

CNA Clinical Procedures - American Red Cross June 2021

Complete Wheel

Key:



hand washing



personal care



vital signs, measurements, isolation



positioning, transferring, restorative care

Opening Procedures:

1. Wash your hands before entering the room
2. Knock and wait for an OK to enter. Simulate a "Knock" on the door—while saying “knock, knock”
3. Introduce yourself and identify resident by **checking the ID band**— “Good morning, my name is _____ and I’ll be your Student Nurse Assistant today...may I check your ID band, please?”
 - (Check the band; read/say resident’s name aloud). “Thank You... I see that your name is Mrs. _____ it’s very nice to meet you, Mrs. Wilson.”
3. Explain procedure/ask for permission to perform skill— “Mrs. _____, the Nurse has asked me to take your blood pressure at this time. Is that alright with you?”
 - (Resident's response is “Yes”) ... “Thank You, Mrs. _____.”
4. Gather supplies— “Mrs. _____, I’ll go wash my hands again and gather the supplies I’ll need...here’s your call light (Place it within reach of resident’s hand) ...I’ll be back in just a moment.”
 - Collect all supplies needed, carrying them away from your uniform.
 - Place a barrier (example: a blue chux) on the over-bed table and neatly arrange your supplies.
 - Forgot some supplies? Ensure resident’s safety; wash hands; tell resident where you are going.
5. Provide privacy—Simulate closing the curtain and the door while saying “I’ll close the door and the curtain for your privacy now

6. Check brakes and then raise bed to comfortable working height

Closing Procedures:

1. Position resident comfortably in correct body alignment — “Would you like to get back into bed?” Stand at foot of the bed and say — “I’m just checking to be sure you are comfortably aligned in bed.” Or ask the resident—” Would you like to remain seated on your bed?”
 - Check body alignment at FOB
 2. Raise side rails — “I’ll raise your side rails now, for your safety” **(Tell/warn resident ahead of time).**
 - Or say to the resident — “If there is an order for side rails, I will raise/lower your rails...”
 3. Return bed to lowest position — “I’ll be lowering your bed now, for your safety” **(Tell/warn resident ahead of time).**
 4. Place call light within reach — “Here’s your call-light Mrs. Wilson, I’m clipping it right here, next to your hand. Can you test it now by pressing the red button? Great...that’s exactly how it works.”
 5. Open privacy curtains — “I’m about to leave now, Mrs. Wilson...would you prefer your curtains open or closed at this time?”
 6. Say goodbye — “Let me double-check to make sure your phone, water, TV control, and tissues are within easy reach. Did you need anything else before I go? OK, Goodbye Mrs. Wilson...if you need anything, just press the call button.”
 7. Wash your hands, after completing your procedure, just before you walk out of the door to leave the resident’s room
 - Be sure to use a **paper towel** to open the door after you have washed your hands
 8. Report and record — you can say to the resident — “I’ll report your blood pressure to the Nurse and record it in your chart.”
-

1. Handwashing

1. Remove the watch, or push it up on your forearm, roll up sleeves.
2. Turn on water; adjust the temperature.
 - Turn on cold water first to avoid burns
3. **Wet hands and wrists. Apply soap.**
4. Keep hands lower than elbows. **Rub hands together to make a bubbly lather.**
5. **Wash hands, fingers, and wrists for about 15 seconds (not underwater); do not touch the sink.**
6. Re-wet hands/wrists and re-apply soap as needed.
7. Rinse hands and wrists (avoid splashing); keep hands lower than elbows.

8. Let hands drip; reach for paper towels.
9. Dry hands and wrists thoroughly (from fingertips to wrist). Discard towels.
10. **Use a new clean paper towel to turn off the faucet.**
11. Discard paper towel.

2. Don/Doff PPE

1. Perform hand hygiene.
2. Choose appropriately sized gown and gloves.
3. Examine gown and gloves for any damage.
4. Put on the gown (arms first with opening in the back).
5. Overlap gown to fully cover uniform in the back.
6. Tie gown (securely): at the **neck first**, then the waist (OK to secure waist at front, back, or side).
7. Put on gloves.
8. Pull gloves up (over) the gown cuff. (OK to make thumb-hole in gown cuff)
9. Knock, enter, and proceed with the "opening procedure".
10. Perform some form of resident care.
11. Perform "closing procedure".
12. Remove PPE (before leaving the room), without contaminating yourself.
13. Dispose of PPE (in the isolation hamper inside resident's room), without contaminating yourself.
14. Perform hand hygiene in; exit room. *do not touch resident or room contents after PPE is removed.
 - Use paper towel to open doorknob
15. Report and record

3. Position in Fowler's

Supplies Needed:

2-4 pillows

1. Perform "opening procedure". (includes hand hygiene).
2. Verbally acknowledge resident's complaint of "having difficulty breathing".
3. Adjust HOB to an appropriate level (between 30-90 degrees) as quickly as possible.
 - 35-40 degrees for semi-Fowler's
 - 45-60 degrees for Fowler's
 - 80-90 degrees for high Fowler's
4. Re-check resident's breathing.
5. Perform comfort measures (pillows, raising FOB to prevent sliding, etc).
 - Pillows should be placed under the knees and calves (ankles floating) and under each arm

6. Perform “closing procedure” (includes hand hygiene).
7. Report and record (resident’s complaint, what you did to help, and the results of your actions).

