

KENTUCKY MEDICAID NURSE AIDE

**Testing Procedures
Manual and Study Guide**

Effective:

7.1.2024 Examinations

KCTCS

Kentucky Community and Technical College System

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INTRODUCTION

This handbook is designed to provide nurse aide test candidates and nurse aide educators with general information about Kentucky's Nurse Aide Testing Program (KNAT). Any questions relating to the information in this handbook may be addressed to your local Medicaid Nurse Aide Coordinator.

There are three approved texts for the nurse aide training program. Each of the following textbooks and workbooks must be used in its most recent edition:

- Mosby's Textbook for Long-Term Care Nursing Assistants
- Hartman Publishing: Nursing Assistance Care: The Basics
- American Health Care Association (AHCA): How to be a Nurse Assistant

The competency evaluation is based on these texts. Each LTC facility-based nurse aide trainee shall acquire an individual copy of an approved text and workbook and shall not be charged for any portion of the costs incurred including books and the competency exam.

Regardless of which textbook is used, the skills will be evaluated as written in this study guide. It is highly recommended that you refer to the study guide throughout your training to ensure you are covering all steps, but especially critical criteria as notated with **bold text**.

This study guide is not intended to be viewed as the only correct way to complete a task. However, it is to be used as a guide for test candidates to demonstrate competency of a skill with an emphasis on safety and infection control. Points will be awarded or deducted based on each step of each skill as outlined in this study guide.

NURSE AIDE WEBSITE

The nurse aide website is located at <https://nurseaide.kctcs.edu>. This website contains valuable information for nurse aide students, test candidates, instructors, and facilities. This web address may be freely distributed.

The website contains but is not limited to such information as:

- Nurse Aide Study Guide
- Updates from the publishers to the textbooks
- Medicaid Services Manual
- Contact information for the KNAT Regional Coordinators
- Online testing information

Content is updated on a regular basis. Nurse Aide trainers are mandated to provide each student with access to the most current version of the study guide at no charge. Test candidates will be tested using skills from the most recent study guide regardless of when training was completed. It is the test candidate's responsibility to check for updates and changes prior to testing.

Test candidates may schedule their assessment at any testing location listed below. There is a website for Kentucky Nurse Aides. The website has questions for practice as well as all the links and info you will need about the certification and renewal. <http://hdmaster.com>. This website also has links to the testing site.

