turn 6. Prevents stress on shoulder and hip joints 7. Maintains position, prevents friction and reduces pressure on bony prominences

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 5: FOWLER'S POSITION

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. Move resident to supine position (according to procedure 3) 3. ELEVATE BED 45 to 60 DEGREES 4. Use supportive padding if necessary 5. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. Places resident in proper position and alignment 3. Improves breathing, allows resident to see room and visitors 4. Maintains position, prevents friction and reduces pressure on bony prominences. Padding may be used under neck, shoulders, arms, hands, ankles, lower back. Never use padding under knees unless directed by nurse as it may restrict blood flow to lower legs

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 6: SEMI-FOWLER'S POSITION

STEP	RATIONALE
1. DO INITIAL STEPS 2. Move resident to supine position (according to procedure 3) 3. ELEVATE HEAD OF BED 30 TO 45 DEGREES 4. Use supportive padding if necessary 5. DO FINAL STEPS	2. Places resident in proper position and alignment 3. Improves breathing, allows resident to see room and visitors 4. Maintains position, prevents friction and reduces pressure on bony prominences. Padding may be used under neck, shoulders, arms, hands, ankles, lower back. Never use padding under knees unless directed by nurse as it may restrict blood flow to lower legs

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 7: SIT ON EDGE OF BED

STEP	RATIONALE
1. DO INITIAL STEPS 2. ADJUST BED HEIGHT TO LOWEST POSITION 3. Move resident to side of bed closest to you 4. Raise head of bed to sitting position, if necessary 5. PLACE ONE ARM UNDER RESIDENT'S SHOULDER BLADES AND THE OTHER ARM UNDER RESIDENT'S THIGHS 6. ON COUNT OF THREE, SLOWLY TURN RESIDENT INTO SITTING POSITION WITH LEGS DANGLING OVER SIDE OF BED 7. SUPPORT FOR 10 TO 15 SECONDS, CHECK FOR DIZZINESS 8. ASSIST RESIDENT TO PUT ON SHOES OR SLIPPERS 9. MOVE RESIDENT TO EDGE OF BED SO FEET ARE FLAT ON FLOOR 10. DO FINAL STEPS	2. Allows resident's feet to touch floor when sitting. Reduces chance of injury if resident falls 3. Resident will be close to edge of bed when sitting up 4. Resident can move without working against gravity 5. Placing your arm under the resident's neck may cause injury 7. Change of position may cause dizziness due to a drop in blood pressure 8. Prevents sliding on floor and protects resident's feet from contamination 9. Allows resident to be in stable position

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 8: ASSIST RESIDENT TO MOVE TO HEAD OF BED

STEP	RATIONALE
1. DO INITIAL STEPS 2. LOWER HEAD OF BED AND LEAN PILLOW AGAINST HEAD BOARD 3. Ask resident to bend knees, put feet flat on mattress 4. PLACE ONE ARM UNDER RESIDENT'S SHOULDER BLADES AND THE OTHER ARM UNDER RESIDENT'S THIGHS 5. ASK RESIDENT TO PUSH WITH FEET ON COUNT OF THREE 6. Place pillow under resident's head 7. DO FINAL STEPS	2. When bed is flat, resident can be moved without working against gravity. Pillow prevents injury should resident hit the head of bed 3. Gives resident leverage to help with move 4. Putting your arm under resident's neck could cause injury 5. Enables resident to help as much as possible and reduces strain on you 6. Provides for resident's comfort

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 9: PROTECTIVE DEVICES

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. APPLY VEST ACCORDING TO MANUFACTURER'S DIRECTIONS 3. APPLY SOFT BELT ACCORDING TO MANUFACTURER'S DIRECTIONS 4. FASTEN WITH QUICK RELEASE TIE TO MOVEABLE PART OF BED FRAME OR KICK SPURS OF WHEELCHAIR 5. PLACE OPEN HAND FLAT BETWEEN RESIDENT AND PROTECTIVE DEVICE 6. DO FINAL STEPS 7. VISIT RESIDENT AT LEAST EVERY HOUR AND RELEASE PROTECTIVE DEVICE AT LEAST EVERY TWO HOURS 	<ol style="list-style-type: none"> 2. If device is not applied according to manufacturer's directions, legally you are responsible for injuries 3. If device is not applied according to manufacturer's directions, legally you are responsible for injuries 4. In an emergency, tie must release quickly. Device must move with resident if head of bed is elevated. When fastened to kick spurs, belt is at 45° angle, reducing pressure on the diaphragm 5. Ensures that device fits properly and is comfortable for the resident 7. Meets regulations. Visiting includes observing resident for safety and comfort and spending time communicating with resident. Releasing includes removing device, assisting with Activities of Daily Living and repositioning

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 10: WALKING

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. ASSIST RESIDENT TO SIT ON EDGE OF BED (according to procedure 7) 3. ASSIST RESIDENT TO STAND ON COUNT OF THREE 4. ALLOW RESIDENT TO GAIN BALANCE 5. STAND TO SIDE AND SLIGHTLY BEHIND RESIDENT 6. Walk at resident's pace 7. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. Allows resident to adjust to position change 3. Allows you and resident to work together 4. Change in position may cause dizziness due to a drop in blood pressure 5. Allows clear path for the resident and puts you in a position to assist resident if needed 6. Reduces risk of resident falling

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 11: ASSIST WITH WALKER

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. ASSIST RESIDENT TO SIT ON EDGE OF BED (according to procedure 7) 3. PLACE WALKER IN FRONT OF RESIDENT 4. Have resident grasp both arms of walker 5. BRACE LEG OF WALKER WITH YOUR FOOT AND PLACE YOUR HAND ON TOP OF WALKER 6. ASSIST RESIDENT TO STAND ON COUNT OF THREE 7. STAND TO SIDE AND SLIGHTLY BEHIND RESIDENT 8. Have resident move walker ahead 6 to 10 inches then step up to walker 9. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. Allows resident to adjust to position change 4. Helps steady resident 5. Prevents walker from moving 6. Allows you and resident to work together 7. Puts you in a position to assist resident if needed 8. Resident may fall forward if he steps too far into walker

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 12: ASSIST TO CHAIR

STEP	RATIONALE
1. DO INITIAL STEPS 2. PLACE CHAIR ON RESIDENT'S UNAFFECTED SIDE. BRACE FIRMLY AGAINST SIDE OF BED 3. ASSIST RESIDENT TO SIT ON EDGE OF BED (according to procedure 7) 4. Stand at resident's side 5. HAVE RESIDENT GRASP FARTHEST ARM OF CHAIR 6. TELL RESIDENT TO STAND ON COUNT OF THREE 7. Help resident slowly turn and sit 8. Check body alignment 9. DO FINAL STEPS	2. Unaffected side supports weight. Helps stabilize chair and is shortest distance for resident to turn 3. Allows resident to adjust to position change 4. Puts you in position to help resident if needed 5. Maintains stability during move 6. Allows you and resident to work together 8. Shoulders and hips should be in straight line to reduce stress to spine and joints

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 13: TRANSFER TO WHEELCHAIR AND TRANSPORT