4. Position in Lateral

Supplies Needed:

2-3 pillows

1. Perform “opening procedure” (includes hand hygiene).
2. Use good body mechanics: raise the level of the bed, bend knees, spread feet apart.
3. Safely move the supine resident to the side (edge) of the bed closest to you in **3-segments**.
 - Move shoulders, hips, then legs
4. Prepare arms/arm: Cross resident’s arms over chest or place the correct arm in “stop-sign” position.
5. Cross ankles or bend the knee of the upper (top) leg.
6. Be sure the side rail is up on the side resident is turned towards.
7. Place one hand on the shoulder, the other on hip, and “**log-roll**” **turn resident** onto side; moved the body safely, gently, naturally as a unit, avoiding force/pressure to spine, limbs, and joints.
8. Support resident's back by tucking a pillow, **folded lengthwise**, behind the back.
9. Support resident’s top arm with a pillow in front of chest; use hand roll if needed.
10. Place resident’s top leg slightly forward, with knee bent; support top leg with a pillow.
11. Be sure that the top leg/foot does not rest on (or rub) the lower leg/foot.
12. **Stand at FOB to see if the resident’s body is properly aligned.**
13. Resident should not be lying on his/her arm or shoulder. (see line 4.)
14. Adjust pillow to cradle/support resident’s head/face comfortably.
15. Perform “closing procedure”(includes hand hygiene).

5. Transfer Resident from bed to wheelchair

Supplies Needed:

Wheelchair

Non-skid footwear (socks or shoes)

Gait belt

1. Perform “opening procedure” (includes hand hygiene).
2. Gather belt and place chair *close enough to side of the bed before resident sits up/dangles.
3. Apply belt and make all belt adjustments while resident seated on the bed or lying in bed.
4. Raise HOB fully to assist resident to a sitting position.
5. Lower side rail nearest to the chair.
6. To Dangle: place one arm behind the resident's back and the other arm under the thighs.
7. Encourage resident to assist in turning to a dangling position.

- Feet should be off the floor
 - Never leave bedside while resident dangling
8. Lower bed till feet are flat on the floor.
 9. Assist resident with robe and non-skid shoes.
 10. Securely fasten belt snugly around resident's waist. **Ask resident if dizzy before transfer.**
 11. **Place your knee, (furthest from the chair), between the resident's knees.**
 12. Maintain a secure, underhand (palms-up) grasp to hold the belt, using 2 hands at all times.
 13. May instruct resident to assist (to stand) by having resident press hands-on mattress.
 14. On the count of "three", assist resident to stand up, maintaining a palms-up grasp on belt.
 15. If the belt loosens upon standing, assist the resident to sit on the bed for all belt adjustments.
 16. Assist resident to turn/pivot while moving feet along with resident, until right in front of the chair.
 17. Lower resident into a chair, then release your 2-handed grasp. **Leave gait belt on.**
 18. **Provide a lap blanket.**
 19. Perform "closing procedure" (includes hand hygiene)

6. Making an occupied bed

Supplies Needed:

3-4 pairs of gloves

Bath blanket

Fitted sheet

Lift sheet or incontinence pad

Flat sheet

Blanket (and/or bedspread)

Pillowcase(s)

Linen bag

1. Perform "opening procedure"(includes hand hygiene).
2. Remove and fold any reusable linen (blanket/spread) and place it over a clean chair.
3. Ensure clean linen is on a barrier.
4. Ensure side rail is up (at all times) on side resident is rolled towards.
5. For resident's comfort, leave pillow under the head and top sheet in place (replace with bath blanket if the top sheet is visibly soiled).
6. Wear gloves while handling soiled linens.
 - Change gloves after touching old sheets and before handling new ones*
7. With resident on the side, loosen and roll **dirty** bottom (fitted) sheet toward the resident and tuck against the back.
 - Start from HOB, go down to FOB
 - Remove gloves if soiled linens were handled
 - **Don new gloves**

8. Secure ½ of the **clean** (fitted) bottom sheet on the bare mattress.
 - NEVER shake out the sheets, always unfold
 - Start from HOB, go down to FOB
9. Roll clean (fitted) bottom sheet towards a resident; tuck and flatten it under the old (fitted) bottom sheet.
 - Replace draw sheet or incontinent pad/bed protector if needed
 - Roll and tuck under the old bottom sheet
10. Raise the side rail; go to the opposite side of the bed; lower the side rail.
11. **Gently and safely roll the resident over the linen.**
12. Remove dirty (fitted) bottom sheet; place in linen bag (on FOB or chair with barrier).
 - Always fold dirty linens away from you
 - Remove gloves (if soiled linens were handled)
 - **Don new gloves**
13. Pull clean (fitted) bottom sheet towards you and secure onto mattress with minimal wrinkles.
 - Roll draw sheet or incontinent pad towards you
14. Center resident on back and check for comfort; raise side rail; **go to FOB and check alignment.**
15. Cover resident with clean top sheet. Resident can hold clean top sheet as you remove the old top sheet.
 - **Remove gloves and don new ones**
17. Miter corners of top sheet at FOB.
18. Make a toe pleat.
15. Gently remove pillow and replace pillow case.
 - Tag on pillow case should be on the closed end of pillow case
 - Replace pillow, make sure opening is away from the door
19. Wear gloves (as necessary) to dispose of linens. **Remove gloves and wash hands.**
20. Perform "closing procedure" (includes hand hygiene).