MEDICAID NURSE AIDE TEST COORDINATORS

West Kentucky Comm. & Tech College

4810 Alben Barkley Drive

Paducah KY 42002-7408

(270) 534-3888

wkctcnurseaide@kctcs.edu

Elizabethtown Comm. & Tech. College

620 College Street Road

Elizabethtown KY 42701

(270) 706-8464

ectcnurseaide@kctcs.edu

Madisonville Community College

Health Campus- 750 N. Laffoon Street

Madisonville KY 42431

(270) 824-1810

mccnurseaide@kctcs.edu

Henderson Community College

2660 South Green St.

Henderson KY 42420

(270) 831-9734

henccnurseaide@kctcs.edu

Owensboro Community & Technical College

4800 New Hartford Road

Owensboro KY 42301-3744

(270) 686-3797

octcnurseaide@kctcs.edu

Hopkinsville Community College

720 North Dr.

Hopkinsville KY 42240

(270) 707-3848

hopccnurseaide@kctcs.edu

Southcentral Kentucky Comm & Tech College

129 State Avenue

Glasgow KY 42141

(270) 901-1202

skynurseaide@kctcs.edu

Jefferson Community & Tech College

109 E. Broadway – HSH Room 450

Louisville KY 40202

(502) 213-3664

jctcnurseaide@kctcs.edu

Ashland Comm. & Tech College

1400 College Dr

Ashland KY 41101

(606) 326-2464

actcnurseaide@kctcs.edu

Gateway Community & Technical College

Edgewood Campus-790 Thomas Moore Parkway

Edgewood KY 41017

(859) 442-1196

gctcnurseaide@kctcs.edu

Big Sandy Comm. & Tech College

120 S. River fill Drive

Pikeville KY 41501

(606) 218-1256

bsctnurseaide@kctcs.edu

Maysville Community & Technical College

1755 US Hwy. 68

Maysville KY 41056

(606) 759-7141 ext. 66257

mctnurseaide@kctcs.edu

Hazard Comm. & Tech college

101 Vo-Tech Drive

Hazard KY 41701

(606) 487-3382

hctnurseaide@kctcs.edu

Somerset Community College

808 Monticello St.

Somerset KY 42501

(606) 451-6813

sccnurseaide@kctcs.edu

Southeast Kentucky Community & Tech College
Pineville Campus

10350 US HWY 25E

Pineville KY 40977

(606) 248-2159

skctnurseaide@kctcs.edu

Bluegrass Community & Tech. College District

164 Opportunity Way

Lexington KY 40511-2623

(859) 246-6489

bctnurseaide@kctcs.edu

*The Bluegrass District covers Lexington Danville
Lawrenceburg and Winchester*

MEDICAID NURSE AIDE TRAINING

OBRA

The nursing home reform provisions of the Omnibus Budget Reconciliation Act (OBRA) (42USC139 6 R) of 1987 established a requirement for a nurse aide training and competency evaluation program for nurse aides who are employed by nursing facilities. The Cabinet for Health and Family Services Department for Medicaid Services is the appointed regulatory authority.

A nurse aide is defined as any individual including a nursing student medication aide and one employed through a nursing pool providing nursing or nursing related services to facility residents who are not a licensed health professional or volunteer. There is a requirement for a registry of all individuals who have satisfactorily completed a nurse aide training and competency evaluation program or a nurse aide competency evaluation. The registry shall be established and shall be maintained by the Kentucky Board of Nursing.

In addition to the names of individuals having satisfactorily completed the nurse aide training and competency evaluation program the registry shall include information addressing any State findings concerning any individual resident abuse or neglect or misappropriation of resident's property and a brief statement (if any) by the aide disputing the findings.

COMPETENCY EVALUATION

The Kentucky Community and Technical College System (KCTCS) has responsibility for the final written or oral examination and the skills demonstration aspect of the competency evaluation.

The test questions are developed based on the state-approved curriculum with input from members of the Nurse Aide Training Advisory Committee. The test is validated by KCTCS to ensure its reflection of the material presented in the training. KCTCS also has responsibility to maintain the integrity of the test and the individual examinations.

The oral examination may be substituted for the written examination for persons with a documented limitation of literacy skills. The testing platform can read the question aloud to the individual. The audio selection must be checked off when scheduling the exam.

The skills-demonstration aspect of the examination must consist of a minimum performance of five (5) skills. These five (5) skills are randomly selected from a pool of evaluation items.

If a student has a disability, an alternate form of the test may be administered. The alternate form of the test must be requested by the nurse test candidate. This request must be submitted on the appropriate form obtained from your regional KNAT coordinator at least 2 weeks before the test date.

LATEX ALLERGY: If a student has a latex allergy, non-latex gloves may be requested by the nurse aide test candidate. This request must be submitted to the KNAT coordinator at least 2 weeks before the test date.

To satisfactorily complete the evaluation the student must:

1. Make a score of at least 70% on the timed (2hr limit) 75 multiple-choice written examination; and
2. Must successfully demonstrate at least five (5) procedures under the observation of an examiner with 70% accuracy. Some steps on the procedures are considered critical. These steps must be performed with 100% accuracy. **Bold type** has denoted these steps.

A test candidate who fails either part of the examination may reschedule to take the exam at the next available test date. If the test candidate fails the written test but passes the performance test, the candidate must repeat the written test only. If the test candidate fails the performance test but passes the written test, the test candidate is required to repeat the performance test including all five skills. An employed individual has only three (3) opportunities to pass the test within the initial four (4) month employment period. An individual not currently employed in long-term care has three (3) opportunities to successfully complete the competency evaluation and be placed on the registry within one year of completion of training. (This includes nursing students)

Once a student has passed an approved nurse aide training course their program coordinator will submit them for the competency evaluation test. Any issues with finding a testing session should be directed to the appropriate [KNAT coordinator](#).

REIMBURSEMENTS

Nurse Aides that meet all the following criteria may be entitled to reimbursement of a portion of your expenses to complete a nurse aide training program:

- If not employed by a long-term care facility or receive an offer of employment from a long-term care facility on the first day you start a nurse aide training program.
- Have incurred out-of-pocket expenses for a nurse aide training program.
- Become employed or receives an offer of employment from a long-term care facility within twelve (12) months of completing a nurse aide training program.

All questions about reimbursements are to be directed to your Long-Term Care Facility Administration after you become employed or receive an offer of employment. Your facility would be required to submit a MAP-576 to the Kentucky Department for Medicaid Services if you qualify.

RECORDS- Kentucky Nurse Aide Registry

Within thirty (30) days of satisfactory completion of the competency evaluation KCTCS shall notify the Kentucky Board of Nursing of the student's successful completion of the competency evaluation test. The Kentucky Board of Nursing will add the student to the Kentucky Nurse Aide Registry.

The student, the nursing facility program administrator, the training instructor, and the test coordinator will be notified by KCTCS of the competency evaluation test results.

The Kentucky Board of Nursing shall maintain on the registry the name of each student who has successfully completed the competency evaluation.