STEP	RATIONALE
1. DO INITIAL STEPS 2. PLACE WHEELCHAIR ON RESIDENT'S UNAFFECTED SIDE. BRACE FIRMLY AGAINST SIDE OF BED WITH WHEELS LOCKED AND FOOT RESTS OUT OF WAY 3. ASSIST RESIDENT TO SIT ON EDGE OF BED (according to procedure 7) 4. STAND IN FRONT OF RESIDENT AND BLOCK RESIDENT'S FEET WITH YOUR FEET 5. PLACE YOUR HANDS UNDER RESIDENT'S ARMS AND AROUND RESIDENT'S SHOULDER BLADES 6. ASK RESIDENT TO PLACE HIS HANDS ON YOUR UPPER ARMS 7. ON THE COUNT OF THREE, HELP RESIDENT INTO STANDING POSITION BY STRAIGHTENING YOUR KNEES 8. ALLOW RESIDENT TO GAIN BALANCE, CHECK FOR DIZZINESS 9. MOVE YOUR FEET 18 INCHES APART AND SLOWLY TURN RESIDENT 10. LOWER RESIDENT INTO WHEELCHAIR BY BENDING YOUR KNEES AND LEANING FORWARD 11. Align resident's body and position foot rests 12. TRANSPORT RESIDENT FORWARD THROUGH OPEN DOORWAY AFTER CHECKING FOR TRAFFIC 13. TRANSPORT RESIDENT UP TO CLOSED DOOR, OPEN DOOR AND BACK WHEELCHAIR THROUGH DOORWAY 14. TAKE RESIDENT TO DESTINATION AND LOCK WHEELCHAIR 15. DO FINAL STEPS	2. Unaffected side supports weight. Helps stabilize chair and is the shortest distance for the resident to turn. Wheel locks prevent chair from moving 3. Allows resident to adjust to position change 4. Allows you to stabilize resident and prevent slipping 5. Reduces pressure on armpits and shoulders 6. You may be injured if resident grabs around your neck 7. Allows you and resident to work together. Minimizes strain on your back 8. Change of position may cause dizziness due to drop in blood pressure 9. Improves your base of support and allows space for resident to turn 10. Minimizes strain on your back 11. Shoulders and hips should be in straight line to reduce stress on spine and joints 12. Provides for safety 13. Prevents door from closing on resident 14. Prevents wheelchair from rolling if resident attempts to get up

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 14: DRAPE AND UNDRAPE

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. TO DRAPE, UNFOLD DRAPE OVER TOP LINEN 3. Ask resident to hold drape or tuck drape under resident's shoulders 4. ROLL TOP LINEN FROM BENEATH DRAPE TO FOOT OF BED 5. Perform procedure 6. TO UNDRAPE, COVER RESIDENT WITH TOP LINEN 7. Ask resident to hold top of linen or tuck under resident's shoulders 8. ROLL DRAPE FROM UNDER TOP LINEN TO FOOT OF BED AND REMOVE 9. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm 3. Keeps drape in place while linen is being removed 4. Reduces spread of infection and makes it easier to re-cover resident 6. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm 8. Reduces spread of infection

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 15: RUB BACK

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. PLACE RESIDENT ONTO SIDE WITH BACK TOWARD YOU 3. Expose back and shoulders 4. RUB LOTION BETWEEN YOUR HANDS 5. MAKE LONG, FIRM STROKES ALONG SPINE FROM BUTTOCKS TO SHOULDERS. MAKE CIRCULAR STROKES DOWN ON SHOULDERS, UPPER ARMS AND BACK TO BUTTOCKS 6. Repeat for at least 3-5 minutes 7. Gently pat off excess lotion with towel. Cover and position resident as requests 8. DO FINAL STEPS 	<ol style="list-style-type: none"> 4. Warms lotion and increases resident's comfort 5. Long upward strokes release muscle tension. Circular strokes increase circulation in muscle areas 6. Ensures minimum benefit from procedure 7. Provides for resident's comfort

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 16: HEEL OR ELBOW PROTECTORS

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. Check skin on resident's heels or elbows 3. Report any unexpected findings to nurse immediately 4. APPLY HEEL OR ELBOW PROTECTORS ACCORDING TO MANUFACTURER'S DIRECTIONS 5. PLACE WIDTH OF TWO FINGERS BETWEEN RESIDENT AND PROTECTOR 6. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. Allows you to identify early signs of skin breakdown 3. Provides nurse with necessary information to properly assess resident's condition and needs 4. Equipment used incorrectly may cause discomfort and injury to resident 5. Ensures that device fits properly and is comfortable for the resident

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 17: CHECK SKIN

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. Drape resident (according to procedure 14) 3. CHECK BONY AREAS INCLUDING EARS, SHOULDER BLADES, ELBOWS, COCCYX, HIPS, KNEES, ANKLES AND HEELS FOR REDNESS AND WARMTH 4. CHECK FRICTION AREAS INCLUDING UNDER BREASTS AND ARMS, BETWEEN BUTTOCKS, GROIN, THIGHS, SKIN FOLDS, CONTRACTED AREAS, AND AROUND ANY TUBING FOR REDNESS, IRRITATION, MOISTURE AND ODOR 5. Undrape resident (according to procedure 14) 6. REPORT ANY UNUSUAL FINDINGS TO THE NURSE IMMEDIATELY 7. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm 3. Redness and warmth indicates that the skin is under pressure and position should be changed more frequently 4. Pressure, rubbing and perspiration will cause skin to break down 6. Provides nurse with necessary information to properly assess resident's condition and needs

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 18: RANGE OF MOTION

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. Position resident in good body alignment 3. CHECK JOINTS. IF SWELLING, REDNESS OR WARMTH IS PRESENT, OR IF RESIDENT COMPLAINS OF PAIN, NOTIFY NURSE. CONTINUE PROCEDURE ONLY IF INSTRUCTED 4. SUPPORT LIMB ABOVE AND BELOW JOINT 5. BEGIN RANGE OF MOTION AT SHOULDERS AND INCLUDE THE SHOULDERS, ELBOWS, WRISTS, THUMBS, FINGERS, HIPS, KNEES, ANKLES, AND TOES 6. SLOWLY MOVE JOINT IN ALL DIRECTIONS IT NORMALLY MOVES 7. REPEAT MOVEMENT AT LEAST FIVE TIMES 8. Encourage resident to participate as much as possible 9. STOP PROCEDURE AT ANY SIGN OF PAIN AND REPORT TO NURSE IMMEDIATELY 10. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. Reduces stress to joints 3. Indicates inflammation in joint which can be worsened if procedure is continued 4. Allows you to control joint movement and minimize resident's discomfort 6. Rapid movement may cause injury 7. Ensures benefit from procedure 8. Promotes resident's independence and self-esteem 9. Pain is a warning sign for injury

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 19: CHANGE GOWN

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. Untie soiled gown 3. DRAW TOP SHEET OVER RESIDENT'S CHEST 4. REMOVE RESIDENT'S ARMS FROM GOWN, UNAFFECTED ARM FIRST 5. ROLL SOILED GOWN FROM NECK DOWN AND REMOVE FROM BENEATH SHEET 6. SLIDE RESIDENT'S ARMS INTO CLEAN GOWN, AFFECTED ARM FIRST 7. Tie gown 8. REMOVE TOP SHEET FROM BENEATH CLEAN GOWN AND COVER RESIDENT 9. DO FINAL STEPS 	<ol style="list-style-type: none"> 3. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm 4. Undressing unaffected arm first requires less movement 5. Rolling reduces spread of infection 6. Dressing affected side first requires less movement and reduces stress to joints 8. Maintains resident's dignity and right to privacy

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 20: DRESSING A DEPENDENT RESIDENT

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. Assist resident to choose clothing 3. Move resident onto back 4. DRAPE RESIDENT (according to procedure 14) 5. GUIDE FEET THROUGH LEG OPENINGS OF UNDERWEAR AND PANTS, AFFECTED LEG FIRST. PULL GARMENTS UP LEGS TO BUTTOCKS 6. SLIDE ARM INTO SHIRT SLEEVE, AFFECTED SIDE FIRST 7. TURN RESIDENT ONTO UNAFFECTED SIDE. PULL LOWER GARMENTS OVER BUTTOCKS AND HIP. TUCK SHIRT UNDER RESIDENT 8. TURN RESIDENT ONTO AFFECTED SIDE. PULL LOWER GARMENTS OVER BUTTOCKS AND HIP AND STRAIGHTEN SHIRT 9. TURN RESIDENT ONTO BACK AND SLIDE ARM INTO SHIRT SLEEVE. ALIGN AND FASTEN GARMENTS 10. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. Allows resident as much choice as possible to improve self-esteem 4. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm 5. Dressing affected side first requires less movement and reduces stress to joints 6. Dressing lower and upper body together reduces number of times resident needs to be turned

