

Skills #1

Hand Washing

Students Name _____

Materials:

Soap Dispenser

Paper Towels

Waste Container

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Remove watch/jewelry and roll up sleeves.						
2. Turns on the water to comfortable temperature.						
3. Wet hands ad wrists.						
4. Apply soap to hands from the soap dispenser						
5. Rub hands in a circular motion causing friction for 10 seconds.						
6. Lace fingers together to wash in between them.						
7. Clean under nails.						
8. Rinse hands with warm water keeping them pointed downward, allowing the water to run.						
9. Dry hands with paper towel(s). Pat dry starting at the fingers and drying up towards						
10. Turn off faucet with paper towel(s).						
11. Discard paper towel(s) in waste container.						

_____/11=_____%

Instructor Signature _____ Date _____

Skill # 2
Administering Oral Medications
Tablets/Capsules/Liquids/Powders/Crushed

Student Name _____

Materials:

Soufflé or Medication Cup

Cup of Water or Juice

Medication

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Confirms medication order.						
4. Identify the time for medication administration						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date						
8. Open the container. Do not touch the medication with hands.						
9. Pour the pill or capsule into the lid from the bottle and then the medication cup. If too much medicine goes into the lid, pour it back into the container and repeat until the correct amount of the pills are in the lid.						
10. If the medication is a unit dose or bubbled pack, push the medication through the foil backing out of the packet directly into the medication cup.						
11. Pour liquid medication into a calibrated medication cup. Put the medication cup at eye level on a firm surface to confirm the correct amount of medication poured.						
12. Close the container, Put back where it is stored.						
13. Place initial on MAR for the appropriate time, date and medication.						

Skill # 2
Administering Oral Medications
Tablets/Capsules/Liquids/Powders/Crushed

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
14. Knock on the residents door(if in room), introduced self, explain procedure to resident.						
15. Give the resident a glass of water or juice. Have the resident place the medication in their mouth, drink the liquid and swallow until all medication is taken						
16. Remain with the resident until all medication is swallowed. Do not leave medication at the bedside or elsewhere to take later.						
17. Discard the used medication cup in the appropriate receptacle.						
18. Wash hands after administration.						

_____/18 = _____%

ADDITIONAL GUIDELINES ORAL MEDICATIONS Tablets/Capsules/Liquids/Powders/Crushed

- * Do not crush or open capsules without an order in writing from the pharmacist or physician.
- * If medication are ordered to be crushed, use a clean and dry mortar/pestle or a special pill crushing device by placing the medication cup in a soufflé cup and using the device as directed.
- * Liquids often need to be shaken before they are poured. Always check that the lid is closed securely before shaking
- * With liquids, remove the lid and place the lid upside down on the flat surface to prevent contamination.
- * Do not dilute a medication unless ordered by physician.
- * If the medication is to be administered with a syringe or dropper, place the apparatus about 1/2 way back in the mouth between the tongue and cheek and slowly empty it, giving the resident time to swallow. Clean the syringe/dropper with water.
- * powdered medications should be measured in a plastic medication cup and then put in a glass. Dilute with water or juice according to the instructions.
- * Do not touch medication.

Instructor's Signature _____ Date _____

Skills # 3
Administering Ophthalmic Medication/Ointments

Student Name _____

Materials:

Liquid or ointment medication

Tissue

Disposable gloves

Washcloth

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Confirms medication order.						
4. Identify the time for medication administration						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date						
8. Place initial on MAR for the appropriate time, date and medication.						
9. Bring medication(s) to resident room in the original container with prescription label.						
10. Knock on resident door, introduce self, explain to resident.						
11. Put on gloves.						
12. Ask resident to look upward or tilt head.						
13. Clean around residents eye if they are draining or crusty, using wet washcloths. Make one swipe and rotate washcloth to prevent spread of infectation. Continue wiping and rotate washcloth until eye is clean. Use a separate washcloth for the other eye.						

Skills # 3
Administering Ophthalmic Medication/Ointments

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
14. Pull down lower eye lid and instill ordered number of eye drops inside lower lid. Apply a thin "string" of ointment just the lower lid. Steady hand by resting it against the resident's face. Do not touch the dropper or ointment tube to the eye or lashes of the eye.						
15. Have the resident close eyes gently and apply light finger pressure over the lacrimal sac (inside lower corner of the eye) for one minute.						
16. Hand resident a tissue to blot excess medication if it drips out of the eye onto face.						
17. Ointment may temporarily cause blurred vision. Provide precautions for the resident activity.						
18. Remove and discards gloves						
19. Wash hands after administration.						
20. Returns medication containers to med cart and place in designated space.						

_____/20 = ____%

ADDITIONAL GUIDELINES OPHTHALMIC (EYE) MEDICATIONS

- * If resident has more than one eye medication ordered at the same time, wait five (5) minutes between each medication.
- * Always place eye medications back in the original container that has the prescription label on it.
- * Do not touch the medication

Instructor's Signature _____ Date _____

Skills # 4
Administering Optic(Ear) Medications

Student Name _____

Materials:

Medication

Medication dropper

Cotton Balls

Gloves

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Confirms medication order.						
4. Identify the time for medication administration						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date						
8. Place initial on MAR for the appropriate time, date and medication.						
9. Bring medication(s) to resident room in the original container with prescription label.						
10. Knock on resident door, introduce self, explain to resident.						
11. Put on gloves.						
12. Warm medication to body temperature by rubbing between hands.						
13. Position resident lying on side in bed, affected ear upwards; or in a chair. Head tilted with effected ear upward.						

Skills # 4
Administering Optic(Ear) Medications

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
14. Clean and dry ear canal-upward and backward.						
15. Gently pull ear to straighten canal-upward and backward.						
16. Instill medication into ear without touching dropper to anything . Steady hand by resting it on head.						
17. Have resident remain in position for several minutes so that medication can be absorbed.						
18. May put cotton ball inside ear at canal to prevent excess medication from leaking onto clothing.						
19. Remove and discards gloves						
20. Wash hands after administration.						
21. Returns medication containers to med cart and place in designated space.						

_____/21 = ____%

ADDITIONAL GUIDELINES OPIC (EAR) MEDICATIONS

- * When rubbing medication between hands, avoid heating it above body temperature to prevent loss of potency.
- * If resident has more than one ear medication ordered at the same time, wait five(5) min between each.
- * Always place eye medications back in the original container that has the prescription label on it.
- * Do not touch the medication

Instructor's Signature _____ Date _____

Skill #5
Administering Nasal Medication
Dropper/Spray

Student Name _____

Materials:

Medication

Gloves

Tissue

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Confirms medication order.						
4. Identify the time for medication administration						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date						
8. Place initial on MAR for appropriate time, date, and check the expiration date.						
9. Bring medication(s) to resident room in the original container with prescription label.						
10. Knock on resident door, introduce self explain procedure to resident.						
11. Put on gloves.						
12. Instruct the resident to gently blow their nose and then lye down with their head tilted downward.						
13. Draw up the medication in the dropper and then put the required amount in the nostril.						

Skill #5
Administering Nasal Medication
Dropper/Spray

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
14. Ask the resident to turn their head slightly and then repeat for the other nostril.						
15. For nasal spray, shake the solution and instruct the resident to sit upright. Cover one nostril, insert the tip into the other nostril and squeeze a puff in to the nostril while the resident inhales deeply.						
16. Give resident tissue to use if needed after either dropper or spray medication administration.						
17. Remove and discard gloves						
18. Wash hands after administration.						
19. Return medication containers to med cart and place in designated space.						