Registry toll free – Nurse Aides: 800-305-2042

Online verification: [Welcome - KBN \(ky.gov\)](#)

Registry (toll) - 502-429-3300

POST-TEST SURVEY

As a nurse aide test candidate your feedback is critical to reviewing and improving the testing experience. Please take a few minutes to complete a short and anonymous survey after you complete your testing session.

NURSE AIDE COMPETENCY GRADE APPEAL PROCESS

A formal process has been established for test takers to appeal their grades on the competency evaluation. When an appeal is filed one of two actions must be proven for the grade to be changed. You must prove one of the following:

- Inadequate Consideration – this means there was a proven problem with the evaluation.
- or**
- Breach of Procedure – this means the test center did not follow protocol.

When filing an appeal, please explain in detail why you are contesting your grade.

To review the current process and how to proceed please visit:

[Nurse Aide Resources | KCTCS](#)

CURRICULUM CROSS-WALKS

Detailed curriculum crosswalks for all three approved textbooks are located at <https://nurseaide.kctcs.edu/>.

The Kentucky Medicaid Nurse Aide Test consists of seventy-five (75) written multiple-choice test items which are taken from the following task list.

KENTUCKY MEDICAID NURSE AIDE TEST BLUEPRINT

Topic	Number of Questions
Safety	7
Communication	6
Infection Control	6
Client Rights	9
Data Collection	4
Basic Nursing Skills	10
Role / Responsibility	9
Disease Process	9
Mental Health	4
Personal Care	4
Care Impaired	5
Aging Process and Restorative Care	2

TIPS FOR THE WRITTEN TEST

There are several recommendations that may help you improve your ability to take a test. Here are some tips that are strongly recommended:

Get a good night's rest before the test.

Be familiar with the test directions. If anything in the directions is not clear, ask the test administrator to clarify. You will have a few minutes to ask questions before the test begins.

Think through each question. Read each question word for word. Consider all the answer choices. Do not choose the first answer that seems reasonable. Read and evaluate all choices to find the best answer to the question. Consider the next question before going on, but do not spend too much time on one. The TMU system allows you to bookmark questions to return to once you have completed the questions.

When selecting the best answer to a question do not read too much into the question. The questions are written to be clear and straightforward. They are not intended to be tricky or misleading.

If after considering all answer choices, the correct answer is not clear eliminate the choices, you know are incorrect and choose from the remaining answers. You may want to review the questions after you have completed the rest of the test.

Always guess even if you cannot eliminate any of the possible responses. Every question will be scored right or wrong. Your test score is based on the number of questions answered correctly. You do not lose points for incorrect answers so you will not be penalized for guessing.

Facilities and test candidates are encouraged to schedule the test, so they do not work 12 hours prior to the competency evaluation.

SAMPLE WRITTEN TEST ITEMS

Test Item:

1. A specimen collected by having the resident cough up a substance from the lungs and bronchial tubes is called:
 - A. saliva
 - B. mucus
 - C. sputum
 - D. spit

2. You see bruises on a resident's face. You should notify:
 - A. a state agency responsible for abuse
 - B. the charge nurses.
 - C. the family
 - D. the physician

TIPS FOR THE SKILLS TEST

The skills demonstration aspect of the examination must consist of a minimum performance of five randomly selected skills. Vital signs will always be a skill on the exam and BP and pulse will be performed on a **mechanical arm**. The student can request to perform BP and pulse on an actual person and the person will be determined by the evaluator. Three of the skills will be performed

together such as donning PPE, giving a bed bath and washing hands. One additional skill will be required. The order of these skills is at the discretion of the testing site and/or evaluator.

The following skills will be used for test purposes. At least 70% of the steps must be performed correctly in each skill. Some of the steps within a skill are considered critical and must be performed with 100% accuracy. Items listed in **bold type** are critical steps.

A critical step is defined as a step within a task that relates to the physical safety of the resident or nurse aide or medical asepsis (infection control).

Sequencing of steps will not be considered critical unless it becomes a physical safety or medical asepsis violation as defined above.

The skills test is not designed to teach. The skills test is designed to measure competency. No help will be given during the evaluation session.

All test candidates are expected to complete the skills in a timely manner. At the evaluator's discretion you may be given a 5-minute warning to finish the current skill.

Evaluator interactions are extremely limited. You may ask your evaluator questions, but the evaluator may or may not be able to answer you.

Candidates often stop demonstrating skills to review the steps in their mind, but the evaluators cannot read your mind or intent. You may want to verbalize those steps aloud to ensure the evaluator understands your actions. Make sure you demonstrate each step. The same applies if you are quiet because you are finished. Please let the evaluator verbally know that you are finished with each skill.