7. Denture care

Supplies Needed:

Gloves

Emesis basin

Clothing protector/washcloth/towel

Denture toothbrush

Toothpaste

Denture cup

Cup of tap water

Cup of mouthwash

Oral swabs (if necessary)

Lip balm (if necessary)

1. Perform “opening procedure” (includes hand hygiene).
2. Apply gloves.
3. Take dirty dentures (already in denture cup) and supplies to sink area.
 - If dentures are being worn, **remove bottom plate first, then remove top**
 - To remove top plate: hook finger to back of plate and pull down
 - To remove bottom plate: pop plate up
 - Place in **emesis basin**
4. Line bottom of sink with a washcloth or small towel. Turn on cool water without splash.
 - Keep drainhole covered
5. Carefully handle and place dirty dentures in emesis basin. Clean denture cup and fill with cool water.
6. Apply toothpaste (or denture cleanser) to toothbrush (or denture brush).
7. Use denture-brush (or toothbrush) and water to clean all surfaces upper and lower plates over sink.
 - Rinse toothbrush and reapply toothpaste when switching plates
8. Handle dentures carefully by holding/brushing one plate at a time.
9. Rinse dentures under **cool, running water**.
10. Carefully place dentures back in denture cup (filled with clean, cool water).
11. Offer resident mouthwash solution, sponge-tipped swabs, and emesis basin for oral hygiene.
 - If res. is wearing them immediately, **offer top plate first, then bottom plate**
 - Offer lip balm
12. Clean and store equipment. Dispose of linens and trash appropriately.
13. Remove gloves and wash hands.
14. Perform “closing procedure” (includes hand hygiene).

8. Mouthcare for unconscious resident

Supplies Needed:

Gloves

Clothing protector, towel, or washcloth

Cup of tap water or mouthwash

Oral swabs

Lip balm

1. Perform “opening procedure” (includes hand hygiene).
 - Though res. is unconscious, still explain what you’re doing
2. Gently position resident’s head towards you. Entire body may be turned to side.
3. **Apply gloves**. Remove gloves, sanitize hands, and re-glove as needed.
4. Place a towel or waterproof barrier under head and over chest.
5. Place emesis basin under the chin, at side of resident’s face, if resident is fully on their side.

6. Open packages of sponge-tipped swabs and/or lemon glycerin swabs.
7. Prepare a small cup of water or mouthwash/water solution to dip sponge-tipped swabs.
8. Gently open mouth and separate teeth with a padded tongue blade.
9. Clean entire mouth (roof, tongue, cheeks, teeth, gums, lips) - use moistened sponge-tipped swabs and/or glycerin swabs; **do not use toothpaste or water at any time.**
 - Immediately after each swab use, discard into wastebasket and get a new one
10. **Do not pour liquids in resident's mouth at any time.**
11. Dry resident's face. Remove basin, towels, and waterproof barriers.
12. Apply lip lubricant.
13. Clean and store equipment. Dispose of linens and trash appropriately.
14. Remove gloves and wash hands.
15. Perform "closing procedure" (includes hand hygiene).

9. Partial bedbath (upper body)

(Face-Neck-Chest-Abdomen-Arms- Hands)

Supplies Needed:

Gloves

Basin of warm water

2+ washcloths (face + neck, chest + abdomen, arms + hands)

2+ towels (to place under head and under arm(s))

Bath blanket

Soap

Lotion (as desired)

Deodorant (as desired)

1. Perform "opening procedure" (includes hand hygiene).
2. Offer assistance to the restroom.
3. Remove glasses, hearing aids, jewelry, etc.
4. Test water temperature, then ask resident to check water temp.
5. **Apply gloves.** Remove gloves, sanitize hands, and re-glove as needed.
6. Drape res. with bath blanket and fan fold sheet under bath blanket.
7. Keep linens dry by placing a towel/waterproof barrier under head and limbs while washing.
8. Only uncover one area at a time to ensure warmth, dignity, and privacy.
9. Quarter the towel and wash face first (w/o soap, or with soap if desired)
 - use a different corner of the towel for each eye
 - use clean section of washcloth each time
10. Pat dry face.
11. Get new washcloth and gently wash (with soap), rinse and pat-dry chest.
 - Get in between folds
 - Ask res. for permission to lift breasts and clean under (lift with back of hand)

12. Get new washcloth and wash arm.
 - Go from shoulder down to hands
 - Wash underarms
 - Use different sections of washcloth
13. Repeat on other arm.
14. Change water when cool and/or soapy.
 - Discard water into toilet
15. Clean and store equipment. Dispose of linens and trash appropriately.
16. **Remove gloves and wash hands.**
17. Perform “closing procedure” (includes hand hygiene).