_____/19 = ____%

ADDITIONAL GUIDELINES NASAL MEDICATIONS DROPPER/SPRAY

- * If a resident has more than one nasal medication ordered at the same time, wait a few minutes between each medication.
- * Always place nasal medication back in the original container that has the prescription label on it.
- * Do not touch the medication.

Instructor's Signature _____ Date _____

Skill #6
Administering Vaginal Suppositories and Creams

Student Name _____

Materials:

Medication

Gloves

Tissue

Applicator for cream

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Confirms medication order.						
4. Identify the time for medication administration						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date						
8. Place initial on MAR for appropriate time, date, and check the expiration date.						
9. Bring medication(s) to resident room in the original container with prescription label.						
10. Knock on resident door, introduce self explain procedure to resident.						
11. Have resident void.						
12. Position resident comfortable on back with knees up and legs apart. Drape resident so resident exposure is as minimal as possible.						
13. Put on gloves.						

Skill #6
Administering Vaginal Suppositories and Creams

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
14. Prepare medication.						
15. Insert medication.						
* By hand: Gently, 2-3" along back of vagina.						
* By applicator: Gently insert applicator 2-3" into vagina, push plunger, releasing medication along back of vagina.						
16. Wipe vaginal opening if necessary.						
17. Encourage resident to stay lying down for about 20 minutes to increase medication absorption.						
18. Clean applicator.						
19. Remove and discard gloves.						
20. Wash hands after administration.						
21. Return medication containers to med cart and place in designated space.						

_____/21 = ____%

ADDITIONAL GUIDELINES VAGINAL SUPPOSITORIES AND CREAMS

* Do not touch the medications.

Instructor's Signature _____ Date _____

Skill #7
Administering Rectal Suppositories

Student Name _____

Materials:

Medication

Gloves

Lubricant (water soluble)

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Confirms medication order.						
4. Identify the time for medication administration						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date						
8. Open the container, Remove suppository						
9. Place initial on MAR for appropriate time, date, and check the expiration date.						
10. Knock on resident door, introduce self explain procedure to resident.						
11. Position resident in bed, on side with as little exposure as possible.						
12. put on gloves.						
13. Remove wrapper from medication.						
14. Lubricate suppository as directed on package or on suppository tip.						

Skill #7
Administering Rectal Suppositories

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
15. Gently insert pointed end into resident rectum. Have the resident breath through mouth during procedure as this will relax the anal sphincter. Make sure the suppository is pressed against the wall of the rectum and not lodged in feces.						
16. If the resident is weak or debilitated, one may need to compress the buttocks together for several minutes to keep the medication from being expelled.						
17. Remove and discard gloves.						
18. Wash hands after administration.						

_____/18 = _____%

ADDITIONAL GUIDELINES VAGINAL SUPPOSITORIES AND CREAMS

- * The resident should avoid having a bowel movement for 20 minutes so that the medication can be absorbed through the rectum wall
- * Do not touch the medications.

Instructor's Signature _____ Date _____

Skill #8
Administering Penile Creams

Student Name _____

Materials:

Medication

Gloves

Washcloth

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Confirms medication order.						
4. Identify the time for medication administration						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date						
8. Place initial on MAR for appropriate time, date, and check the expiration date.						
9. Bring medication(s) to resident room in the original container with prescription label.						
10. Knock on resident door, introduce self explain procedure to resident.						
11. Have resident void.						
12. Position resident comfortably on back. Drape resident so resident so resident exposure is as minimal as possible.						
13. Put on gloves.						
14. Prepare skin area to be treated. Usually, the previous medication should be washed away, rinsed and patted dry.						
15. Apply cream to affected area following directions on medication label.						
16. Remove and discard gloves.						
17. Wash hands after administration.						
18. Return medication containers to med cart and place in designated space.						

_____/18 = ____%

ADDITIONAL GUIDELINES PENILE CREAMS

* Do not touch the medication.

Instructor's Signature _____ Date _____

Skills #9
Administering Topical Medications

Student Name _____

Materials:

Medication

Gloves

Washcloth

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Confirms medication order.						
4. Identify the time for medication administration						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date						
8. Place initial on MAR for appropriate time, date, and check the expiration date.						
9. Bring medication(s) to resident room in the original container with prescription label.						
10. Knock on resident door, introduce self explain procedure to resident.						
11. Put on gloves						
12. Prepare skin area to be treated. Usually, the previous medication should be washed away, rinsed and patted dry						
13. Apply a thin coat of medication to the affected area as ordered.						
14. Remove gloves						
15. Wash hands after administration.						
16. Return medication to med cart and store as directed.						

_____/16 = ____%

ADDITIONAL GUIDELINES

* Do not touch the medication.

Instructor's Signature _____ Date _____

Skills # 10
Administering Metered Dose Inhalants

Student Name _____

Materials:

Medication

Inhaler

Tissue

gloves

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Confirms medication order.						
4. Identify the time for medication administration						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date						
8. Place initial on MAR for appropriate time, date, and check the expiration date.						
9. Bring medication(s) to resident room in the original container with prescription label.						
10. Knock on resident door, introduce self explain procedure to resident.						
11. Assist resident to upright position, either in chair or in bed.						
12. Shake medication as directed on inhaler packing.						
13. Instruct resident to breathe out fully.						
14. Put on gloves						
15. Remove top to inhaler and place mouthpiece into resident mouth. Encourage resident to cover mouthpiece with lips. Assist resident to hold onto inhaler						
16. As resident inhales, the resident needs to activate the inhaler and continue inhaling as long as possible.						
17. The resident needs to hold his/her breath as long as comfortable to allow absorption of the medication into the lung tissue.						

Skills # 10
Administering Metered Dose Inhalants

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
18. Repeat at one minutes intervals if the physician order is for more than one "puff".						
19. Remove gloves and discard.						
20. Wash hands after administration.						
21. Return medications to med cart and store as directed.						

_____/21 = ____%

ADDITIONAL GUIDELINES

* Do not touch the medication.

Instructor's Signature _____ Date _____

Skills # 11
Administering Transdermal Patches

Student Name _____

Materials:

Medication

Gloves

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Confirms medication order.						
4. Identify the time for medication administration						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date						
8. Open the container, remove a patch from box.						
9. Place initial on MAR for appropriate time, date, and check the expiration date.						
10. Knock on resident door, introduce self explain procedure to resident.						
11. Assist resident to appropriate position, either in chair or in bed.						
12. Put on gloves						
13. Locate old patch and remove.						
14. Choose the site for the new patch using a standard rotation pattern.						
15. Carefully remove the clear plastic backing from the patch, exposing the medication. The medication side is then pressed firmly onto the skin.						
16. Place old patch inside hand and roll glove off over patch. Discard in sharps container.						
17. Wash hands after administration.						