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 21: UNOCCUPIED BED

STEP	RATIONALE
1. Collect clean linen in order of use	1. Organizing linen allows procedure to be completed faster
2. CARRY LINEN AWAY FROM YOUR UNIFORM	2. If linen touches your uniform, it becomes contaminated
3. DO INITIAL STEPS	
4. PLACE LINEN ON CLEAN SURFACE (bedside stand, overbed table or back of chair)	4. Prevents contamination of linen
5. Put bed in flattest position	5. Allows you to make a neat, wrinkle-free bed
6. REMOVE PILLOWCASE	
7. LOOSEN SOILED LINEN. ROLL LINEN FROM HEAD TO FOOT OF BED AND PLACE IN HAMPER/BAG, AT FOOT OF BED OR IN CHAIR	7. Always work from cleanest (head of bed) to dirtiest (foot of bed) to prevent spread of infection. Rolling puts dirtiest surface of linen inward, lessening contamination
8. FANFOLD BOTTOM SHEET TO CENTER OF BED AND FIT CORNERS	8. Shaking linen spreads infection
9. FANFOLD TOP SHEET TO CENTER OF BED	
10. Fanfold blanket over top sheet	
11. TUCK TOP LINEN UNDER FOOT OF MATTRESS AND MITER CORNER	11. Mitering prevents resident's feet from being restricted by or tangled in linen when getting in or out of bed
12. MOVE TO OTHER SIDE OF BED	12. Completing one side of bed at a time allows procedure to be completed faster and reduces strain on you
13. FIT CORNERS OF BOTTOM SHEET, UNFOLD TOP LINEN, TUCK IT UNDER FOOT OF MATTRESS, AND MITER CORNER	
14. Fold top of sheet over blanket to make cuff	
15. PUT ON PILLOWCASE AND PLACE AT HEAD OF BED WITH OPEN END AWAY FROM DOOR	
16. FOR OPEN BED: MAKE TOEPLAT AND FANFOLD TOP LINEN TO FOOT OF BED WITH TOP EDGE CLOSEST TO CENTER OF BED	16. Top edge of top linen must be closest to head of bed so resident can easily reach covers
17. FOR CLOSED BED: PULL BEDSPREAD OVER PILLOW AND TUCK BEDSPREAD UNDER LOWER EDGE OF PILLOW. MAKE TOEPLAT	17. Toeplat automatically reduces pressure of top linen on feet when resident returns to bed
18. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 22: OCCUPIED BED

STEP	RATIONALE
1. Collect clean linen in order of use	1. Organizing linen allows procedure to be completed faster
2. CARRY LINEN AWAY FROM YOUR UNIFORM	2. If linen touches your uniform, it becomes contaminated
3. DO INITIAL STEPS	
4. PLACE LINEN ON CLEAN SURFACE (bedside stand, overbed table or back of chair)	4. Prevents contamination of linen
5. Lower head of bed	5. When bed is flat, resident can be moved without working against gravity
6. DRAPE RESIDENT (according to procedure 14)	6. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm
7. Turn resident away from you toward side rail	
8. LOOSEN BOTTOM LINENS AND ROLL LINEN TOWARD RESIDENT TUCKING IT SNUGLY AGAINST RESIDENT'S BACK	8. Rolling puts dirtiest surface of linen inward, lessening contamination. The closer the linen is rolled to resident, the easier it is to remove from the other side
9. FANFOLD BOTTOM SHEET TO CENTER OF BED AND FIT CORNERS OVER MATTRESS	9. Shaking linen spreads infection
10. TURN RESIDENT ONTO BACK, RAISE SIDE RAIL, MOVE TO OTHER SIDE OF BED AND LOWER SIDE RAIL	
11. Turn resident away from you toward side rail	
12. LOOSEN SOILED LINEN. ROLL LINEN FROM HEAD TO FOOT OF BED AND PLACE IN HAMPER/BAG, AT FOOT OF BED OR IN CHAIR	12. Always work from cleanest (head of bed) to dirtiest (foot of bed) to prevent spread of infection. Rolling puts dirtiest surface of linen inward, lessening contamination
13. UNFOLD BOTTOM SHEET AND FIT CORNERS OVER MATTRESS	
14. Place resident in supine position and raise side rail	
15. REMOVE PILLOW, CHANGE PILLOWCASE AND PLACE PILLOW UNDER RESIDENT'S HEAD WITH OPEN END AWAY FROM DOOR	
16. PLACE CLEAN TOP SHEET OVER RESIDENT AND REMOVE DRAPE (according to procedure 14)	16. Maintains resident's dignity and right to privacy by not exposing body
17. Unfold blanket over top sheet and make cuff	
18. TUCK TOP LINENS UNDER FOOT OF MATTRESS AND MITER CORNERS	18. Mitering prevents resident's feet from being restricted by or tangled in linen when getting in and out of bed
19. LOOSEN TOP LINENS OVER RESIDENT'S FEET	19. Prevents pressure on feet which can cause pressure sores
20. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 23: FINGERNAIL CARE

STEP	RATIONALE
1. DO INITIAL STEPS 2. CHECK FINGERS AND NAILS FOR COLOR, SWELLING, CUTS OR SPLITS. CHECK HANDS FOR EXTREME HEAT OR COLD. REPORT ANY UNUSUAL FINDINGS TO NURSE BEFORE CONTINUING PROCEDURE 3. Raise head of bed so resident is sitting up 4. FILL BATH BASIN HALFWAY WITH WARM WATER AND HAVE RESIDENT CHECK WATER TEMPERATURE 5. SOAK RESIDENT'S HANDS AND PAT DRY 6. PUT ON GLOVES (according to procedure 2) 7. CLEAN UNDER NAILS WITH ORANGE STICK 8. CLIP FINGERNAILS STRAIGHT ACROSS, THEN FILE IN A CURVE 9. REMOVE GLOVES (according to procedure 2) 10. DO FINAL STEPS	2. Provides nurse with necessary information to properly assess resident's condition and needs 3. Puts resident in more natural position 4. Resident's sense of touch may be different than yours, therefore, resident is best able to identify a comfortable water temperature 5. Nail care is easier if nails are first softened 6. Nail care may cause bleeding 7. Most pathogens on hands come from beneath the nails 8. Clipping nails straight across prevents damage to skin. Filing in a curve smoothes nails and eliminates edge which may catch on clothes or tear skin

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 24: SAFETY RAZOR

STEP	RATIONALE
1. DO INITIAL STEPS 2. Raise head of bed so resident is sitting up 3. FILL BATH BASIN HALFWAY WITH WARM WATER 4. Drape towel under resident's chin 5. PUT ON GLOVES (according to procedure 2) 6. MOISTEN BEARD WITH WASHCLOTH AND PUT SHAVING CREAM OVER AREA 7. HOLD SKIN TAUT AND SHAVE BEARD IN DOWNWARD STROKES ON FACE AND UPWARD STROKES ON NECK 8. RINSE RESIDENT'S FACE AND NECK 9. Apply after-shave lotion as requested 10. Remove towel 11. REMOVE GLOVES (according to procedure 2) 12. DO FINAL STEPS	2. Puts resident in more natural position 3. Hot water opens pores and causes irritation 4. Protects resident's clothing and bed linen 5. Shaving may cause bleeding 6. Softens skin and hair 7. Maximizes hair removal by shaving in the direction of hair growth 8. Removes soap which may cause irritation 9. Improves resident's self-esteem