10. Partial bedbath (lower body)

(Hips, Legs, Feet)

Supplies Needed:

Gloves

Basin of warm water

2+ washcloths (hips, legs + feet)

2+ towels (to place under head and under arm(s))

Bath blanket

Soap

Lotion (as desired)

Deodorant (as desired)

1. Perform “opening procedure” (includes hand hygiene).
2. **Apply gloves.** Remove gloves, sanitize hands, and re-glove as needed.
3. Drape res. with bath blanket and fan fold sheet under bath blanket.
4. Keep linens dry by placing a towel/waterproof barrier under limbs while washing.
5. Only uncover one area at a time to ensure warmth, dignity, and privacy.
6. Quarter the washcloth and gently wash (with soap) from hip to foot.
 - Top of legs, underneath legs, heels, bottoms of feet
 - Support joints while washing each leg
7. Pat-dry entire* lower body, starting with hips.
8. Repeat on other side.
9. Change water when cool and/or soapy
 - Discard water into toilet
10. Leave resident draped and comfortable, or help them get dressed if desired, when bath is completed.
11. Clean and store equipment. Dispose of linens and trash appropriately.
12. Remove gloves and wash hands.
13. Perform “closing procedure” (includes hand hygiene).

11. Giving resident a backrub

Supplies Needed:

Gloves (if necessary)

Lotion

1. Perform “opening procedure” (includes hand hygiene).
2. Apply gloves (if necessary).
3. Maintain resident’s position (Resident is already in a comfortable side-lying position).
4. Keep resident draped for warmth and privacy with a bath blanket.
5. Place towel on bed (behind back) to protect linens.
6. Only uncover back/partial buttocks area to ensure warmth, dignity, and privacy.
7. Use lotion; apply to palms and rub hands together to “warm” lotion.
8. Rub/massage resident’s entire back (shoulders to coccyx), using circular and/or long strokes.
9. Start at the coccyx and work your way up to the shoulders (shoulders down to coccyx is also OK)
10. Continue gently massaging back for 3-5 minutes.
 - Make sure all lotion is rubbed in
11. Assist resident into position of choice after the massage.
12. Cover resident with sheet (bed linens) and remove bath blanket.
 - Ask res. to hold onto bed linens as you remove the bath blanket from under the sheet
13. Clean and store equipment. Dispose of linens and trash appropriately.
14. Remove gloves (if worn) and wash hands.
15. Perform “closing procedure” (includes hand hygiene).

12. Give resident perineal care

Supplies Needed:

Gloves

Basin of warm water

2+ washcloths (perineal, peri-anal)

1+ towel

Bath blanket

Bed protector

Soap or peri-cleaner

Barrier creams (if directed on care plan)

1. Perform “opening procedure” (includes hand hygiene).
2. Apply gloves. (OK to remove gloves, sanitize hands, and re-glove as needed).
3. Assist resident to position legs (knees bent and legs apart). Resident will already be supine.
4. Place a linen protector under resident’s buttocks.
5. Keep resident warm and completely draped with a bath blanket.
6. Only uncover perineal area/buttocks area to ensure warmth, dignity, and privacy.
7. Wash (using soap/peri-wash), rinse, and pat dry genital area from front to back, while resident is in supine position.
 - Separate labia and wipe down the middle
 - Get new washcloth surface/peri-wipe and wipe side
 - Get new washcloth surface/peri-wipe and wipe other side
 - Always wipe from **front to back**
8. Place res. in side-lying position.
9. Wash (using soap/peri-wash), rinse, and pat dry rectal area from **front to back**.
10. Use a different part of the washcloth/mitt for each wipe/stroke.
11. Remove gloves, wash, re-glove to assist resident into position of choice.
12. Cover resident with sheet (bed linens) and remove bath blanket.
 - Ask res. to hold onto bed linens as you remove the bath blanket from under the sheet
13. Wear gloves to clean and store equipment. Dispose of linens and trash appropriately.
14. Remove gloves and wash hands.
15. Perform “closing procedure” (includes hand hygiene).

13. Shave the resident

Supplies Needed:

Gloves

Basin of warm water

Washcloths

2 towels

Clothing protector

Shaving cream or soap

Disposable razor

Aftershave or lotion (if desired)

Sharps container

Mirror

1. Perform “opening procedure” (includes hand hygiene).
2. Place barrier for supplies to maintain clean set-up.
3. Place clothing protector to resident’s chest area prior to shave.
4. **Assess skin** for abrasions, moles, and/or direction of hair growth.
5. Check razor for rust, chips, or breaks.
6. **Soften beard** with warm, moist cloth before applying shaving cream.

7. Apply shaving cream to residents face.
8. **Apply gloves** before shaving. (OK to remove gloves, sanitize hands, and re-glove as needed).
9. Hold skin taut to prevent nicks.
10. Shave face using downward strokes, in direction of hair growth.
11. Rinse razor after each stroke to remove hair/excess shaving cream.
12. Wipe/rinse resident's face of remaining lather after the shave.
13. Dry resident's face.
14. **Offer resident a mirror.**
15. Offer resident choice of aftershave or shaving lotion.
16. Remove towel from resident; clean equipment and return to proper area.
17. Dispose of razor in sharps container.
18. Dispose of linens and trash appropriately.
19. Remove gloves and wash hands.
20. Perform “closing procedure” (includes hand hygiene).