_____/17 = ____%

ADDITIONAL GUIDELINES

- * Patches should be applied after bathing and should be replaced if it becomes partially dislodged.
- * Do not touch the medication.
- * Always remove old patch before applying new patch.
- * The outside of the patch is adhesive and will hold the patch tightly to the skin after its pressed onto skin

Instructor's Signature _____ Date _____

Skills # 12
Administering PRN Medication

Student Name _____

Materials:

Medication

Gloves

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Receive resident verbal or non verbal communication about problem/need for medication.						
4. Identify the time for medication administration						
5. Confirm medication order.						
6. Read the medication order on the MAR.						
7. Find the nurse and convey resident communication about problem/med.						
8. Nurse assesses resident and/or gives approval for PRN medication administration.						
9. Match the MAR with the medication label.						
10. Read the warning labels on the medication container and check the expiration date.						
11. Open the container. Do not touch the medication with hands.						
12. Pour the pill or capsule into the lid from the bottle and then the medication cup. If too much medicine goes into the lid, pour it back into the container and repeat until the correct amount of pills are in the lid.						
13. If the medications is unit dose or bubble pack, push the medicine through the foil backing out of the packet directly into the medication cup.						
14. Pour the liquid medication into a calibrated medication cup. Put the medication cup at eye						
15. Close the container, put back where it is stored.						
16. Place initial on MAR for the appropriate date and medication and write in the time the PRN medication is given under initials.						
17. Knock on the resident door(if in room), introduce self, explain procedure to resident.						

Skills # 12
Administering PRN Medication

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
18. Give the resident a glass of water or juice. Have the resident place the medication in their mouth, drink the liquid and swallow until all medication is taken.						
19. Remain with the resident until all medication is swallowed. Do not leave medication at the bedside or elsewhere to take later						
20. Discard the used medication cup in the appropriate receptacle						
21. Wash hands after administration						
22. Find nurse and have nurse initial MAR under prn given						
23. Return to resident about 1 hour after PRN medication given and ask resident about condition requiring PRN medication use.						
24. Return med cart and on reverse side of MAR, write what resident told you about condition or what you observed.						
25. Inform nurse of PRN medication outcome.						

_____/25 = ____%

ADDITIONAL GUIDELINES PRN Medications

- * If medication are order to be crushed, use clean and dry mortar/pestle or a special pill crushing device by placing the medication in a soufflé cup and using the device as directed.
- * Liquids often need to be shaken before they are poured. Always check that the lid is closed
- * With liquids, remove the lid and place upside down on flat surface to prevent contamination.
- * Do not dilute a medication unless ordered by physician.
- * If the medication is to be administered with a syringe/dropper, place the apparatus about 1/2 way back in the mouth between the tongue and check and slowly empty it. Giving the resident time to swallow.
Clean the syringe/dropper with water
- * Powdered medications should be measured in a plastic medication cup and then put in a glass.
Dilute with water or juice according to the instructions
- * Do not touch medication.

Instructor's Signature _____ Date _____

Skills # 13
Administering Gastrostomy Tube (G-Tube) Medication

Student Name _____

Materials:

Medication(s) Soap, water, towel, cloth

Gloves Piston syringe

Plastic medication cup(S) Cup(s) of juice or water

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Identify the time for medication administration.						
4. Confirm medication order						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date.						
8. Open the container. Do not touch the medication with hands.						
9. Pour the pill or capsule into the lid from the bottle and then the medication cup. If too much medicine goes into the lid, pour it back into the container and repeat until the correct amount of pills are in the lid.						
10. If the medications is unit dose or bubble pack, push the medicine through the foil backing out of the packet directly into the medication cup.						
11. Pour the pill or capsule into the lid from the bottle and then the medication cup. If too much medicine goes into the lid, pour it back into the container and repeat until the correct amount of pills are in the lid.						
12. Close the container. Put back where it is stored.						
13. Place initial on MAR for the appropriate time, date and medication.						
14. If medication is not a liquid. Check for a "ok to crush " order on the MAR						
15. Crush medications very fine with with mortar and pestle and mix each separately with 30cc water.						
16. Do not mix medications with other medications.						

Skills # 13
Administering Gastrostomy Tube (G-Tube) Medication

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
17. Knock on resident door(if in room) introduce self, explain procedure to resident.						
18. Put on gloves						
19. Have all meds ready to administer within reach.						
20. Position the resident in bed or in a chair with head at least at 30 degrees upward and resident on back.						
21. Locate tube. Place pad under tube.						
22. Remove plug from end of g tube and pinch tubing.						
23. Insert syringe into end of gtube. Gently and slowly pull back on syringe and check for stomach content. Do not force, if resistance is met, reposition resident and try again. If still resistance or no stomach content, get nurse						
24. If contents returned into syringe is 100cc or more, tell the nurse. Reintroduce content through tube into stomach.(follow facility protocol for this step).						
25. Remove syringe and put plug on end of GT. Remove plunger from piston syringe.						
26. Remove plug to GT and pinch GT tube. Place piston syringe without plunger on end of GT while pinching off the tube.						
27. Hold tube upward but do not pull on tube. Be careful.						
28. Pour in 30-60 cc of warm water before all of the water is through the tube, pinch the tube and add the first mixed medication to tube. Follow with 5-10 cc water. Repeat medication and then 5-10 cc water for each medication. End with 30-60cc of water. DO NOT LET SYRINGE GET EMPTY as this is air going into stomach. Hold tube higher or lower to control speed of liquid going through tube. NEVER force fluid into tube.						

Skills # 13
Administering Gastrostomy Tube (G-Tube) Medication

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
29. Pinch tubing after all meds and final liquid is in the tube. Remove syringe and replace plug to end of GT.						
30. Remove padding and reposition resident keeping head up at least 30 degrees for the next 30 minutes.						
31. Discard the used medication cups in the appropriate receptacle.						
32. Remove gloves and discard in the room trash						
33. wash hands after administration.						
34. Record on intake sheet the water used to flush tube before and after medication and with each medication.						

_____/34 = ____%

ADDITIONAL GUIDELINES

- * Do not mix medications.
- * Do not touch medications
- * Be sure tube does not leak. Check for dryness before and after medication administration. Report to the nurse.
- * Follow facility protocol for checking tube placement.

Instructor's Signature _____ Date _____

Skills # 14
Administering Jejunostomy Tube (J-Tube) Medication

Student Name _____

Materials:

Medication(s) Soap, water, towel, cloth

Gloves Piston syringe

Plastic medication cup(S) Cup(s) of juice or water

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Identify the time for medication administration.						
4. Confirm medication order						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date.						
8. Open the container. Do not touch the medication with hands.						
9. Pour the pill or capsule into the lid from the bottle and then the medication cup. If too much medicine goes into the lid, pour it back into the container and repeat until the correct amount of pills are in the lid.						
10. If the medications is unit dose or bubble pack, push the medicine through the foil backing out of the packet directly into the medication cup.						
11. Pour the pill or capsule into the lid from the bottle and then the medication cup. If too much medicine goes into the lid, pour it back into the container and repeat until the correct amount of pills are in the lid.						
12. Close the container. Put back where it is stored.						
13. Place initial on MAR for the appropriate time, date and medication.						
14. If medication is not a liquid. Check for a "ok to crush " order on the MAR						
15. Crush medications very fine with with mortar and pestle and mix each separately with 30cc water.						
16. Do not mix medications with other medications.						