For clarification of procedures test candidates are encouraged to refer to the procedure checklist in your workbook.

Promoting Safety and Comfort:

Safety

You raise the bed to give care. Follow these safety measures to prevent the person from falling:

- For a person who uses bed rails – Always raise the far bed rail if you are working alone. Raise both bed rails if you need to leave the bedside for any reason.
- For the person who does not use bed rails – Ask a co-worker to help you.

The co-worker stands on the far side of the bed. This protects the person from falling.

- **Never** leave the person alone when the bed is raised.
- Always lower the bed to an appropriate position when you are finished giving care.

Comfort

The resident should be able to access items on the bedside stand and overbed table. Such items include the water pitcher and cup, tissues, phone, TV, and light controls.

Adjust the overbed table so it is within the person's reach. Ask if the person wants other items nearby. Place them on the overbed table too. Always make sure needed items including the signal light are within the person's reach.

Privacy

Always pull the privacy curtain and/or shut the door when providing care. At the end of providing care ask the resident how they prefer the curtain placed. Place the curtain in the preferred position whether open or closed.

Tidiness

When providing care always ensure that the residents room is left tidy. Straighten bed linens, over bed table, put away unnecessary items such as wash basin, extra clothing, unopened supplies, and grooming items.

*You will be expected to perform the skills as you would in a nursing home setting. When water is required, water may be used. All candidates will be required to perform Hand Hygiene skills. The evaluator will inform you after you have performed hand hygiene for the first time that you should tell him or her when you would perform hand hygiene during your performance of the rest of the skills rather than washing them for each skill. No other steps will give you credit for verbalizing to the evaluator what you would do or for simulating the step unless noted in this study guide next to that step within a skill. **To receive credit for all other steps you must demonstrate the step.***

TEST REGISTRATION PROCESS

Once you have completed the NAA class successfully your instructor will enter your Name, phone number and email address into the web-based testing system. <http://ky.tmutest.com>. You will get an email to set up an account. Once you have an account you can go in and register. If you are paying for the exams the system allows you to pay online with a credit card. In the event your facility of training is paying, once the testing fee is paid, you can go into the system and schedule at the testing facility of your choice.

The test will consist of five of the skills listed in the Skills List document. Three of the five skills will be in a scenario format with two additional skills being done independent of the scenario.

TEST ADMINISTRATION PROCEDURES

1. Each candidate is to be at the test location and ready to begin the test by the starting time. A candidate arriving late may be considered a "no-show".
2. Only the candidates who are on the official roster will be allowed to take the written and/or performance test(s).
3. When arriving at the test site candidates shall present to the competency evaluation proctor the following documents that are outlined on the [Homeland Security I-9 form](#) to verify employability in the United States.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C:

- Documents that establish both Identity and Employment Authorization, OR
- Documents that establish Identity; AND Documents that establish Employment Authorization
- All personal documents shall identify the individual's matching full name to include middle initial.

Please note that a letter from a Social Security Administration field office stating a test candidate applied for a replacement social security card will not be accepted as proof of the candidate's social security number or identity.

Candidate's identity documents including the social security card must be in good condition. Good condition is defined as: A condition that allows the test proctor to establish the candidate's identity and validity of the document. The condition of the documents is to be determined by the test proctor and is at their total discretion. Photos of documents are not acceptable.

Candidates that arrive at the test site without the proper ID's will not be allowed to test and will be required to reschedule their assessment and will forfeit all testing fees

Candidates that present fraudulent identification documents for testing will forfeit all testing fees and may be reported to the proper authorities.

In the case of an official Federal Government shutdown that impacts the issuance of Social Security Cards the following guidelines will be followed:

- If an individual's training is set to expire during the shutdown the training date shall be extended for a period not to exceed the # of days, the Federal Government ceased to issue Social Security Cards. Nurse Aide training expires one year from the date of completion.
- If an individual is currently employed at a facility and will be removed from direct patient care due to exceeding the 120-day requirement to be listed on the KY Nurse Aide Registry, the employing facility may present a photocopy of the individual's Social Security Card. Copies from individual testers will not be accepted. However, verifying identity based on name matching between identity documents is still required.

All others that fall outside the guidelines listed above will be required to follow normal testing procedures outlined in this study guide. No other exceptions will be made.

1. Test-related materials that are needed will be supplied. Candidates are NOT allowed to bring reference materials etc. into the test room or holding room. Candidates cannot use or use any notes or other types of references during the test.
2. No supplied test materials documents or notes of any kind may be removed from the examination room.