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 25: ELECTRIC RAZOR

STEP	RATIONALE
<p>1. DO INITIAL STEPS</p> <p>2. Raise head of bed so resident is sitting up</p> <p>3. DO NOT USE ELECTRIC RAZOR NEAR ANY WATER SOURCE, WHEN OXYGEN IS IN USE OR IF RESIDENT HAS PACEMAKER</p> <p>4. Drape towel under resident's chin</p> <p>5. PUT ON GLOVES (according to procedure 2)</p> <p>6. Apply pre-shave lotion as resident wishes</p> <p>7. HOLD SKIN TAUT AND SHAVE RESIDENT'S FACE AND NECK ACCORDING TO MANUFACTURER'S GUIDELINES</p> <p>8. Apply after-shave lotion as resident wishes</p> <p>9. Remove towel from resident</p> <p>10. REMOVE GLOVES (according to procedure 2)</p> <p>11. DO FINAL STEPS</p>	<p>2. Puts resident in more natural position</p> <p>3. Electricity near water may cause electrocution. Electricity near oxygen may cause explosion. Electricity near some pacemakers may cause an irregular heartbeat</p> <p>4. Protects resident's clothing and bed linen</p> <p>5. Shaving may cause bleeding</p> <p>7. Smooths out skin. Shave beard with back and forth motion in direction of beard growth with foil shaver. Shave beard in circular motion with three head shaver</p> <p>8. Improves resident's self-esteem</p> <p>9. Restores resident's dignity</p>

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 26: DENTURE CARE

STEP	RATIONALE
<p>1. DO INITIAL STEPS</p> <p>2. Raise head of bed so resident is sitting up</p> <p>3. PUT ON GLOVES (according to procedure 2)</p> <p>4. Drape towel under resident's chin</p> <p>5. REMOVE UPPER DENTURES BY GENTLY MOVING THEM UP AND DOWN TO RELEASE SUCTION. TURN LOWER DENTURES SLIGHTLY TO LIFT OUT OF MOUTH</p> <p>6. Put dentures in denture cup marked with resident's name and take to sink</p> <p>7. LINE SINK WITH TOWEL AND FILL HALFWAY WITH WATER</p> <p>8. Apply denture cleaner to toothbrush</p> <p>9. HOLD DENTURES OVER SINK AND BRUSH ALL SURFACES</p> <p>10. Rinse dentures under warm water, place in cup and fill with cool water</p> <p>11. Clean resident's mouth with swab if necessary. Help resident rinse mouth with water or mouthwash diluted with half water if requested</p> <p>12. CHECK TEETH, MOUTH, TONGUE, AND LIPS FOR ODOR, CRACKING, SORES, BLEEDING AND DISCOLORATION. CHECK FOR LOOSE TEETH. REPORT UNUSUAL FINDINGS TO NURSE</p> <p>13. Help resident place dentures in mouth if requested</p> <p>14. REMOVE GLOVES (according to procedure 2)</p> <p>15. DO FINAL STEPS</p>	<p>2. Prevents fluids from running down resident's throat, causing choking</p> <p>3. Prevents you from contamination by bodily fluids</p> <p>4. Protect resident's clothing and bed linen</p> <p>5. Prevent injury or discomfort to resident</p> <p>7. Prevents dentures from breaking if dropped</p> <p>10. Hot water may damage dentures</p> <p>11. Removes food particles. Full strength mouthwash may irritate resident's mouth</p> <p>12. Provides nurse with necessary information to properly assess resident's condition and needs</p> <p>13. Restores resident's dignity</p>

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 27: ORAL CARE

STEP	RATIONALE
<p>1. DO INITIAL STEPS</p> <p>2. RAISE HEAD OF BED SO RESIDENT IS SITTING UP</p> <p>3. PUT ON GLOVES (according to procedure 2)</p> <p>4. Drape towel below resident's chin</p> <p>5. Wet brush and put on small amount of toothpaste</p> <p>6. FIRST BRUSH UPPER TEETH AND THEN LOWER TEETH</p> <p>7. Hold emesis basin under resident's chin</p> <p>8. HAVE RESIDENT RINSE MOUTH WITH WATER AND SPIT INTO EMESIS BASIN</p> <p>9. If requested, give resident mouthwash diluted with half water</p> <p>10. CHECK TEETH, MOUTH, TONGUE, AND LIPS FOR ODOR, CRACKING, SORES, BLEEDING AND DISCOLORATION. CHECK FOR LOOSE TEETH. REPORT UNUSUAL FINDINGS TO NURSE</p> <p>11. Remove towel and wipe resident's mouth</p> <p>12. REMOVE GLOVES (according to procedure 2)</p> <p>13. DO FINAL STEPS</p>	<p>2. Prevents fluids from running down resident's throat, causing choking</p> <p>3. Brushing may cause gums to bleed</p> <p>4. Protects resident's clothing and bed linen</p> <p>5. Water helps distribute toothpaste</p> <p>6. Brushing upper teeth first minimizes production of saliva in lower part of mouth</p> <p>8. Removes food particles and toothpaste</p> <p>9. Full strength mouthwash may irritate resident's mouth</p> <p>10. Provides nurse with necessary information to properly assess resident's condition and needs</p>

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 28: ORAL CARE FOR UNCONSCIOUS

STEP	RATIONALE
<p>1. DO INITIAL STEPS</p> <p>2. Drape towel over pillow</p> <p>3. TURN RESIDENT ONTO UNAFFECTED SIDE</p> <p>4. PUT ON GLOVES (according to procedure 2)</p> <p>5. Place an emesis basin under resident's chin</p> <p>6. Hold mouth open with padded tongue blade</p> <p>7. DIP SWAB IN CLEANING SOLUTION AND WIPE TEETH, GUMS, TONGUE AND INSIDE SURFACES OF MOUTH, CHANGING SWAB FREQUENTLY</p> <p>8. RINSE WITH CLEAN SWAB DIPPED IN WATER</p> <p>9. CHECK TEETH, MOUTH, TONGUE, AND LIPS FOR ODOR, CRACKING, SORES, BLEEDING AND DISCOLORATION. CHECK FOR LOOSE TEETH. REPORT UNUSUAL FINDINGS TO NURSE</p> <p>10. Cover lips with thin layer of petroleum jelly</p> <p>11. REMOVE GLOVES (according to procedure 2)</p> <p>12. DO FINAL STEPS</p>	<p>2. Protects linen</p> <p>3. Prevents fluids from running down resident's throat, causing choking</p> <p>4. Protects you from contamination by bodily fluids</p> <p>5. Protects resident's clothing and bed linen</p> <p>6. Enables you to safely clean mouth</p> <p>7. Stimulates gums and removes mucous</p> <p>8. Removes solution from mouth</p> <p>9. Provides nurse with necessary information to properly assess resident's condition and needs</p> <p>10. Prevents lips from drying and cracking. Improves resident's comfort</p>

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 29: COMB HAIR

STEP	RATIONALE
<p>1. DO INITIAL STEPS</p> <p>2. Raise head of bed so resident is sitting up</p> <p>3. Drape towel over pillow</p> <p>4. Remove resident's glasses and any hairpins or clips</p> <p>5. REMOVE TANGLES BY DIVIDING HAIR INTO SMALL SECTIONS AND GENTLY COMBING OUT FROM ENDS OF HAIR TO SCALP</p> <p>6. Use hair preparations as resident wishes</p> <p>7. STYLE HAIR AS RESIDENT WISHES</p> <p>8. Offer mirror</p> <p>9. DO FINAL STEPS</p>	<p>2. Puts resident in more natural position</p> <p>3. Protects linen</p> <p>4. Prevents injury or discomfort</p> <p>5. Reduces hair breakage, scalp pain and irritation</p> <p>6. Each resident may prefer different products</p> <p>7. Each resident has right to choose</p> <p>8. Improves self-esteem</p>