Skills # 14
Administering Jejunostomy Tube (J-Tube) Medication

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
17. Knock on resident door(if in room) introduce self, explain procedure to resident.						
18. Put on gloves						
19. Have all meds ready to administer within reach.						
20. Position the resident in bed or in a chair with head at least at 30 degrees upward and resident on back.						
21. Locate tube. Place pad under tube.						
22. Remove plug from end of J tube and pinch tubing.						
23. Follow facility protocol to check for tube placement.						
24. Remove syringe and put plug on end of J T. Remove plunger from piston syringe.						
25. Remove plug to JT and pinch J tube. Place piston syringe without plunger on end of JT while pinching off the tube.						
26. Hold tube upward but do not pull on tube. Be careful.						
27. Pour in 30-60 cc of warm water before all of the water is through the tube, pinch the tube and add the first mixed medication to tube. Follow with 5-10 cc water. Repeat medication and then 5-10 cc water for each medication. End with 30-60cc of water. DO NOT LET SYRINGE GET EMPTY as this is air going into intestine . Hold tube higher or lower to control speed of liquid going through tube. NEVER force fluid into tube.						
28. Pinch tubing after all meds and final liquid is in the tube. Remove syringe and replace plug to end of J T.						
29. Remove padding and reposition resident keeping head up at least 30 degrees for the next 30 minutes.						
30. Discard the used medication cups in the appropriate receptacle.						
31. Remove gloves and discard in the room trash						
32. wash hands after administration.						
33. Record on intake sheet the water used to flush tube before and after medication and with each medication.						

_____/33 = ____%

Skills # 14
Administering Jejunostomy Tube (J-Tube) Medication

ADDITIONAL GUIDELINES

- * Do not mix medications.
- * Do not touch medications
- * Be sure tube does not leak. Check for dryness before and after medication administration. Report to the nurse.
- * Follow facility protocol for checking tube placement.

Instructor's Signature _____ Date _____

Skills # 15
Administering Nebulizer Medication

Student Name _____

Materials:

Medication(s)

Cup(s) of juice or water

Plastic medication cup(S)

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Identify the time for medication administration.						
4. Confirm medication order						
5. Read the medication order on the MAR.						
6. Match the MAR with the medication label.						
7. Read the warning labels on the medication container and check the expiration date.						
8. Open the container. Do not touch the medication with hands.						
9. Remove the prescribed amount of medication either unit dose or measured with a syringe into a plastic cup.						
10. Close the container. Put back where it is stored.						
11. Place initial on MAR for the appropriate time, date, and medication.						
12. Do not mix medications with other medications.						
13. Knock on resident door (if in room) introduce self, explain procedure to resident.						
14. Take resident Vital signs or follow facility protocol. Give result to nurse.						
15. Put on gloves						
16. Position the resident upright in bed or in a chair.						

Skills # 15
Administering Nebulizer Medication

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
17. Encourage resident to cough 2-3 times.						
18. Connect nebulizer tubing and mask or mouthpiece to machine if not already connected						
19. Pour medication and dilutant into chamber and close chamber.						
20. Plug in and turn on nebulizer machine.						
21. Place mask or mouthpiece on resident.						
22. Watch to see that the mist is forming in the mask or mouthpiece and encourage resident to breath in the mist.						
23. Turn off nebulizer machine after the medication is gone from chamber and there is no more mist in the mask or coming from the mouthpiece.						
24. Remove mask or mouthpiece from resident.						
25. Give resident tissue and encourage resident to cough 2-3 time						
26. take resident vitals signs and report to nurse or follow facility protocol.						
27. Unplug nebulizer machine from electricity.						
28. Take apart the chamber and the mask or mouthpiece and wash and rinse with soap and water Place on paper towel to dry.						
29. Discard the used medication cup in the appropriate receptacle.						
30. Remove and discard gloves in room trash						
31. wash hands after administration.						

_____/31 = ____ %

ADDITIONAL GUIDELINES

* Do not touch medications

Instructor's Signature _____ Date _____

Skills # 16
Taking a Oral Temperature

Student Name _____

Materials:

Thermometer (glass or electronic)

Probe covers (electronic)

Plastic Covers (glass)

Gloves

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Introduce yourself by name and title						
4. Explain the procedure to the person before beginning and during the procedure.						
5. Protect the person's rights during the procedure.						
6.Handle the person gently during the procedure						
7.Ask the resident not to eat,drink,smoke or chew gum for at least 15-20 min or as required by facility policy.						
8.Position the resident for oral temperature						
9. Put on gloves if contact with blood, body fluid, secretions, or excretions is likely						
10.(electronic) Insert the probe into a probe cover						
11. (Glass) a. Rinse in cold water if it was soaking in disinfectant b. Dry with tissues c. Check for breaks, cracks, or chips d. Shake down below the lowest number e. Hold by the stem f. Insert into a plastic cover						
12.Ask resident to moisten his or her lips						
13. Place the covered probe or (covered glass thermometer bulb end) at the base of the tongue and to one side.						
14. Ask the resident to close the lips around the thermometer to hold it in place.						
15. Ask the resident not to talk. Remind resident not to bite down on glass thermometer.						
16. Leave glass thermometer in place for 2-3 minutes or as required by facility. Holding thermometer by stem wipe with tissue from stem to blub or remove sheath. Dispose of tissue and sheath.						

Skills # 16
Taking a Oral Temperature

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
17. Electronic hold probe in place until you hear a tone or see flashing light.						
18. Read temperature, record temperature with date, time and method used.						
19. Glass Thermometer Rinses and dries thermometer and stores properly.						
20. Electronic thermometer Removes probe and discards the cover and return probe to holder.						
21. Make resident comfortable						
22. Return bed to proper position. Removes privacy measures						
23. Place call light within residents reach.						
24. Wash hands						

_____/24 = _____ %

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skills # 17
Taking a Rectal Temperature

Student Name _____

Materials:

Thermometer (glass or electronic)

Probe covers (electronic)

Plastic Covers (glass)

Gloves

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Introduce yourself by name and title						
4. Explain the procedure to the person before beginning and during the procedure.						
5. Protect the person's rights during the procedure.						
6.Handle the person gently during the procedure						
7.Ask the resident not to eat,drink,smoke or chew gum for at least 15-20 min or as required by facility policy.						
8.Position the resident for Rectal temperature.						
a)Adjust bed to safe level and lock wheels						
b) Assist resident to left-lying position						
9. Put on gloves if contact with blood, body fluid, secretions, or excretions is likely						
10. Folds back linens to only expose rectal area.						
11.(electronic) Insert the probe into a probe cover						
12. (Glass) a. Rinse in cold water if it was soaking in disinfectant b. Dry with tissues c. Check for breaks, cracks, or chips d. Shake down below the lowest number e. Hold by the stem f. Insert into a plastic cover. Hold by stem						
13.Applies a small amount of lubricant to tip or bulb or probe cover.						
14. Separates buttocks. Gently inserts thermometer one inch into rectum. Replaces sheet over buttocks. Holding onto thermometer at all times while taking temperature.						
15. Glass thermometer. Removes thermometer after 3 minutes.						
16. electronic/digital Removes thermometer after the beep.						