3. Any candidate observed giving or receiving assistance of any kind during the test will be dismissed and his/her test results will be declared null and void.
4. Cell phones are required to be off and put away while testing. Any candidate observed using a cell phone in the written test area performance test area holding room or any other designated testing area will be dismissed, and his/her test results will be declared null and void. The candidate will be required to re-schedule and re-pay for their assessment.
5. Test candidates are to always exhibit professional behavior. Any candidate behavior deemed disruptive to the testing process will be dismissed and his/her test results declared null and void. The candidate will be required to re-schedule and re-pay for their assessment. Disruptive behavior is to be determined by the test proctor at their sole discretion. Electronic translating dictionaries are not allowed for use during testing. Hard copy translating dictionaries will be reviewed. Any dictionaries with hand-written notes will not be allowed for use during testing.
6. The test monitor will orient the candidates as a group prior to testing.
7. At the end of time for each section of the test the candidate will turn in all test materials to the monitor.
8. Payments for nurse aide testing that returned and not honored, the assessment(s) will not be graded. You will have 30 days to pay for the test or it will be voided. You will be required to reschedule your assessment and repay your test fee.
9. This information is current as of the date it is printed. Regional Coordinators and Test administrators will follow the information contained in the current version of the document. The current version is available on the nurse aide website <https://nurseaide.kctcs.edu/nurse-aide-resources/student-resources.aspx>.
10. Testing may take several hours. Please contact your local testing center about the availability of vending and change machines. If vending machines are not available, please feel free to bring your own drinks and snacks.
11. Electronic watches and similar wearable electronic devices are required to be removed prior to testing. Any candidate observed using a wearable electronic device in any designated testing area will be dismissed and their test results will be declared null and void. The candidate will be required to re-schedule and re-pay for their assessment.

NOTIFICATION OF TEST SCORES

Each candidate will receive notification of test scores via email. **The candidate can log into their account on ky.tmutest.com to view their results.** The Medicaid nurse aide test coordinator and the training facility will have access to the candidate's test results on the testing platform. If the candidate has successfully completed both the written and the performance tests of the Medicaid Nurse Aide Competency Evaluation their name will be available (**within 30 days**) to the Kentucky Nurse Aide Registry at the Kentucky Board of Nursing. If any test retakes are necessary information will be provided to the candidate. No other agency or individual will be provided individual test scores without the

expressed written request of the test candidate. Test results should be posted each evening by 6pm EST. Please check the testing platform, junk, and spam folders in your email, and allow 72 business hours before reaching out for results.

RENEWAL OF REGISTRATION

The Kentucky Board of Nursing shall renew a nurse aide's registration at least once every two (2) years. The nurse aide will be notified when their renewal of registration is pending. For that office to locate a nurse aide it is important that whenever the nurse aide has a change of name and/or address the aide should contact that office immediately. The address for the Kentucky Nurse Aide Registry is 312 Whittington Parkway Suite 300-A Louisville KY 40222- 5172.

If for whatever reason you are unable to change your status on the Nurse Aide Registry from expired to current and in good standing your only option is to repeat the 75-hour nurse aide course with an approved provider and successfully complete the NATCEP again.

KRS 216.789 PROHIBITION AGAINST EMPLOYING CERTAIN FELONS

216.789 Prohibition against employing certain felons at long-term care facilities, health care services agencies providing staff to nursing facilities, or in assisted living communities -- Preemployment check with Justice and Public Safety Cabinet -- Temporary employment. (1) No long-term care facility as defined by KRS 216.535(1), health care services agency providing staff to a nursing facility, or assisted living community shall knowingly employ a person in a position which involves providing direct care services to a resident or client if that person has been convicted of a felony offense related to theft; abuse or sale of illegal drugs; abuse, neglect, or exploitation of an adult; or a sexual crime. (2) A nursing facility, health care services agency providing staff to a nursing facility, or assisted living community may employ persons convicted of or pleading guilty to an offense classified as a misdemeanor if the crime is not related to abuse, neglect, or exploitation of an adult. (3) Each long-term care facility as defined by KRS 216.535(1), health care services agency providing staff to a nursing facility, or assisted living community shall request all conviction information from the Justice and Public Safety Cabinet for any applicant for employment pursuant to KRS 216.793. (4) The long-term care facility, health care services agency providing staff to a nursing facility, or assisted living community may temporarily employ an applicant pending the receipt of the conviction information.

Effective: July 14, 2022

History: Amended 2022 Ky. Acts Ch. 110, sec. 11, effective July 14, 2022. -- Amended 2007 Ky. Acts Ch. 85, sec. 248, effective June 26, 2007. -- Amended 2000 Ky. Acts Ch. 141, sec. 17, effective July 14, 2000. -- Amended 1998 Ky. Acts Ch. 189, sec. 4, effective July 15, 1998; and Ch. 380, sec. 2, effective July 15, 1998. -- Created 1994 Ky. Acts Ch. 427, sec. 4, effective July 15, 1994.