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 30: ASSIST TO EAT

STEP	RATIONALE
<p>1. DO INITIAL STEPS</p> <p>2. Assist resident with elimination if necessary</p> <p>3. ASSIST RESIDENT TO WASH HANDS</p> <p>4. Help resident into comfortable sitting position</p> <p>5. CHECK MEAL CARD FOR NAME AND DIET. CHECK TRAY FOR CORRECT FOOD, CONDIMENTS AND UTENSILS</p> <p>6. Serve tray with main course closest to resident</p> <p>7. Offer resident napkin</p> <p>8. CUT AND SEASON FOOD, BUTTER BREAD, AND OPEN CARTONS AS REQUESTED</p> <p>9. Check resident every 10-15 minutes</p> <p>10. Remove napkin and tray</p> <p>11. Assist resident to wash hands and face</p> <p>12. Measure and record intake if required</p> <p>13. DO FINAL STEPS</p>	<p>2. Resident will be more comfortable when eating</p> <p>3. Promotes good hygiene and prevents spread of infection</p> <p>4. Puts resident in more natural position</p> <p>5. Since resident's diet is ordered by the doctor, tray should contain foods permitted by the diet</p> <p>7. Protects resident's clothing</p> <p>8. Resident should do as much as possible to improve independence and self-esteem</p> <p>9. Allows you to assist resident if needed and provides for resident's safety</p> <p>11. Promotes self-esteem and prevents spread of infection</p> <p>12. Provides nurse with necessary information to properly assess resident's condition and needs</p>

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 31: FEEDING

STEP	RATIONALE
1. DO INITIAL STEPS 2. Assist resident with elimination if necessary 3. Assist resident to wash hands 4. PLACE RESIDENT IN COMFORTABLE SITTING POSITION 5. CHECK MEAL CARD FOR NAME AND DIET. CHECK TRAY FOR CORRECT FOOD, CONDIMENTS AND UTENSILS 6. SET TRAY ON OVERBED TABLE AND DESCRIBE FOOD 7. Place napkin or clothing protector under resident's chin and across chest 8. ASK RESIDENT WHAT FOOD IS PREFERRED 9. FILL SPOON HALF FULL WITH FOOD. DIRECT FOOD TO UNAFFECTED SIDE OF MOUTH 10. Allow resident time to chew and swallow. Offer fluids as resident wishes 11. Wipe resident's mouth as needed 12. Remove napkin or clothing protector and tray 13. Wash resident's face and hands 14. Measure and record intake if required 15. DO FINAL STEPS	2. Resident will be more comfortable when eating 3. Promotes good hygiene and prevents spread of infection 4. Puts resident in more natural position 5. Since diet is ordered by the doctor, tray should contain foods permitted by the diet 7. Protects resident's clothing 8. Resident has right to choose 9. Resident will be able to chew and swallow smaller amounts offered on the strong side 10. Minimizes choking 11. Maintains resident's dignity 13. Promotes self-esteem and prevents spread of infection 14. Provides nurse with necessary information to properly assess resident's condition and needs

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 32: SHOWER

STEP	RATIONALE
1. DO INITIAL STEPS 2. Clean shower area and shower chair 3. Help resident remove clothing. Drape resident with bath blanket 4. TURN ON WATER AND HAVE RESIDENT CHECK WATER TEMPERATURE 5. ASSIST RESIDENT INTO SHOWER AND LOCK WHEELS OF SHOWER CHAIR 6. LET RESIDENT WASH AS MUCH AS POSSIBLE, STARTING WITH FACE 7. Help resident shampoo and rinse hair 8. STAY WITH RESIDENT DURING PROCEDURE 9. GIVE RESIDENT TOWEL AND ASSIST TO PAT DRY 10. Assist resident out of shower 11. Help resident dress, comb hair and return to room 12. DO FINAL STEPS	2. Reduces pathogens and prevents spread of infection 3. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm 4. Resident's sense of touch may be different than yours, therefore, resident is best able to identify a comfortable water temperature 5. Chair may slide if resident attempts to get up 6. Encourages resident to be independent 8. Provides for resident's safety 9. Patting dry prevents skin tears and reduces chaffing 11. Combing hair in shower room allows resident to maintain dignity when returning to room

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 33: BED BATH

STEP	RATIONALE
1. DO INITIAL STEPS	
2. Offer resident urinal or bedpan	2. Reduces chance of urination during procedure which may cause discomfort and embarrassment
3. DRAPE RESIDENT (according to procedure 14)	3. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm
4. FILL BATH BASIN WITH WARM WATER AND HAVE RESIDENT CHECK WATER TEMPERATURE	4. Resident's sense of touch may be different than yours, therefore, resident is best able to identify a comfortable water temperature
5. If resident has open lesions or wounds, put on gloves (according to procedure 2)	5. Protects you from contamination by bodily fluids
6. Fold washcloth and wet	
7. GENTLY WASH EYE FROM INNER CORNER OUT. USING A DIFFERENT PART OF CLOTH WASH OTHER EYE	7. Helps prevent eye infections. Always wash from cleanest to dirtiest. Using separate area of cloth reduces contamination
8. WET WASHCLOTH AND APPLY SOAP, IF REQUESTED. WASH, RINSE AND PAT DRY FACE, NECK, EARS AND BEHIND EARS	8. Patting dry prevents skin tears and reduces chaffing
9. Remove resident's gown	
10. PLACE TOWEL UNDER FAR ARM	10. Prevents linen from getting wet
11. WASH, RINSE AND PAT DRY HAND, ARM, SHOULDER AND UNDERARM	11. Soap left on the skin may cause itching and irritation
12. REPEAT STEPS 10 AND 11 WITH OTHER ARM	
13. PLACE TOWEL OVER CHEST AND ABDOMEN. LOWER BATH BLANKET TO WAIST	13. Maintains resident's right to privacy
14. LIFT TOWEL AND WASH, RINSE AND PAT DRY CHEST AND ABDOMEN	14. Exposing only the area of the body necessary to do the procedure maintains resident's dignity and right to privacy
15. Pull up bath blanket and remove towel	
16. PLACE TOWEL UNDER FAR LEG	16. Prevents linen from getting wet
17. WASH, RINSE AND PAT DRY LEG AND FOOT	17. Soap left on the skin may cause itching and irritation
18. REPEAT STEPS 16 AND 17 WITH OTHER LEG AND FOOT	
19. CHANGE BATH WATER	19. Water is contaminated after washing feet. Clean water should be used for neck and back
20. Turn resident	
21. WASH, RINSE AND PAT DRY FROM NECK TO BUTTOCKS INCLUDING ANAL AREA	21. Always wash from cleanest to dirtiest
22. CHANGE BATH WATER AND GLOVES. USE CLEAN WASHCLOTH AND TOWEL	22. Water and linen are contaminated after washing anal area
23. PROVIDE PERINEAL CARE (according to procedure 34, steps 8 through 13)	
24. Help resident put on clean gown	
25. DO FINAL STEPS	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 34: PERINEAL CARE