Skills # 17
Taking a Rectal Temperature

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
17. Read temperature, record temperature with date, time and method used.						
18. Glass Thermometer Rinses and dries thermometer and stores properly.						
19. Electronic/Digital thermometer Removes probe and discards the cover and return probe to holder.						
20. Removes and disposes gloves						
21. Make resident comfortable						
22. Return bed to proper position. Removes privacy measures						
23. Place call light within residents reach.						
24. Wash hands						
25. Reports any changes in resident						
26. Document procedure						

_____/26 = _____%

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skills # 18
Taking a Tympanic Temperature

Student Name _____

Materials:

Thermometer Tympanic

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Introduce yourself by name and title						
4. Explain the procedure to the person before beginning and during the procedure.						
5. Protect the person's rights during the procedure.						
6. Handle the person gently during the procedure						
7. Adjust bed to safe level and lock wheels.						
8. Places disposable sheath over end of thermometer.						
9. Positions resident head properly and pulls up and back on the outside edge of the ear.						
10. Inserts covered probe and presses the button						
11. Removes thermometer after one second or after the beep or blinks.						
12. Read temperature, record temperature with date, time and method used.						
13. Discards sheath and stores thermometer properly.						
14. Make resident comfortable						
15. Return bed to proper position. Removes privacy measures						
16. Place call light within residents reach.						
17. Wash hands						
18. Reports any changes in resident						
19. Document procedure						

_____/19 = ____%

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skills # 19
Taking a Axillary Temperature

Student Name _____

Materials:

Thermometer (glass or electronic)

Probe covers (electronic)

Plastic Covers (glass)

Gloves

Tissue

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Introduce yourself by name and title						
4. Explain the procedure to the person before beginning and during the procedure.						
5. Protect the person's rights during the procedure.						
6.Handle the person gently during the procedure						
7. Adjusts bed to safe level. Locks bed wheels.						
8 Removes residents arm from sleeve of gown. Wipes axillary area with tissue						
9.(electronic) Insert the probe into a probe cover						
10. (Glass) a. Rinse in cold water if it was soaking in disinfectant b. Dry with tissues c. Check for breaks, cracks, or chips d. Shake down below the lowest number e. Hold by the stem f. Insert into a plastic cover						
11. Place the covered probe or (covered glass thermometer bulb end) in center of the arm pit and folds residents arm over chest.						
12. Holds in place for ten minutes for glass						
13. Holds in place until thermometer blinks or beeps for electronic/digital						

Skills # 19
Taking a Axillary Temperature

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
14. Read temperature, record temperature with date, time and method used.						
15. Glass Thermometer Rinses and dries thermometer and stores properly.						
16. Electronic/digital thermometer Removes probe and discards the cover and return probe to holder.						
17. Make resident comfortable						
18. Return bed to proper position. Removes privacy measures						
19. Place call light within residents reach.						
20. Wash hands						
21. Report changes in resident						
22. Document procedure.						

_____/22 = _____%

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skills # 20
Taking and recording apical pulse and respirations

Student Name _____

Materials:

Watch with second hand
stethoscope

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Introduce yourself by name and title						
4. Explain the procedure to the person before beginning and during the procedure.						
5. Protect the person's rights during the procedure.						
6. Adjust bed to safe level and lock wheels.						
7. Fits earpieces of stethoscope in ears and places metal diaphragm on left side of chest, just below the nipple.						
8. Counts heartbeats for one minute						
9. Counts residents respirations with stethoscope still in place by Watching chest rise for one minute.						
10. Records pulse rate, date, time and method used. Notes any irregularities in rhythm.						
11. Records respirations						
12. Cleans and stores stethoscope.						
13. Make resident comfortable						
14. Return bed to proper position. Removes privacy measures						
15. Place call light within residents reach.						
16. Wash hands						
17. Reports any changes in resident						
18. Document procedure						

_____/18 = _____ %

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skills # 21
Taking and recording Radial pulse and respirations

Student Name _____

Materials:

Watch with second hand

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Introduce yourself by name and title						
4. Explain the procedure to the person before beginning and during the procedure.						
5. Protect the person's rights during the procedure.						
6. Adjust bed to safe level and lock wheels.						
7. Places fingertips on the thumb side of residents wrist to locate pulse						
8. Counts heartbeats for one minute						
9. Counts residents respirations with fingertips still in place by Watching chest rise for one minute.						
10. Records pulse rate,date,time and method used. Notes any irregularities in rhythm.						
11. Records respirations						
13. Make resident comfortable						
14. Return bed to proper position. Removes privacy measures						
15. Place call light within residents reach.						
16. Wash hands						
17. Reports any changes in resident						
18. Document procedure						

_____/18 = _____ %

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skills # 22
Taking and record blood pressure

Student Name _____

Materials:

Blood pressure cuff

Stethoscope

Alcohol wipes

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Introduce yourself by name and title						
4. Explain the procedure to the person before beginning and during the procedure.						
5. Protect the person's rights during the procedure.						
6. Handle the person gently during the procedure						
7. Position residents arm with palm up so that arm is level with heart. Either sitting or lying down. Expose the upper arm.						
8. With valve open squeeze the blood pressure cuff to make sure it is completely deflated.						
9. Find brachial artery at the inner aspect of the elbow(brachial artery in on the little finger side of the arm.).						
10. Place blood pressure cuff snugly, Wrap the cuff around the upper arm about 1 inch above the elbow, with the arrow on the cuff on the brachial artery.						
11. Wipes off diaphragm and earpieces of the stethoscope with alcohol wipes						
12. Places diaphragm of the stethoscope over brachial artery.						
13. Places earpieces of stethoscope in ears						
14. Closes valve (clockwise) until it stops. (Does not tighten it).						
15 . Inflates cuff until you can no longer feel the pulse note that point. Inflate the cuff 30mm more beyond the point you last felt the pulse.						
16. Place the diaphragm of the stethoscope over the brachial artery DO NOT PLACE UNDER THE CUFF						
17. Deflate the cuff at even rate of 2-4 millimeters per second. Turn the valve counter clockwise to deflate the cuff.						

Skills # 22
Taking and record blood pressure

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
18. Note the point you hear the first sound. This is the systolic reading.						
19. Continue to deflate the cuff. Note the point where the sound disappears. This is the diastolic reading.						
20. Deflate the cuff completely. (opens valve completely) Remove it from the residents arm. Remove the stethoscope earpieces from your ears.						
21. Note the residents name and blood pressure on your notepad or assignment sheet.						
22. Wipes diaphragm and earpieces of stethoscope with alcohol. Place cuff in case						
23. Make resident comfortable						
24. Return bed to proper position. Removes privacy measures						
25. Place call light within residents reach.						
26. Wash hands						
27. Reports any changes in resident						
28. Document procedure And than return equipment to its proper place.						