14. Clean and trim resident fingernails

Supplies Needed:

Gloves

Basin of warm water

Two washcloths

Towels

Soap

Nail clipper

Alcohol wipes

Emery board

Orange stick

Lotion

1. Perform “opening procedure” (includes hand hygiene).
2. Apply gloves. (OK to remove gloves, sanitize hands, and re-glove as needed).
3. Place towel under resident’s hands for comfort and hygiene.
4. Soak resident’s fingernails in a basin of warm water prior to trimming (2-5 minutes). Use soap to clean them.
5. Push back cuticles gently with a washcloth and/or orange stick padded with cotton.
6. Use orange stick to clean under dirty fingernails.
7. Change water and rinse resident’s hands.
8. Dry resident’s hands thoroughly.
9. Use clippers to trim fingernails straight across.
10. Use nail file/emery board to smooth rough and sharp edges after trimming.
11. Offer lotion and gently massage resident’s hands.
12. Dispose of linens and trash appropriately.
13. Return clippers to facility designated dirty area (or to resident’s personal grooming kit).
14. Remove gloves and wash hands.
15. Perform “closing procedure” (includes hand hygiene).

15. Dress the resident with a paralyzed/contracted arm

Supplies Needed:

Resident’s clothes

Incontinence brief (if needed)

Supplies for peri-care

1. Perform “opening procedure” (includes hand hygiene).
2. **Allow resident choice of clothing/gown.**
3. Pull the curtain and/or shut the door to maintain resident’s privacy.
4. Keep resident covered (with very minimal exposure) with a bath blanket until fully dressed.
5. Dress the resident’s paralyzed/weak arm* first, with the entire arm completely through the sleeve before dressing the other arm.
6. Move resident’s arms gently and naturally without force.
7. Encourage resident to assist with non-paralyzed arm as able.
8. Dispose of linens and trash appropriately.
9. Perform “closing procedure” (includes hand hygiene).

16. Serve meal tray to paralyzed resident

Supplies Needed:

Any adaptive/assistive equipment needed

Washcloth or disposable wipes

1. Perform “opening procedure” (includes hand hygiene).

2. Validate/check for the correct resident by **reading name printed on ID band** before selecting tray.
3. Offer resident a washcloth for hands before meal.
4. Clean overbed table before serving the meal.
5. Select correct meal tray from meal cart by **checking the diet card** located on tray.
 - Make sure to have assistive devices.
6. Check dietary card and verbalize (say aloud) resident's name, diet, and allergies.
7. Verify that the food items on tray match diet (lift the plate cover "lid" to see the food).
 - Ask res. for their name and birthdate, verify with diet card
8. Drape resident with a towel/clothing protector prior to feeding.
9. **Sit @ eye level on unaffected side.**
10. Open containers, cut meat, offer correct condiments, remove items NOT allowed, etc.
11. **Check temperature** of hot liquids/food items.
 - Never blow on food to cool it
12. Offer liquid first the moisten the mouth
13. Offer liquids first.
14. Allow the resident time to chew food; feed resident slowly, without rushing.
15. **Offer liquids between swallows.**
16. Offer the resident choices during meal; encourage use of unaffected hand.
17. Check for **pocketing** after meal.
18. Leave res. sitting up for at least 30 minutes for digestion.
19. Offer the resident a washcloth for hands after meal.
20. Clean overbed table after meal.
21. Dispose of linens and trash appropriately.
22. Remove tray and note % of meal eaten and ml's of fluids taken.
23. Perform "closing procedure" (includes hand hygiene).

17. Measure/record height

**not tested by ARC/suspended due to COVID-19*

- *1. Perform “opening procedure” (includes hand hygiene).
- *2. Place chair at side of scale.
- *3. Gather 3 paper towels (to place on scale platform).
- *4. Assist resident to put on non-skid shoes.
- *5. Drape resident with a robe.
- *6. Keep one hand behind/near resident while walking to the scale.
- *7. Place paper towel on scale platform.
- *8. Assist the resident to sit on the chair to remove shoes.
- *9. Assist the resident to step on the scale from the side, facing away from scale.
- *10. Raise height bar safely.
- *11. Lower height bar until it touches top of resident’s head and is level with resident’s head.

12. Read resident’s height at correct location.

13. Record resident’s height, choosing words, abbreviations, or symbols (chose ONE on recording grid)*: FEET (feet, ft, or ‘) INCHES (inches, in, or “) CENTIMETERS (centimeters or cm)

- *14. Assist resident to step safely off of the scale.
 - *15. Assist resident to sit on the chair and put non-skid shoes back on.
 - *16. Remove paper towel from scale platform and discard; gloves may be worn.
 - *17. Assist resident back to room, keeping one hand behind/near resident while walking.
- 18. Perform “closing procedure” (includes hand hygiene).**

18. Measure/record weight

*not tested by ARC/suspended due to COVID-19

- *1. Perform “opening procedure” (includes hand hygiene).
- *2. Place chair at the side of the scale.
- *3. Gather paper towel (to place on scale platform).
- *4. Assist resident to put on non-skid shoes.
- *5. Drape resident with a robe.
- *6. Keep one hand behind/near resident while walking to the scale.
- *7. Place paper towel on scale platform.
- *8. Assist the resident to sit on the chair to remove shoes/robe.
- *9. **“Zero” (balance) scale prior** to the resident standing on scale platform.
- *10. Assist the resident to stand on scale platform.
- *11. Measure the resident’s weight correctly by sliding weights to appropriate areas until scale indicator balances. Begin with "large weight" clicked in place, then adjust “smaller weight”.
- *12. Adjust both weights, as needed, until indicator balances.