The Kentucky Community and Technical College System does not discriminate based on race color national origin sex disability age religion or marital status in training activities or employment practices in accordance with Title VI of the Civil Rights Act of 1964 Title IX of the Education Amendments of 1972 Section 504 of the Rehabilitation Act of 1973 Title VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1991.

SKILLS LIST DOCUMENT

NOTE: Leaving the resident in a position of safety and comfort:

Safety

You raise the bed to give care. Follow these safety measures to prevent the person from falling:

- For a person who uses bed rails – Always raise the far bed rail if you are working alone. Raise both bed rails if you need to leave the bedside for any reason.
- For the person who does not use bed rails – Ask a co-worker to help you. The co-worker stands on the far side of the bed. This protects the person from falling.
- **Never** leave the person alone when the bed is raised.
- Always lower the bed to an appropriate position when you are finished giving care.

Comfort

The resident should be able to access items on the bedside stand and overbed table. Such items include the water pitcher and cup, tissues, phone, TV, and light controls.

Adjust the overbed table so it is within the person's reach. Ask if the person wants other items nearby. Place them on the overbed table too. Always make sure needed items including the signal light are within the person's reach.

Privacy

Always pull the privacy curtain and/or shut the door when providing care. At the end of providing care ask the resident how they prefer the curtain placed. Place the curtain in the preferred position whether open or closed.

Tidiness

When providing care always ensure that the residents room is left tidy. Straighten bed linens, over bed table, put away unnecessary items such as wash basin, extra clothing, unopened supplies, and grooming items.

You will be expected to perform the skills as you would in a nursing home setting. When water is required, water may be used. All candidates will be required to perform Hand Hygiene skills. The evaluator will inform you after you have performed hand hygiene for the first time that you should tell him or her when you would perform hand hygiene during your performance of the rest of the skills rather than washing them for each skill. No other steps will give you credit for verbalizing to the evaluator what you would do or for simulating the step unless noted in this study guide next to that step within a skill. **To receive credit for all other steps you must demonstrate the step.**

Applying an Anti-Embolus Stocking

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
- 3. Raise bed height for good body mechanics. Provide for resident safety.**
4. Provides for resident privacy by only exposing one leg.
5. Rolls, gathers, or turns stocking down and inside out to at least the heel.
6. Places stocking over the resident's toes, foot, and heel.
7. Rolls OR pulls stocking up the leg, adjusting as needed.
8. Check toes for possible pressure from stocking.
- 9. Ensure the stocking is smooth and wrinkle free.**
- 10. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 11. Performs hand hygiene. Report and record.**
12. Maintain respectful, courteous, interpersonal interactions at all times.

Bed Bath-Full

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
3. Fill bath basin 2/3 full of warm water.
- 4. Raise bed height for good body mechanics. Provide for resident safety.**
- 5. Don gloves.**
6. Position resident in supine position.
7. Provide privacy throughout bath by using a bath blanket or top sheet if bath blanket not available.
8. Place towel across resident's chest. Remove the gown without exposing the resident.
9. Make mitten of washcloth and wet with water; squeeze out excess.
10. Wash the residents' eyes first. Wipe from inner corner and work out. Use different areas of the mitten for each wipe and each eye.
11. Wash, rinse, and pat dry the face.
12. Wash, rinse, and pat dry the ears and the neck.
13. Expose the arm farthest from the side. Place bath towel under arm up to axilla.
14. Place basin of water on bed and immerse resident's hand in water and wash. Remove the basin and dry the hand well.
15. Wash, rinse, and pat dry the shoulder, axilla, and arm.
16. Repeat steps 13,14, & 15, for nearest arm. (May verbalize this step)
17. Place towel on chest and fold bath blanket to waist.
18. Wash, rinse, and pat dry chest while lifting towel.
19. Fold bath blanket to pubic area; keep chest covered with towel.
20. Wash, rinse, and pat dry abdomen. Remove the towel and cover with bath blanket or top sheet. Remove gloves.
- 21. Provide for resident safety. Change the bath water. Don gloves.**
22. Expose the far leg, flex leg and place bath towel lengthwise under the leg up to the buttocks.
23. Place basin on towel and put foot into it. Support leg at knee joint with hand.
24. Wash and rinse the leg and foot.
25. Remove basin of water and pat dry leg, foot, and between toes.
26. Repeat steps 22, 23, 24, & 25 for nearest leg. (May verbalize this step) Remove gloves.
- 27. Provide for resident safety. Change the bath water. Don gloves.**
28. Assist resident to turn onto side away from nurse aide.
29. Fold the bath blanket or top sheet over the resident's side to expose the back and buttocks. Place towel parallel to resident's back.