_____/28 = ____%

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skill # 23
Measuring Blood Glucose
(Finger stick blood glucose testing)

Student Name _____

Materials:

Sterile lancet Antiseptic wipes Gloves Cotton balls Glucose meter paper towel
Reagent strips (use the correct ones for the meter. Check expiration date.) small sharps container
Soap, towel, washbasin

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Wash Hands before administration.						
2. Identify the resident.						
3. Introduce yourself by name and title						
4. Explain the procedure to the person before beginning and during the procedure.						
5. Protect the person's rights during the procedure.						
6. Handle the person gently during the procedure						
7. Position residents to a comfortable position, assist with hand washing.						
8. Put on gloves						
9. Prepare supplies:						
a. Opens the antiseptic wipes						
b. Remove a reagent strip from the bottle. Place it on the paper towel. Place the cap securely on the bottle.						
c. Prepare Lancet						
d. Turn on the glucose meter.						
e. Insert a reagent strip into the glucose meter						
10. Perform the skin puncture to obtain a drop of blood:						
a. inspect the resident finger. Select a skin puncture site						
b. warm finger. Rub it gently or apply a warm washcloth.						
c. Massage the hand and finger towards the puncture site. (this brings the blood to the site)						
d. lower the finger below the residents waist. (this increases blood flow to the site)						
e. hold finger with your thumb and forefinger. Use your non-dominant hand. (Hold the finger until wipe away blood with cotton ball 10-)						
f. clean the sit with an antiseptic wipe (DO NOT TOUCH THE SITE AFTER CLEANING)						
g. let site dry						

Skill # 23
Measuring Blood Glucose
(Finger stick blood glucose testing)

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
h. pick up lancet place against the side of the finger or top of the finger tip. Push the button on the lancet to puncture the skin.(or follow the manufacture's instructions.)						
i. wipe away the first blood drop. Use a cotton ball.						
k. apply genital pressure below the puncture site.						
l. Let a large drop form.						
11. Collect and test the specimen						
a. hold the test strip area of the reagent strip close to the drop of blood. Lightly touch the reagent strip to the blood drop. (DO NOT SMEAR THE BLOOD).						
b. set timer if needed but mot start automatically when blood applied. WAIT.						
c. while waiting apply pressure to puncture site with a cotton ball until bleeding stops. (if able the resident can apply pressure)						
d. Read the result on the display. Note the result and tell resident the result.						
e. turn off the glucose meter						
12. Discard lancet, cotton ball and reagent strip in sharps container.						
13. Remove gloves.						
14. Note the residents name and results on your notepad or assignment sheet.						
15. Make resident comfortable						
16. Return bed to proper position. Removes privacy measures						
17. Place call light within residents reach.						
18. Wash hands						
19. Reports any changes in resident						
20. Document procedure And than return equipment to its proper place.						

_____/20 = ____%

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skills # 24
Hemoccult testing Collecting stool

Student Name _____

Materials:

gloves specimen pan tongue blades test card with developer
plastic bag

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physicians order.						
2. Wash Hands before administration.						
3. Identify the resident.						
4. Introduce yourself by name and title						
5. Explain the procedure to the person before beginning and during the procedure.						
6. Protect the person's rights during the procedure.						
7. Handle the person gently during the procedure						
8. Position residents on the toilet (after placing specimen pan on the toilet.) or bed pan.						
9. Remind resident not to urinate at the same time and to not place toilet paper in pan.						
10. Give resident call light and ask them to call you when finished (if resident can be left alone leave room.)						
11. When resident calls or is finished help with peri care if needed. Assist resident if needed back to bed or wheel chair. Insures call light.						
12. Wash hands						
13. Put on clean gloves						
14. open test card.						
15. Gets small amount of stool from specimen with tongue blade.						
16. Smears small amount of stool onto box A of test card.						
17. Flips tongue blade and gets some stool from another part of specimen. Smears small amount of stool onto box b of test card.						
18. Close test card and turns over to other side. Opens the flap and opens developer. Applies developer to each box.						

Skills # 24
Hemoccult testing Collecting stool

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
19. Waits the proper amount of time. Watches squares for color changes and records any changes.						
20. Places tongue and test packet in plastic bag. Disposes of plastic bag and specimen container (or pan) properly.						
21. Removes gloves and washes hands..						
22. Documents procedure.						

_____/22 = ____%

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skills # 25
Giving a commercial enema

Student Name _____

Materials:

Bed protector

commercial enema k-y jelly washcloths.

bed pan if resident in bed, commode if

cant use toilet

Gloves

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physicians order.						
2.Wash Hands before administration.						
3. Identify the resident.						
4. Introduce yourself by name and title						
5. Explain the procedure to the person before beginning and during the procedure.						
6. Protect the person's rights during the procedure.(provides privacy)						
7.Handle the person gently during the procedure						
8. Adjusts bed to safe level. Locks bed wheels.						
9.Helps resident to left side (Sims-position) Covers with blanket.						
10. Applies gloves						
11. Places bed protector under resident. Places bedpan close to resident's body.						
12. Uncovers resident enough to expose anus only.						
13. Lubricates tip of bottle.						
14. Ask resident to breathe deeply during procedure.						
15. Lifts buttocks to expose anus and ask resident to take deep breath and exhale. Gently insert tip of tubing one and half inches into rectum.						
16. Slowly squeezes and rolls container so that solution runs inside the resident.						
17. Removes tip and places bottle inside box upside down						
18. Asks resident to hold solution inside as long as possible.						

Skills # 25
Giving a commercial enema

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
19. Help resident to use bedpan, commode or get to bathroom.						
20. Places call light ,toilet paper within residents reach. Ask resident to call when finished.						
21. Discards disposable equipment. Cleans area.						
22. Removes gloves and washes hands						
23. Puts on clean gloves when resident is finished. Helps with perineal care if needed.						
24. Removes bedpan and bed protector (if bed pan used)						
a.Empties bedpan if used. Checks for consistency,color,and amount of stool.						
25. Cleans bedpan, commode and returns to storage. Disposes of washcloths.						
26. Removes gloves and washes hands helps resident to wash hands.						
27. Makes resident comfortable.						
28.Return bed to proper position. Removes privacy measures						
29.Place call light within residents reach.						
30. Wash hands						
31. Reports any changes in resident						
32. Document procedure						

_____/32 = ____%

ADDITIONAL GUIDELINES

Instructor's Signature_____ Date_____

Skills # 26
Administering a sitz bath

Student Name _____

Materials:

sitz bath Towels gloves thermometer

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physician's order Wash Hands before administration.						
2. Identify the resident.						
3. Introduce yourself by name and title						
4. Explain the procedure to the person before beginning and during the procedure.						
5. Protect the person's rights during the procedure. (provide privacy)						
6. Handle the person gently during the procedure						
7. Put on gloves						
8. Fills sitz bath two-thirds full with hot water (100F-104F or 105F-110F, depends on the reason for the bath) Place sitz bath basin under the toilet seat.						
9. Clamp the irrigation tubing to block water flow and fill the irrigation bag with water the same temperture as that in basin.						
10 to create flow pressure, hang the bag above the resident's head on a hook, towel rack, or IV pole.						
11. Help resident to void and undress then sit down on sitz bath.						
12. Cover resident with blanket if needed to avoid chilling.						
13. Open the clamp on the irrigation tubing to allow a continous flow of warm water over affected area.						
14 refill bag as needed with warm water prescribed bath time usually 15-30 minutes.						
15. Check on resident for weakness, dizziness, nauseated, discontinue bath and assist resident back to bed notify nurse.						
16. Assist resident out of sitz bath after prescribed time. Provide towels and help with dressing as needed.						
17. Clean and stores supplies properly.						
18. Removes gloves wash hands						
19. Makes sure resident is comfortable						

Skills # 26
Administering a sitz bath

20.Places call light with in reach of resident						
21. Wash Hands						
22. reports changes in resident						
23.Documents procedure.						