13. Read resident’s weight correctly.

14. Record the resident’s weight using words or abbreviations (chose ONE on recording grid)*: POUNDS (lb) KILOGRAMS (kg)

- *15. Assist the resident to step safely off the scale.
- *16. Assist resident to sit on the chair and put non-skid shoes/robe back on.

- *17. Remove paper towel from scale platform and discard; gloves may be worn.
- *18. Assist resident back to room, keeping one hand behind/near resident while walking.

19. Perform “closing procedure” (includes hand hygiene).

19. Assist resident with bedpan

Supplies Needed:

Gloves

Bedpan

Adult wipes or toilet paper

Bed protector

1. Perform “opening procedure” (includes hand hygiene).
2. **Apply gloves.** (OK to remove gloves, sanitize hands, and re-glove as needed).
3. Assist resident to turn to side, slide linen protector and bedpan under buttocks.
4. Place the resident on the bedpan correctly with resident’s buttocks well-centered over the opening of the bedpan. (Note the direction of the bedpan)
 - The deepest part of the pan should be placed lower
5. Drape the resident with a **bath blanket/sheet** while on the bedpan.
6. Remove gloves and sanitize hands.
7. **Raise HOB** for resident’s comfort during bowel movement.
8. Leave call light within resident’s reach, before leaving room--to allow privacy.
9. Return to room when resident’s signals or after no more than 5 minutes.
10. Wash hands and apply gloves.
11. Lower HOB for resident’s comfort during bedpan removal.
12. Turn resident to the side and remove the bedpan. Cover it and properly place it out of the way (on FOB or on chair with barrier).
 - Hold bedpan with nondominant hand and turn res. to side with dominant hand.
 - Place paper towel under and over the bedpan.
13. Wash hands and apply gloves.
14. While resident is on the side, wipe the resident from front to back.
15. Place soiled toilet paper into a prepared (cuffed) plastic trash bag.
16. Remove linen protector and discard in the trash bag.
17. Discard gloves and sanitize hands; raise side rail and lower entire bed.
18. Reapply gloves -- take bedpan to the bathroom.
19. Observe any abnormalities in bowel movement (for reporting and recording).
20. Empty bedpan into toilet while wearing gloves.
21. Clean and rinse bedpan, while wearing gloves, then store bedpan in proper area.
22. Dispose of linens and trash appropriately.
23. Remove gloves and wash hands.
24. Perform “closing procedure” (includes hand hygiene).

20. Count/record radial pulse

***not tested by ARC/suspended due to COVID-19**

1. Perform “opening procedure” (includes hand hygiene).
 2. Place res. hand in resting position
 3. Place index and middle finger on radial artery (on thumb side of wrist)
 4. Count for one **whole minute**.
 5. Perform “closing procedure” (includes hand hygiene).
- (normal range: 50-100 bpm @ rest)

21. Count/record respirations

***not tested by ARC/suspended due to COVID-19**

1. Perform “opening procedure” (includes hand hygiene).
 2. **Avoid telling resident that respirations are being counted**; you can say “taking vital signs” while pretending to take resident’s pulse.
 3. Count resident’s respirations using a second-hand watch or clock for one (1) minute.
 - 1 respiration = 1 inhale + 1 exhale
 4. Record resident’s respirations within (plus or minus) 2 breaths of the Evaluator's Recording.
 5. Perform “closing procedure” (includes hand hygiene).
- (normal range: 12-20 resp/min @ rest)