30. Wash, rinse and pat dry back and buttocks. Remove gloves.
- 31. Provide for resident safety. Change the bath water for perineal care. Don gloves.**
- 32. Wash, rinse, and pat dry the perineum. (May verbalize, perineal care tested on separate skill). Remove gloves. Provide for resident safety. Perform hand hygiene.**
33. Apply lotion and deodorant.
34. Provide privacy while dressing the resident in a clean gown. Remove bath blanket or top sheet. Clean supplies and return to storage.
- 35. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 36. Perform hand hygiene. Cover all surfaces of hands with hand sanitizer. Rub hands together until completely dry.**
37. Report and record observations.
38. Maintain respectful, courteous interpersonal interactions always.

Bed Making- Occupied

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
- 3. Raise bed height for good body mechanics. Provide for resident safety.**
4. Don gloves if linens are soiled. (May verbalize)
5. Loosen the top bedding at the foot of the bed. Remove spread and/or blanket.
6. Provide privacy throughout bed making by using a bath blanket or top sheet.
7. Keep pillow under resident's head and turn resident onto side away from nurse aide.
8. Loosen bottom linen and fanfold each piece separately toward the resident's back.
9. Place the bottom fitted sheet lengthwise on the mattress with hem stitching downward.
10. Tuck the corner of the fitted sheet over the head and foot of the mattress; tuck the sheet under the mattress from the head to the foot. Fanfold the middle toward the resident's back.
11. Place a drawsheet with seams facing downward on the middle of the mattress and fanfold toward the resident's back. Tuck the excess drawsheet under the mattress.
- 12. Provide for resident safety and move to the opposite side of the bed.**
13. Explain and assist resident to turn onto side away from nurse aide reassuring resident they will roll over a bump in the middle of the bed. Adjust the pillow for comfort.
14. Loosen bottom linens and remove one piece at a time. Place in laundry bag or hamper. Do not allow soiled linen to touch your uniform or be placed on the floor.
15. Pull the clean fitted sheet toward the edge of bed and tuck the corner over the head and foot of the mattress. Tuck the sheet under the mattress from the head to the foot.
16. Tightly pull the drawsheet toward the side of bed and smooth all wrinkles. Tuck the excess under the mattress.
17. Assist the resident to center of bed. Adjust pillows for comfort.
18. Place clean top sheet over bath blanket or top sheet with the hem stitching facing upward; ask resident to hold or tuck under resident's shoulders. Remove bath blanket or privacy top sheet. Place in laundry bag or hamper. Replace blanket/spread.
19. Tuck sheet, blanket, and bedspread at foot of bed under mattress and miter corners on each side. Make a toe pleat allowing for movement of resident's feet.
20. Change pillowcase(s) and place pillow under resident's head. Clean and return supplies to storage.
- 21. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 22. Performs hand hygiene. Report and record.**
23. Maintain respectful, courteous interpersonal interactions always.

Bed Making-Unoccupied/Closed-with fitted sheets.

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
2. **Perform hand hygiene.**
3. **Raise bed to best level for good body mechanics. Don gloves, if linen is soiled (may verbalize)**
4. Remove linens from bed, rolling linen away from you so that the surface that touched the resident is inside the roll. Place in laundry bag or hamper.
5. Place the bottom sheet on the mattress. Face hem stitching downward.
6. Tuck the corner of the fitted sheet over the head and the foot of the mattress. Make sure the sheet is tight and smooth. Tuck the sheet under the mattress from the head to the foot.
7. Place the drawsheet in the middle of the mattress.
8. Open the draw sheet and fanfold to the other side of the bed.
9. Tuck drawsheet and go to the other side of the bed.
10. Pull the bottom sheet tightly to smooth out wrinkles. Tuck the corner of the fitted sheet over the head and the foot of the mattress. Tuck the sheet under the mattress from the head to the foot.
11. Pull the draw sheet tightly and tuck in the sheet.
12. Place the top sheet on the bed. Unfold it lengthwise. Place the center crease in the middle. Place the sheet evenly with the top of the mattress. Open the sheet and fanfold the extra toward the other side. Face hem stitching upward away from resident.
13. Place the bedspread on the bed with the upper hem even with the top of the mattress. Open and fanfold extra to the other side.
14. Observing from the door, make sure the bedspread is even and covers all top linens.
15. Tuck in the linens together at the foot of the bed. Make a mitered corner.
16. Go to the other side of bed. Straighten all top linen, tucking in top linens Make a mitered corner.
17. Put pillowcase on pillow and place on bed with open end away from the door.
18. Lower bed to lowest position. Clean and return supplies.
19. **Place call light within reach.**
20. **Performs hand hygiene. Report and record.**