STEP	RATIONALE
<p>1. DO INITIAL STEPS</p> <p>2. Offer resident urinal or bedpan</p> <p>3. ASSIST RESIDENT TO SUPINE POSITION (according to procedure 3)</p> <p>4. Place waterproof pad under resident's hips</p> <p>5. DRAPE RESIDENT (according to procedure 14)</p> <p>6. FILL WASH BASIN WITH WARM WATER AND HAVE RESIDENT CHECK WATER TEMPERATURE</p> <p>7. PUT ON GLOVES (according to procedure 2)</p> <p>8. ASSIST RESIDENT SPREAD LEGS AND LIFT KNEES IF POSSIBLE</p> <p>9. WET AND SOAP FOLDED WASHCLOTH</p> <p>10. IF RESIDENT HAS CATHETER, CHECK FOR LEAKAGE, SECRETIONS OR IRRITATIONS. GENTLY WIPE FOUR INCHES OF CATHETER FROM MEATUS OUT</p> <p>11. WIPE FROM FRONT TO BACK AND FROM CENTER OF PERINEUM TO THIGHS. CHANGE WASHCLOTH AS NECESSARY FOR FEMALES: A. SEPARATE LABIA. WASH URETHRAL AREA FIRST B. WASH BETWEEN AND OUTSIDE LABIA IN DOWNWARD STROKES, ALTERNATING FROM SIDE TO SIDE AND MOVING OUTWARD TO THIGHS. USE DIFFERENT PART OF WASHCLOTH FOR EACH STROKE FOR MALES: A. PULL BACK FORESKIN IF MALE IS UNCIRCUMCISED. WASH AND RINSE THE TIP OF PENIS USING CIRCULAR MOTION BEGINNING AT URETHRA B. CONTINUE WASHING DOWN THE PENIS TO THE SCROTUM AND INNER THIGHS</p> <p>12. CHANGE WATER IN BASIN. WITH A CLEAN WASHCLOTH, RINSE AREA THOROUGHLY IN THE SAME DIRECTION AS WHEN WASHING</p> <p>13. GENTLY PAT AREA DRY IN SAME DIRECTION AS WHEN WASHING</p> <p>14. Assist resident to turn onto side away from you</p> <p>15. WET AND SOAP WASHCLOTH</p> <p>16. CLEAN ANAL AREA FROM FRONT TO BACK. RINSE AND PAT DRY THOROUGHLY</p> <p>17. REMOVE PAD, ASSIST RESIDENT TO TURN ONTO BACK AND UNDRAPE RESIDENT (according to procedure 14)</p> <p>18. REMOVE GLOVES (according to procedure 2)</p> <p>19. DO FINAL STEPS</p>	<p>2. Reduces chance of urination during procedure which may cause discomfort and embarrassment</p> <p>3. Prepares resident for procedure</p> <p>4. Prevents linen from getting wet</p> <p>5. Maintains resident's right to privacy by not exposing body. Keeps resident warm</p> <p>6. Resident's sense of touch may be different than yours, therefore, resident is best able to identify a comfortable water temperature</p> <p>7. Protects you from contamination by bodily fluids</p> <p>8. Exposes perineal area</p> <p>9. Folding creates separate areas on cloth to reduce contamination</p> <p>10. Washes pathogens away from the meatus</p> <p>11. Prevents spread of infection Females: Removes secretions in skin folds which may cause infection and odor Males: Removes secretions from beneath foreskin which may cause infection and odor</p> <p>12. Water used during washing contains soap and pathogens. Soap left on the body can cause irritation and discomfort</p> <p>13. If area is left wet, pathogens can grow more quickly. Patting dry prevents skin tears and reduces chaffing</p> <p>16. Prevents spread of infection</p>

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
Instructor's Signature: _____ Date: _____

PROCEDURE 35: ASSIST TO BATHROOM

STEP	RATIONALE
1. DO INITIAL STEPS 2. Walk with resident into bathroom 3. Assist resident lower garments and sit 4. GIVE RESIDENT CALL LIGHT AND TOILET PAPER 5. If resident is able to be left alone, step out of bathroom and return when called 6. PUT ON GLOVES (according to procedure 2) 7. ASSIST RESIDENT TO WIPE AREA FROM FRONT TO BACK 8. REMOVE GLOVES (according to procedure 2) 9. Assist resident to raise garments 10. ASSIST RESIDENT TO WASH HANDS 11. Walk with resident back to bed or chair 12. DO FINAL STEPS	3. Allows resident to do as much as possible to help promote independence 4. Ensures ability to communicate need for assistance 5. Provides for resident's right to privacy 6. Protects you from contamination by bodily fluids 7. Prevents spread of pathogens toward meatus which may cause urinary tract infection 10. Hand washing is the best way to prevent the spread of infection

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 36: BEDSIDE COMMUNE

STEP	RATIONALE
1. DO INITIAL STEPS 2. PLACE COMMUNE NEXT TO BED ON RESIDENT'S UNAFFECTED SIDE 3. ASSIST RESIDENT TO COMMUNE 4. GIVE RESIDENT CALL LIGHT AND TOILET PAPER 5. If resident is able to be left alone, step behind curtain and return when called 6. PUT ON GLOVES (according to procedure 2) 7. ASSIST RESIDENT WIPE FROM FRONT TO BACK 8. Help resident into bed 9. Remove and cover pan and take to bathroom 10. CHECK URINE AND/OR FECES FOR COLOR, ODOR, AMOUNT & CHARACTER AND REPORT UNUSUAL FINDINGS TO NURSE 11. Dispose of urine and/or feces, sanitize pan and return pan according to current nursing practices 12. REMOVE GLOVES (according to procedure 2) 13. ASSIST RESIDENT TO WASH HANDS 14. DO FINAL STEPS	2. Helps stabilize commode and is the shortest distance for resident to turn 4. Ensures ability to communicate need for assistance 5. Provides resident's right to privacy 6. Protects you from contamination by bodily fluids 7. Prevents spread of pathogens toward meatus which may cause urinary tract infection 9. Pan should be covered to prevent the spread of infection 10. Changes may be first sign of medical problem. By alerting the nurse you ensure that the resident receives attention quickly 11. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility 13. Hand washing is the best way to prevent the spread of infection

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 37: BEDPAN/FRACTURE PAN

STEP	RATIONALE
1. DO INITIAL STEPS 2. Lower head of bed 3. PUT ON GLOVES (according to procedure 2) 4. Turn resident away from you 5. PLACE BEDPAN OR FRACTURE PAN ACCORDING TO MANUFACTURER'S DIRECTIONS 6. GENTLY ROLL RESIDENT BACK ONTO PAN AND CHECK FOR CORRECT PLACEMENT 7. COVER RESIDENT 8. Raise head of bed to sitting position 9. GIVE RESIDENT CALL LIGHT AND TOILET PAPER 10. Leave resident and return when called 11. Lower head of bed 12. PRESS BEDPAN FLAT ON BED AND TURN RESIDENT 13. WIPE RESIDENT FROM FRONT TO BACK 14. Provide perineal care if necessary (according to procedure 34) 15. CHECK URINE AND/OR FECES FOR COLOR, ODOR, AMOUNT & CHARACTER AND REPORT UNUSUAL FINDINGS TO NURSE 16. Cover bedpan 17. Dispose of urine and/or feces, sanitize pan and return pan according to current nursing practices 18. REMOVE GLOVES (according to procedure 2) 19. ASSIST RESIDENT TO WASH HANDS 20. DO FINAL STEPS	2. When bed is flat, resident can be moved without working against gravity 3. Protects you from contamination by bodily fluids 5. Equipment used incorrectly may cause discomfort and injury to resident 6. Prevents linen from being soiled 7. Provides for resident's privacy 8. Increases pressure on bladder to help with elimination 9. Ensures ability to communicate need for assistance 10. Provides for resident's privacy 11. Places resident in proper position to remove pan 12. Prevents bedpan from spilling 13. Prevents spread of pathogens toward meatus which may cause urinary tract infection 15. Changes may be first sign of medical problem. By alerting the nurse you ensure that the resident receives attention quickly 16. Pan should be covered to prevent the spread of infection 17. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility 19. Hand washing is the best way to prevent the spread of infection

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 38: URINAL

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. Raise head of bed to sitting position 3. PUT ON GLOVES (according to procedure 2) 4. OFFER URINAL TO RESIDENT OR PLACE URINAL BETWEEN HIS LEGS AND INSERT PENIS INTO OPENING 5. COVER RESIDENT 6. GIVE RESIDENT CALL LIGHT AND TOILET PAPER 7. LEAVE RESIDENT AND RETURN WHEN CALLED 8. Remove and cover urinal 9. TAKE URINAL TO BATHROOM, CHECK URINE FOR COLOR, ODOR, AMOUNT & CHARACTER AND REPORT UNUSUAL FINDINGS TO NURSE 10. Dispose of urine, sanitize and return urinal according to current nursing practices 11. REMOVE GLOVES (according to procedure 2) 12. ASSIST RESIDENT TO WASH HANDS 13. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. Increases gravity on top of bladder to help urination 3. Protects you from contamination by bodily fluids 4. Allows resident to do as much as possible to help promote independence 5. Maintains resident's right to privacy 6. Ensures the ability to communicate need for assistance 7. Provides for resident's privacy 8. Urinal should be covered to prevent the spread of infection 9. Changes may be first sign of medical problem. By alerting the nurse you ensure that the resident receives attention quickly 10. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility 12. Hand washing is the best way to prevent the spread of infection