22. Take and record BP

***not tested by ARC/suspended due to COVID-19**

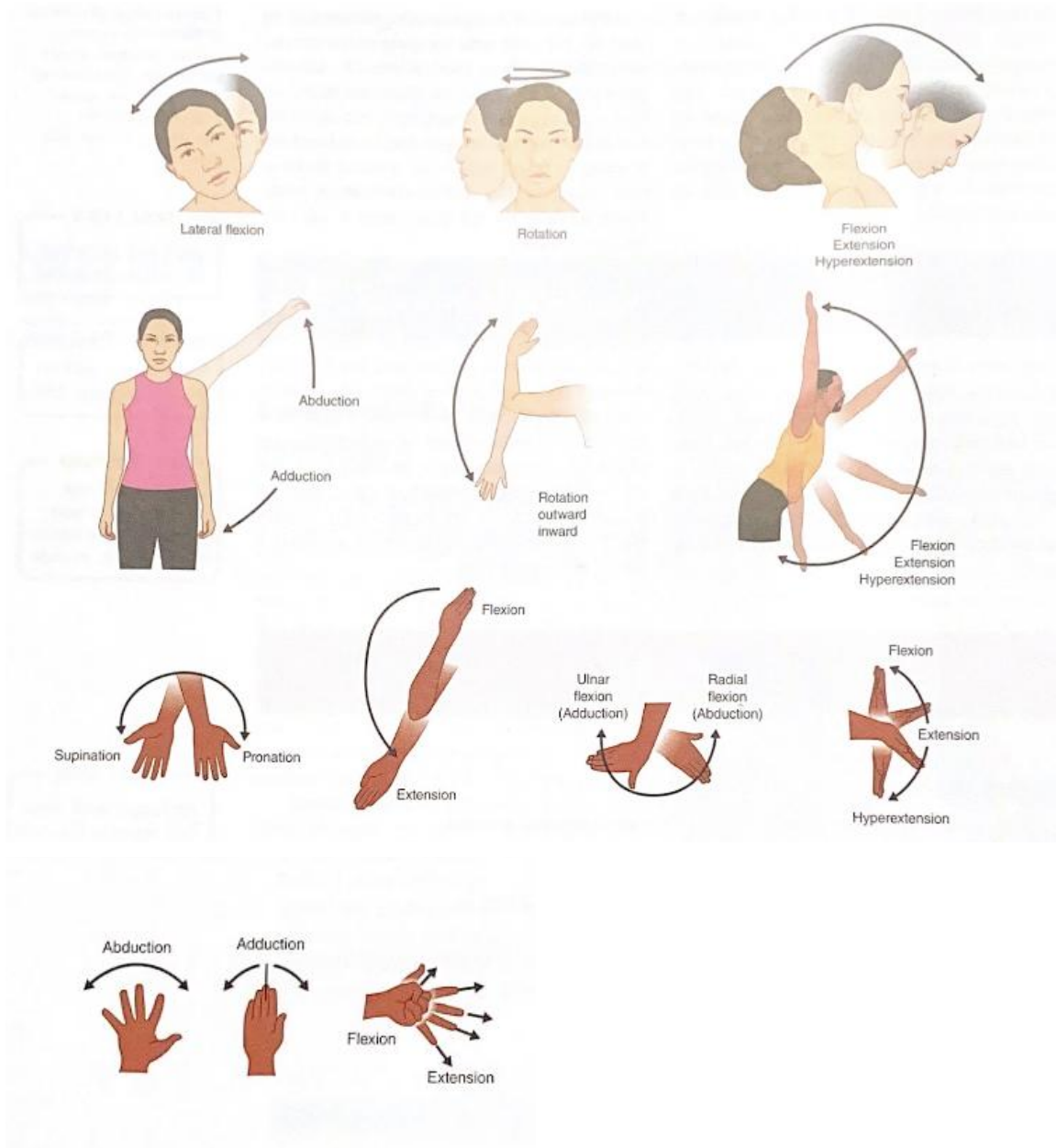
1. Perform “opening procedure”.
2. Place resident’s arm, with the palm up, in a comfortable resting position.
3. Clean the stethoscope’s diaphragm/bell and earpieces with alcohol before use.
4. Feel for the resident’s brachial artery on the inner aspect of the resident’s arm.
5. Wrap the blood pressure cuff snugly around the resident’s arm, approximately 1-2 inches above the antecubital area.
6. Correctly place the stethoscope earpieces in your ears.
 - Ear pieces should angle forward.
7. Safely and correctly place the diaphragm of the stethoscope over the brachial artery.
8. Inflate the cuff roughly 30 mm Hg over suspected BP.
 - Do NOT go over 180 mm Hg
9. Let the air out smoothly, at a safe rate (2-4 mm Hg per second), and listen for the first sound (the systolic reading).
10. Continue steady deflation as you listen for the last sound-- becomes quiet/almost silent (the diastolic reading).
11. Remember the readings to be able to record them.
12. Quickly let all air out of the cuff (completely deflate).

13. Record the blood pressure reading correctly within (plus or minus) 8 mmHg of the Evaluator's recording (systolic and/or diastolic).
14. Remove the blood pressure cuff from resident's arm.
15. Perform "closing procedure".
(normal range: 90/60 mm Hg - 120/80 mm Hg @ rest)

23. Perform passive ROM (upper)

* some exercises may be missing

1. Perform "opening procedure" (includes hand hygiene).
2. Adjust bed to a safe and comfortable working height.
3. Lower side rail on the side you will be working on.
4. Begin ROM exercises.
 - **Ask if res. is in any pain** after performing the first round of each exercise.
5. Safely and gently exercise the resident's **shoulder, elbow, wrist, and fingers**, supporting and moving each joint gently and naturally (without force to limbs or joints).
6. Exercise each joint in at least TWO patterns. Examples of Patterns: Flexion, Extension, Abduction, Adduction, and Rotation
7. Each pattern must be demonstrated at least **THREE times** (for each joint).
8. Ask frequently during the exercises if the resident is having any pain.
9. Repeat exercises on the other arm.
10. Perform "closing procedure" (includes hand hygiene).



* add horizontal shoulder abduction and adduction

** add shoulder rotation

*** add finger to thumb

24. Perform passive ROM (lower)

* some exercises may be missing

1. Perform “opening procedure” (includes hand hygiene).
2. Adjust bed to a safe and comfortable working height.
3. Lower side rail on the side you will be working on.

4. Begin ROM exercises.

- **Ask if res. is in any pain** after performing the first round of each exercise.

5. Safely and gently exercise the resident's **hip, knee, ankle, and toes**, supporting and moving each joint gently and naturally (without force to limbs or joints).