_____/23 = ____%

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skills # 27
Applying a cold compress

Student Name _____

Materials:

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physician's order, Wash Hands before administration.						
2. Identify the resident.						
3. Introduce yourself by name and title						
4. Explain the procedure to the person before beginning and during the procedure.						
5. Protect the person's rights during the procedure. (provide privacy)						
6. Fills plastic bag with ice and removes excess air. Seals bag and covers bag with towel.						
7. Applies bag to the area as ordered. Notes the time. Uses another towel to cover bag if it is too cold.						
8. Checks the area after ten minutes for blisters, pale, white, or gray skin. Stops treatment if resident complains of numbness or pain.						
9. Removes ice after 20 minutes or as ordered. Stores ice pack.						
10. Makes sure resident is comfortable						
11. Places call light within reach of resident						
12. Wash Hands						
13. reports changes in resident						
14. Documents procedure.						

_____/14 = _____%

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skills # 28
Administering oxygen by mask

Student Name _____

Materials:

Oxygen (tank or wall oxygen outlet system) regulator or flow meter

Mask (Simple Face Mask low-flow system)

Humidifier equipment & Sterile Wat

tubing

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physician's order						
2. Wash hands before administration.						
3. Set up oxygen supply equipment.						
4. Identify the resident.						
5. Introduce yourself by name and title						
6. Explain the procedure to the person before beginning and during the procedure.						
7. Protect the person's rights during the procedure. (provide privacy)						
8. Assist resident into appropriate position (semi-fowler's position- the resident's upper body is elevated to 30 degrees or 45 -60 degrees.)						
9. Place the top of the mask over the nose and then over the mouth. Place elastic straps around head and over ears to hold mask securely on the residents face.						
10. Adjust the oxygen flow rate as ordered.						
11. After 30 minutes, check the flow rate.						
12. Makes sure resident is comfortable						
13. Places call light within reach of resident						
14. Reports changes in resident type of oxygen therapy and liter flow. How resident tolerance of procedure.						
15. Documents procedure.						

_____/15 = ____ %

Instructor's Signature _____ Date _____

Skills # 29
Administering oxygen by nasal cannula

Student Name _____

Materials:

Oxygen (tank or wall oxygen outlet system)

Gloves regulator or flow meter

Cannula(nasal)

Humidifier equipment & Sterile Water

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physician's order						
2. Wash hands before administration.						
3. Set up oxygen supply equipment.						
4. Identify the resident.						
5. Introduce yourself by name and title						
6. Explain the procedure to the person before beginning and during the procedure.						
7. Protect the person's rights during the procedure. (provide privacy)						
8. Put on gloves						
9. Assist resident into appropriate position(semi-fowler's position- the resident's upper body is elevated to 30 degrees or 45 -60 degrees.) or Flowers position.						
10. Adjust oxygen flow rate as ordered.						
11. Check tubing to be sure it is not twisted.						
12. Adjust liter flow per physicians orders.						
13. Place your fingertips near the opening of the cannula to check for oxygen flow.						
14. Turn the nasal prongs upward and curved toward the tip of the nose.						
15. Place one prong in each nostril. Inspect the nares for irritation.						
16. Place tubing from prongs over the ears. Inspect behind ears for skin breakdown.						
17. Pull remainder of the tubing under the resident's chin and tighten at "Y".						
18. Ask resident if the tubing is comfortable. Instruct resident to breath through nose.						
19. After 30 minutes, check flow rate and humidifier water level.						
20. Makes sure resident is comfortable						
21. Places call light with in reach of resident						
22. Reports changes in resident type of oxygen therapy and liter flow. How resident tolerance of procedure.						
23..Documents procedure.						

_____/23 = ____%

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skill #30
Obtaining oxygen saturation utilizing an pulse oximetry

Student Name _____

Materials:

Pulse oximetry

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physician's order						
2. Wash hands before administration.						
3. Identify the resident.						
4. Introduce yourself by name and title						
5. Explain the procedure to the person before beginning and during the procedure.						
6.place finger probe to residents fingertip(must be placed on a pulsing vascular bed.)						
7. Activation of unit,Reading occurs within 10-30 seconds						
8. Document SpO2 (oxygen saturation value) Notes litter flow of oxygen or room air in documentation.						
9. Makes sure resident is comfortable						
10.Places call light with in reach of resident						
11.Documents procedure.						

_____/11 = _____%

Instructor's Signature _____ Date _____

Skill #31

Administering insulin subcutaneously via syringe

Student Name _____

Materials:

Syringe Gloves

Insulin

Antiseptic wipe

Sharps container

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physician's order						
2. Wash hands before administration.						
3. Gather supplies						
4. Check the vial label against the medication administration record/order						
5. Remove the metal or plastic cap from vial of insulin. If the vial has been opened previously, clean with the rubber stopper by applying an antiseptic wipe in a circular motion.						
6. Remove the needle cover (pull it straight off).						
7. Inject air into the vial as follows.						
a. Hold the syringe pointed upward at eye level. Pull back the plunger to take in a quantity of air equal to the ordered dose of medication (5 units for our example).						
b. Place the vial on a flat surface. Take care not to touch the rubber stopper.						
c. Insert the needle through the center of the rubber stopper of the vial. Inject the air into the vial's air space by pushing in the plunger.						
8. Invert the vial and withdraw the medication. Hold the vial and the syringe steady. Pull back on the plunger to withdraw the medication. Measure accurately. (keep the tip of the needle below the surface of the liquid; otherwise, air will enter the syringe.						
9. Check the syringe for bubbles. Remove them by tapping sharply on the syringe.						
10. Remove needle from vial. Using safety cover to cover needle.						
11. check medication with nurse and order						
12. Return vial to proper storage.						
13. Identify the resident.						
14. Introduce yourself by name and title						
15. Explain the procedure to the person before beginning and during the procedure.						
16. Wear gloves						
17. Assist resident to into a comfortable position that						
18. Inspect the injection site. (Note if rash or redness is present chart and report to nurse DO NOT GIVE IN THAT SITE) Choose another site.						

Skill #31
Administering insulin subcutaneously via syringe

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
19. Cleanse the site with antiseptic wipe and allow to dry. Secure the wipe between your third and forth finger for use later.						
20. With nondominate hand. Spread the skin tightly or pinch the skin and subcutaneous tissue between thumb and finger.(For an obese resident pinch the skin).						
21. With dominate hand, insert the needle at a 45 degree angel (for obese residents insert at 90 degrees angle they have a fatty layer of tissue above the subcutaneous tissue.) to the skin, bevel side up. Insert the needle quickly and smoothly.						
22. Use dominant hand to stabilize the syringe. BE CAREFUL NOT TO MOVE THE NEEDEL SIDE TO SIDE.						
23. Aspirate by pulling back on the plunger. If no blood appears, proceed with injection. If blood appears, prepare a new injection with fresh equipment and move to another site.						
24. NEVER ASPIRATE WITH ANTICOAGULANTS SUCH AS HEPRIN.						
25. INJECT THE MEDICATION SLOWLEY. Push plunger all the way in to inject the full dose.						
26. Withdraw the needle quickly, firming the skin with the antiseptic wipe held near the needle. Pull out the needle at the same angle (45 or 90 degree)at which it was inserted.						
27. Dispose of the uncapped syringe in a puncture proof container						
28. Makes sure resident is comfortable						
29.Places call light with in reach of resident						
30.Documents procedure. Medication name, dosage ,site and time						

_____/30 = ____%

Instructor's Signature _____ Date _____

Skills # 32
Administering Insulin Pen

Student Name _____

Materials:

Insulin Pen

Gloves

Antiseptic wipe

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physician's order						
2. Wash hands before administration.						
3. Identify the resident.						
4. Introduce yourself by name and title						
5. Explain the procedure to the person before beginning and during the procedure.						
6. Protect the person's rights during the procedure. (provide privacy)						
7. Assist resident into appropriate position.						
8. Clean end of pen with antiseptic wipe, place needle on the end of the insulin pen (it just twists on.)						
9. Prime your insulin pen. This can be done by holding down the dose knob of the pen and making sure a stream of insulin comes out of the tip of the needle						
10. Turn the knob to dial your insulin dose.						
11. Inspect the injection site. (Note if rash or redness is present chart and report to nurse DO NOT GIVE IN THAT SITE) Choose another site.						
12. Cleanse the site with antiseptic wipe and allow to dry.						
13. Insert the needle of the insulin pen into the injection site, push the dose knob straight in to administer your insulin dose.						
14. HOLD THE DOSE KNOB 5 SECONDS while the insulin pen needle is still in residents skin. Removing the insulin pen too soon may result in an incorrect dose of insulin.						
15. Remove the needle						
16. Makes sure resident is comfortable						
17. Places call light with in reach of resident						
18. Reports changes in resident						
19. Documents procedure (site, time , amount of insulin.)						

_____/19 = ____%

ADDITIONAL GUIDELINES

Instructor's Signature _____ Date _____

Skill #33
Applying dressing to healed G or J tube

Student Name _____

Materials:

Gloves

Clean dressing 2x2 gauze

Tape

Cotton swab or Q tip/in Solution ordered

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physician's order						
2. Gather supplies						
3. Wash hands before administration.						
4. Identify the resident.						
5. Introduce yourself by name and title						
6. Explain the procedure to the person before beginning and during the procedure.						
7. Apply gloves						
8. Remove old dressing if needed. Inspect the area where the tube enters the skin. (Observe for redness, swelling, green or yellow drainage or excess skin growth around tube site.)						
a. Report any abnormal conditions to the nurse promptly before proceeding with procedure.						
b. A small amount of clear or tan drainage is normal.						
9. Clean the skin around the tube using cotton swab or Q-tip dipped in solution ordered by physician. Roll the cotton swab or q-tip around the G/tube or J/tube site to remove any drainage and /or crusting at the insertion site.						
10. Rinse the area and pat dry.						
11. Cut a Y shape in 2x2 dressing this will allows you to put the dressing around the tube. Secure with tape						
12. Anchor the end of the tube by placing a piece of tape around the tube and taping on the residents stomach						
13. Remove Gloves and wash hands.						
14. Makes sure resident is comfortable.						
15. Places call light with in reach of resident.						
16. Reports changes in resident						
17..Documents procedure.						

_____/17 = ____%

Instructor's Signature _____ Date _____

Skill #34
Emptying and changing colostomy

Student Name _____

Materials:

Gloves

Pouch adhesive wafer

Skin prep

Pouch (Bag)

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physician's order						
2. Gather supplies						
3. Wash hands before administration.						
4. Identify the resident.						
5. Introduce yourself by name and title						
6. Explain the procedure to the person before beginning and during the procedure.						
7. Apply gloves						
8. Open clamps, cuff the tail of the pouch and empty content of bag into basin or toilet. (Note character and amount of drainage. DO NOT DISCARD CLAMP.)						
9. Locate the stoma size pattern. With a pen, trace the size hole on the paper backing of the pouch adhesive. Cut out the opening.						
a. If stoma is round, use stoma guide to measure stoma. Use a size that is 1/8 inch larger than the stoma.						
b. If the stoma is not round-make a pattern. Use a piece of plastic transparent material and place over stoma or wound. Trace stoma or wound on transparency. Cut it out and label pattern head, feet, pouch side, skin side.						
c. Trace the pattern on the back of faceplate. Be sure to line up so that the tail of pouch will be in the appropriate direction.						
d. Cut around your pattern.						
10. Remove the paper backing from the pouch adhesive wafer.						
11. Remove old appliance gently, and wipe around the stoma with tissue.						
12. Dispose of the old appliance in a biohazardous plastic bag.						
13. Inspect skin. Wash area with warm water (DO NOT USE SOAP).						
14. Dry the skin carefully. Apply skin prep.						

Skill #34
Emptying and changing colostomy

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
15. Apply new appliance at the base of the stoma on the skin. Hold in place for approximately 2 minutes.						
a. Line opening of pouch with stoma and press down - being sure to clear the stoma.						
b. Use fingertips to seal down face plate immediately around stoma first, then around the paper border.						
c. Clamp closed.						
16. Dispose of waste materials and gloves. Wash your hands.						
17. Makes sure resident is comfortable.						
18.Places call light with in reach of resident.						
19. Reports changes in resident in skin at stoma, discoloration of the stoma, amount and type of drainage from stoma, resident reaction.						
20..Documents procedure.						

_____/20 = ____%

Instructor's Signature _____ Date _____

Skill #35
Conducting diabetic urine testing

Student Name _____

Materials:

Specimen (urine) within 30 minutes

Dip Ketodiastix

Gloves

Specimen cup

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physician's order						
2. Wash hands before administration.						
3. Identify the resident.						
4. Introduce yourself by name and title						
5. Explain the procedure to the person before beginning and during the procedure.						
6. Instruct the resident to void into the specimen container just before you will be conducting test.						
7. Help resident with peri care if needed .						
8. Makes sure resident is comfortable						
9.Places call light with in reach of resident						
10. Gather equipment to conduct test.						
11. Dip Ketodiastix into urine specimen and remove it immediately. Tap off excess urine.						
12. Hold the stick horizontal to prevent mixing the chemicals from the two areas.						
13. Wait exactly 15 seconds IMPORTANT : Exact time necessary for accurate results.						
14. Compare the color of the ketone section with the color chart on the bottle to determine results.						
15. After 30 seconds, compare the color of the glucose section with the color chart on the bottle to determine results IMPORTANT : exact timing is necessary for accurate results.						
16. Reports changes in resident						
17.Documents procedure.						

_____/17 = _____%

Instructor's Signature _____ Date _____

Skill #36

Apply dressing to minor skin tear

Student Name _____

Materials:

Steri strips 2x2 non-stick dressing

Skin prep Gauze roll

Q-tip Tape

Saline

Skills Steps	Satisfactory		Marginal		Unsatisfactory	
	Clinical	Practice	Clinical	Practice	Clinical	Practice
1. Verify Physician's order						
2. Wash hands before administration.						
3. Identify the resident.						
4. Introduce yourself by name and title						
5. Explain the procedure to the person before beginning and during the procedure.						
6. After nurse has assessed resident and instructed you to dress a minor skin tear. Gather your equipment.						
7. Apply gloves						
8. If the layer of skin is torn but still attached,						
a. Clean area with saline						
b. with q-tip replace the skin over the wound covering as much of the original surface as possible.						
c. apply skin prep						
d. cut steri strips to size you need and apply the around the wound.(By attaching the torn layer to intact skin pull them together as much as possible DO NOT PULL HARD, YOU DON'T WANT TO TEAR THE SKIN OFF.						
9. If there is no layer of skin.						
a. clean with saline						
b. apply a 2x2 non stick dressing and cover with a gauze bandage roll						
10. Remove gloves and wash hands						
11. Makes sure resident is comfortable						
12. Places call light with in reach of resident						
13. Documents procedure.						

_____/13 = ____%

Instructor's Signature _____ Date _____