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 39: EMPTY URINARY DRAINAGE BAG

STEP	RATIONALE
<ol style="list-style-type: none"> 1. DO INITIAL STEPS 2. PUT ON GLOVES (according to procedure 2) 3. Place paper towel on floor below bag and place graduate on paper towel 4. DETACH SPOUT AND POINT IT INTO CENTER OF GRADUATE WITHOUT LETTING TUBE TOUCH SIDES 5. UNCLAMP SPOUT AND DRAIN URINE 6. CLAMP SPOUT 7. REPLACE SPOUT IN HOLDER 8. CHECK URINE FOR COLOR, ODOR, AMOUNT & CHARACTER AND REPORT UNUSUAL FINDINGS TO NURSE 9. MEASURE AND ACCURATELY RECORD AMOUNT OF URINE 10. Dispose of urine, sanitize and return graduate according to current nursing practices 11. REMOVE GLOVES (according to procedure 2) 12. DO FINAL STEPS 	<ol style="list-style-type: none"> 2. Protects you from contamination by bodily fluids 3. Reduces contamination of graduate and protects floor from drips 4. Prevents contamination of tubing 8. Changes may be first sign of medical problem. By alerting the nurse you ensure that the resident receives attention quickly 9. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen 10. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 40: WEIGHT

STEP	RATIONALE
<p>1. DO INITIAL STEPS</p> <p>2. BALANCE SCALE</p> <p>3. DEPENDING ON SCALE USED, ASSIST RESIDENT TO STAND ON PLATFORM OR SIT IN CHAIR WITH FEET ON FOOTREST OR TRANSPORT WHEELCHAIR ONTO SCALE AND LOCK BRAKES</p> <p>4. WHEN USING A STANDARD SCALE - MOVE LOWER WEIGHT TO FIFTY POUND MARK THAT CAUSES ARM TO DROP. MOVE IT BACK TO PREVIOUS MARK. MOVE UPPER WEIGHT TO POUND MARK THAT BALANCES POINTER IN MIDDLE OF SQUARE. ADD LOWER AND UPPER MARKS</p> <p>WHEN USING A DIGITAL SCALE - PRESS WEIGH BUTTON. WAIT UNTIL NUMBERS REMAIN CONSTANT</p> <p>5. SUBTRACT WEIGHT OF WHEELCHAIR FROM TOTAL WEIGHT, IF APPLICABLE</p> <p>6. ACCURATELY RECORD RESIDENT'S WEIGHT ACCORDING TO CURRENT NURSING PRACTICES</p> <p>7. DO FINAL STEPS</p> <p>8. REPORT UNUSUAL READING TO NURSE</p>	<p>2. Scale must be balanced on zero for weight to be accurate</p> <p>3. When using chair scale, if resident has feet on floor, weight will not be accurate</p> <p>Wheel locks prevent chair from moving when using a wheelchair scale</p> <p>4. When arm drops, weight is too high When pointer is suspended, weight is accurate Total gives accurate weight</p> <p>6. Record weight immediately so you won't forget. Weight changes are an indicator of resident condition. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen</p>

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 41: PULSE AND RESPIRATION

STEP	RATIONALE
1. DO INITIAL STEPS 2. Place resident's hand on comfortable surface 3. FEEL FOR PULSE ABOVE WRIST ON THUMB SIDE WITH TIPS OF FIRST THREE FINGERS 4. COUNT BEATS FOR 60 SECONDS, NOTING RATE, RHYTHM AND FORCE 5. CONTINUE POSITION AS IF FEELING FOR PULSE 6. COUNT EACH RISE AND FALL OF CHEST AS ONE RESPIRATION 7. COUNT RESPIRATION FOR 60 SECONDS NOTING RATE, REGULARITY AND SOUND 8. RECORD PULSE AND RESPIRATION RATES ACCORDING TO CURRENT NURSING PRACTICES 9. DO FINAL STEPS 10. REPORT UNUSUAL FINDINGS TO NURSE	3. Because of artery in your thumb, pulse would not be accurate if you use your thumb 4. Ensures accurate count. Rate is number of beats. Rhythm is regularity of beats. Force is strength of beats 5. Resident could alter breathing pattern if aware that respirations are being taken 7. Ensures accurate count. Rate is number of breaths. Regularity is pattern of breathing. Sound is shallowness or depth of breathing 8. Record pulse and respirations immediately so you won't forget. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen 10. Provides nurse with information to assess resident's condition and needs

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 42: ORAL TEMPERATURE

STEP	RATIONALE
1. DO INITIAL STEPS 2. Position resident comfortably in bed or chair 3. Rinse thermometer in cool water and dry with clean tissue, if necessary 4. HOLD THERMOMETER AT STEM END AND SHAKE DOWN TO BELOW THE LOWEST NUMBER 5. Put on disposable sheath, if applicable 6. PLACE BULB END OF THERMOMETER UNDER RESIDENT'S TONGUE 7. Ask resident to close lips 8. LEAVE IN PLACE FOR AT LEAST 3 MINUTES OR LONGER BASED ON THE NEEDS OF THE INDIVIDUAL RESIDENT 9. REMOVE THERMOMETER, WIPE WITH TISSUE FROM STEM TO BULB OR REMOVE SHEATH. DISPOSE OF TISSUE OR SHEATH 10. HOLD THERMOMETER AT EYE LEVEL, ROTATE UNTIL LINE APPEARS. ACCURATELY READ & RECORD TEMPERATURE ACCORDING TO CURRENT NURSING PRACTICES 11. Shake down thermometer, clean and store thermometer according to current nursing practices 12. DO FINAL STEPS 13. REPORT UNUSUAL READING TO NURSE	4. Holding the stem end prevents contamination of the bulb end. The thermometer reading must be below the resident's actual temperature 5. Equipment used incorrectly may cause discomfort and injury to resident 6. The thermometer measures heat from blood vessels under the tongue 7. The lips hold the thermometer in position. If broken, injury to the mouth and mercury poisoning may occur 8. More time may be required if resident opens mouth to breathe or talk 9. Reduces contamination 10. Record temperature immediately so you won't forget. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen 13. Provides nurse with necessary information to properly assess resident's condition and needs

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 43: AXILLARY TEMPERATURE

STEP	RATIONALE
<p>1. DO INITIAL STEPS</p> <p>2. Position resident comfortably in bed or chair</p> <p>3. Rinse thermometer in cool water and dry with clean tissue</p> <p>4. REMOVE RESIDENT'S ARM FROM SLEEVE OF GOWN AND WIPE AXILLARY AREA WITH TOWEL</p> <p>5. HOLD THERMOMETER AT STEM END AND SHAKE DOWN TO BELOW THE LOWEST NUMBER</p> <p>6. Put on disposable sheath, if applicable</p> <p>7. PLACE BULB END OF THERMOMETER IN CENTER OF ARMPIT AND FOLD RESIDENT'S ARM OVER CHEST</p> <p>8. HOLD IN PLACE FOR 10 MINUTES</p> <p>9. GENTLY REMOVE THERMOMETER, WIPE WITH TISSUE FROM STEM TO BULB OR REMOVE SHEATH AND DISPOSE OF TISSUE OR SHEATH</p> <p>10. HOLD THERMOMETER AT EYE LEVEL. ROTATE UNTIL LINE APPEARS. ACCURATELY READ & RECORD TEMPERATURE ACCORDING TO CURRENT NURSING PRACTICES</p> <p>11. Shake down, clean and store thermometer according to current nursing practice</p> <p>12. Put resident's arm back into sleeve of gown</p> <p>13. DO FINAL STEPS</p> <p>14. REPORT UNUSUAL READING TO NURSE</p>	<p>4. To remove moisture from axillary area</p> <p>5. The mercury must be below resident's actual temperature</p> <p>6. Equipment used incorrectly may cause discomfort and injury to resident</p> <p>7. Puts thermometer against blood vessels to get reading</p> <p>9. Reduces pathogens and removes residue so thermometer can be read accurately</p> <p>10. Record temperature immediately so you won't forget. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen</p> <p>12. Restores resident privacy</p> <p>14. Provides nurse with necessary information to properly assess resident's condition and needs</p>