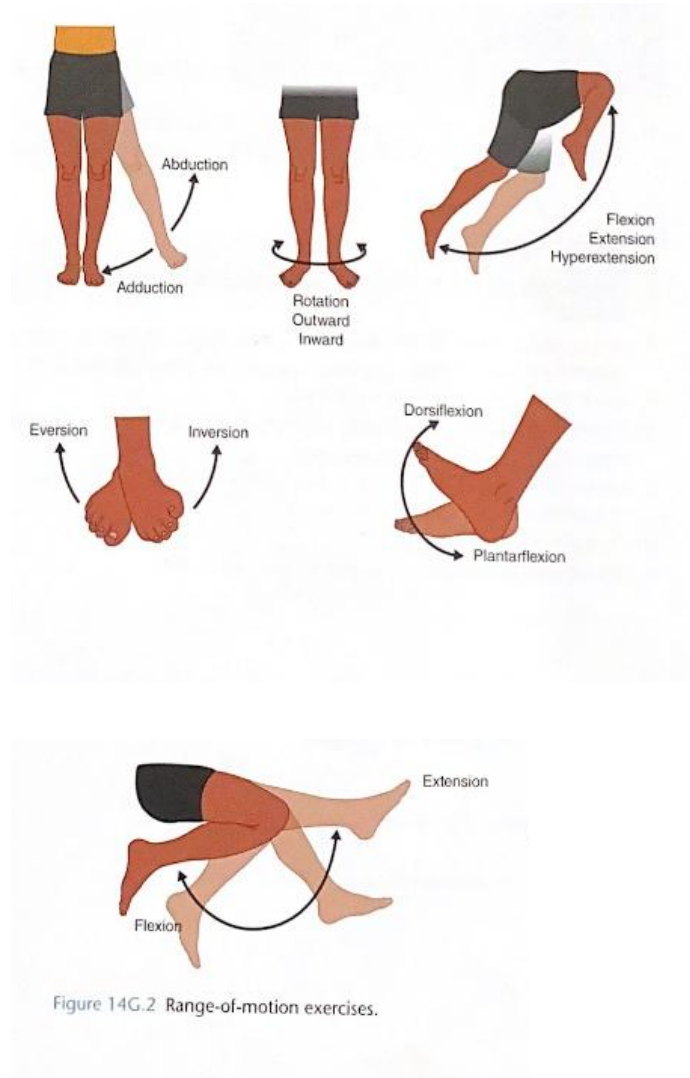
6. Exercise each joint in at least **TWO** patterns. Examples of Patterns: Flexion, Extension, Abduction, Adduction, and Rotation

7. Each pattern must be demonstrated at least **THREE times (for each joint)**.

8. Ask frequently during the exercises if the resident is having any pain.

9. Repeat exercises on the other arm.

10. Perform "closing procedure" (includes hand hygiene).



* add knee rotation

** add toe flexion/extension

*** add toe abduction/adduction

25. Assist resident with walking using a gait belt (one assist)

Supplies Needed:

Gait belt

Wheelchair, walker, or cane

***not tested by ARC/suspended due to COVID-19**

1. Perform “opening procedure” (includes hand hygiene).
2. Gather belt; resident already wearing non-skid shoes and robe.
3. Apply belt and make all belt adjustments while resident seated on bed.
 - Belt should be worn **over clothes**
 - Two fingers should be able to fit under the gait belt
4. Securely fasten belt snugly around resident’s waist. **Ask resident if dizzy prior to standing.**
5. Place your knee between resident’s knees.
6. Maintain a secure, underhand (palms-up) grasp to hold belt, using 2 hands to stand resident.
 - May instruct resident to assist (to stand) by having resident press hands on mattress.
7. On the count of "three", assist resident to stand up, maintaining palms-up grasp on belt.
8. If belt loosens upon standing, assist resident to sit on the bed for all belt adjustments.
9. If using a wheelchair, ask res. to place hands on the wheelchair armrests and push their body upwards to stand on the count of three.
 - Unlock the breaks on the wheelchair after res. stands
 - Continue to hold the gait belt with an underhand grasp.
 - With other hand, grasp armrest of the wheelchair and pull the wheelchair during ambulation to use if res. becomes unsteady, faint, or dizzy.
10. If using a walker, place walker in front of the res. and ask the res. to grasp with each hand.
 - Ensure the res. has a firm grasp
 - Allow res. time to balance before ambulating
11. If using a cane, offer cane to the res.’s unaffected/strong side
 - Ensure the res. has a firm grasp
 - Allow res. to find balance before ambulating
12. Maintain a palms-up grasp (one hand grasping belt is OK)* while walking the resident.
13. Remain slightly behind and to the side of the resident while walking.
 - If ambulating with a res. with one-sided weakness, stand to their weak side.
14. Ask resident if he/she is dizzy, tired, in pain, or short of breath while walking.
15. When res. is finished ambulating, place wheelchair directly behind them so that the edge of the wheelchair is touching the back of their legs.
 - **Lock the brakes** on the wheelchair

- Instruct res. to hold onto the arms of the wheelchair and lower their body to a seated position. Count to 3 and lower res. Holding the gait belt
 - Ensure that the res.'s hips and buttocks are against the back of the wheelchair and is properly aligned
12. Return resident back to the room.
 13. Lower resident onto bed, then release your 2-handed grasp. Leave gait belt on.
 14. Perform “closing procedure” (includes hand hygiene).