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 44: BLOOD PRESSURE

STEP	RATIONALE
<p>1. DO INITIAL STEPS</p> <p>2. CLEAN EARPIECES AND DIAPHRAGM OF STETHOSCOPE WITH ANTISEPTIC WIPE</p> <p>3. Uncover resident's arm to shoulder</p> <p>4. REST RESIDENT'S ARM, LEVEL WITH HEART, PALM UPWARD ON COMFORTABLE SURFACE</p> <p>5. WRAP SPHYGMOMANOMETER CUFF AROUND UPPER UNAFFECTED ARM APPROXIMATELY 1-2 INCHES ABOVE ELBOW</p> <p>6. PUT EARPIECES OF STETHOSCOPE IN EARS</p> <p>7. PLACE DIAPHRAGM OF STETHOSCOPE OVER BRACHIAL ARTERY AT ELBOW</p> <p>8. CLOSE VALVE ON BULB. IF BLOOD PRESSURE IS KNOWN, INFLATE CUFF TO 20 mm/hg ABOVE THE USUAL READING. IF BLOOD PRESSURE IS UNKNOWN, INFLATE CUFF TO 160 mm/hg</p> <p>9. Slowly open valve on bulb</p> <p>10. Watch gauge and listen for sound of pulse</p> <p>11. NOTE GAUGE READING AT FIRST PULSE SOUND</p> <p>12. NOTE GAUGE READING WHEN PULSE SOUND DISAPPEARS</p> <p>13. Completely deflate and remove cuff</p> <p>14. ACCURATELY RECORD SYSTOLIC AND DIASTOLIC READINGS ACCORDING TO CURRENT NURSING PRACTICE</p> <p>15. DO FINAL STEPS</p> <p>16. REPORT UNUSUAL READINGS TO NURSE</p>	<p>2. Reduces pathogens, prevents ear infections and prevents spread of infection</p> <p>4. A false low reading is possible if arm is above heart level</p> <p>5. Cuff must be proper size and put on arm correctly so amount of pressure on artery is correct. If not, reading will be falsely high or low</p> <p>6. Earpieces should fit into ears snugly to make hearing easier</p> <p>8. Inflating cuff too high is painful and may damage small blood vessels</p> <p>9. Releasing valve slowly allows you to hear beats accurately</p> <p>11. First sound is systolic pressure</p> <p>12. Last sound is diastolic pressure</p> <p>13. An inflated cuff left on resident's arm can cause numbness and tingling. If you must take blood pressure again, completely deflate cuff and wait 30 seconds. Never partially deflate a cuff and then pump it up again. Blood vessels will be damaged and reading will be falsely high or low</p> <p>14. Record readings immediately so you won't forget. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen</p>

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____
 Instructor's Signature: _____ Date: _____

PROCEDURE 45: CHOKING

STEP	RATIONALE
<ol style="list-style-type: none"> 1. CALL FOR NURSE AND STAY WITH RESIDENT 2. ASK IF RESIDENT CAN SPEAK OR COUGH 3. IF NOT, MOVE BEHIND RESIDENT AND SLIDE ARMS UNDER RESIDENT'S ARMPITS 4. PLACE YOUR FIST WITH THUMBSIDE AGAINST ABDOMEN MIDWAY BETWEEN WAIST AND RIBCAGE 5. GRASP YOUR FIST WITH YOUR OTHER HAND 6. PRESS YOUR FIST INTO ABDOMEN WITH QUICK INWARD AND UPWARD THRUSTS 7. REPEAT UNTIL OBJECT IS EXPELLED 8. DO FINAL STEPS 9. ASSIST WITH DOCUMENTATION ACCORDING TO CURRENT NURSING PRACTICES 	<ol style="list-style-type: none"> 1. Allows you to get help yet continuously provide for resident's safety and comfort 2. Identifies sign of a blocked airway (not being able to speak or cough) 3. Puts you in correct position to perform procedure 4. Positions fist for maximum pressure with least chance of injury to resident 5. Allows you to stabilize resident and apply balanced pressure 6. Forces air from lungs to dislodge object 9. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 46: FIRE

STEP	RATIONALE
<ol style="list-style-type: none"> 1. REMOVE RESIDENTS FROM AREA OF IMMEDIATE DANGER 2. ACTIVATE FIRE ALARM 3. CLOSE DOORS AND WINDOWS TO CONTAIN FIRE 4. EXTINGUISH SMALL FIRE WITH FIRE EXTINGUISHER IF POSSIBLE 5. FOLLOW ALL FACILITY POLICIES 	<ol style="list-style-type: none"> 1. Residents may be confused, frightened or unable to help themselves 2. Alerts entire facility of danger 3. Prevents drafts that could spread fire 4. Prevents fire from spreading 5. Facilities have different methods of dealing with emergencies. You need to follow the procedures for your facility

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 47: SEIZURES

STEP	RATIONALE
<ol style="list-style-type: none"> 1. CALL FOR NURSE AND STAY WITH RESIDENT 2. PLACE PADDING UNDER HEAD AND MOVE FURNITURE AWAY FROM RESIDENT 3. DO NOT RESTRAIN RESIDENT OR PLACE ANYTHING IN MOUTH 4. LOOSEN RESIDENT'S CLOTHING ESPECIALLY AROUND NECK 5. AFTER SEIZURE STOPS, POSITION RESIDENT ONTO SIDE 6. NOTE DURATION OF SEIZURE AND AREAS INVOLVED 7. DO FINAL STEPS 8. ASSIST WITH DOCUMENTATION ACCORDING TO CURRENT NURSING PRACTICES 	<ol style="list-style-type: none"> 1. Allows you to get help yet continuously provide for resident's safety and comfort 2. Protects resident from injury 3. Any restriction may injure resident during seizure 4. Prevents injury or choking 5. Allows saliva to drain from mouth so resident doesn't choke 6. Provides nurse with necessary information to properly assess resident's condition and needs 8. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

PROCEDURE 48: FALLING OR FAINTING

STEP	RATIONALE
<ol style="list-style-type: none"> 1. CALL FOR NURSE AND STAY WITH RESIDENT 2. CHECK IF RESIDENT IS BREATHING 3. DO NOT MOVE RESIDENT 4. Talk to resident in calm and supportive manner 5. Apply direct pressure to any bleeding area 6. Take pulse and respiration 7. Assist nurse as directed 8. DO FINAL STEPS 9. ASSIST WITH DOCUMENTATION ACCORDING TO CURRENT NURSING PRACTICES 10. CHECK RESIDENT FREQUENTLY ACCORDING TO CURRENT NURSING PRACTICES 	<ol style="list-style-type: none"> 1. Allows you to get help yet continuously provide for resident's safety and comfort 2. Provides you with information necessary to proceed with procedure 3. Prevents further damage if resident is injured 4. Reassures resident 5. Slows or stops bleeding 6. Provides nurse with necessary information to properly assess resident's condition and needs 9. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen 10. Assures resident comfort and allows you to quickly report any change in resident condition

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____