Brief Change

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather Supplies.
- 2. Perform hand hygiene.**
- 3. Raise bed height for good body mechanics. Provide for resident safety.**
- 4. Don gloves.**
5. Provide privacy by providing bath blanket or top sheet.
6. Turns resident or raises hips and places a waterproof pad under resident's buttocks. Exposes perineal area only.
7. Remove the soiled brief and place in a trash bag.
8. Provides peri care. (May verbalize)
- 9. Change gloves.**
10. Apply the new brief. Ensure the brief is even on both sides of the resident (manikin).
11. While resident is still turned, safely removes waterproof pad from under resident's buttocks.
- 12. Removes gloves.**
13. Clean and return supplies to storage.
- 14. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 15. Performs hand hygiene. Report and record.**
16. Maintains respectful, courteous interpersonal interactions always.

Catheter Care

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
- 3. Raise bed height for good body mechanics. Provide for resident safety.**
- 4. Don gloves**
5. Provide privacy by providing bath blanket or top sheet.
6. Places waterproof pad underneath the resident.
7. Lifts resident's gown to expose catheter area.
8. Check to see that urine can flow, unrestricted, into the drainage bag. (It would be helpful to verbalize checking while looking for kinks in tubing, etc.)
9. Use a washcloth with soap and water to carefully wash around the catheter where it exits the urethra (meatus).
- 10. While holding the catheter near the meatus, use a clean portion of the washcloth and clean around urethra and at least 3-4 inches down the catheter.**
- 11. While holding the catheter, use a clean portion of the washcloth and rinse around the meatus and at least 3-4 inches down the catheter.**
12. Pat dry.
13. Do not allow the tube to be tugged/pulled at any time during the procedure.
14. Remove waterproof pad. Secure catheter properly.
- 15. Remove gloves.**
16. Replace top cover over resident. Remove bath blanket or top sheet.
- 17. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
18. Clean and Return supplies.
- 19. Performs hand hygiene. Report and record.**
20. Maintains respectful, courteous interpersonal interactions always.

Clearing the Obstructed Airway - Conscious Adult

1. Ask the victim if they are choking.
2. Ask the victim if they can cough or speak.
3. Stand behind the victim.
4. Wrap your arms around the victim's waist.
5. Grasp your fist with your other hand. Place the thumb side of the fist against abdomen. The fist is in the middle, above the navel & well below the end of the sternum.
6. Press your fist and hand into the victim's abdomen with a quick, upward thrust.
7. Repeat the abdominal thrust until the object has been expelled or the victim loses consciousness.

Denture Care - Cleaning Upper or Lower Denture

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather Supplies.
- 2. Perform hand hygiene.**
- 3. Raise the bed to the fowlers position.**
- 4. Don Gloves**
5. Place a towel over the resident's chest. Assist the resident with removing dentures and place the dentures in a kidney basin.
- 6. Lines bottom of the sink with a protective lining that would help prevent damage to the dentures. (Towel or washcloth)**
7. Fill the sink with water. Apply denture cleanser (paste) to denture brush (or toothbrush).
8. Handles dentures carefully to avoid damage.
9. Rinses denture under cool/warm running water. (not hot)
10. Thoroughly brush all surfaces of upper or lower denture.
11. Rinses all surfaces of denture under cool/warm running water.
12. Rinses denture cup and lid.
13. Place denture in rinsed cup, add cool clean water to denture cup, and replace lid.
14. Put denture cup in the top drawer of the bedside stand.
15. Discards sink protective lining and towel from the patient's chest in an appropriate container.
- 16. Change gloves.**
17. Assist the resident with mouthcare. Clean and return supplies to storage.
- 18. Remove gloves.**
- 19. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 20. Performs hand hygiene. Report and record.**
21. Maintains respectful, courteous interpersonal interactions always.

Donning and Doffing PPE

1. Remove watch and all jewelry, roll up sleeves.
- 2. Perform hand hygiene.**
3. Unfold Gown
4. Face the back opening of the gown.
5. Place arms through each sleeve.
6. Secure the neck opening.
- 7. Secure gown at the waist, making sure that the back flaps cover clothing as completely as possible.**
8. Gown should completely cover the back with use of a second gown if necessary. (may verbalize)
- 9. Don gloves. The cuffs of the gloves overlap cuffs of gown.**
10. Provide care.
- 11. Remove gloves before removing gown with one glove hand grasping the other glove at the palm to remove.**
- 12. Slip fingers from ungloved hand underneath cuff of remaining glove at the wrist and remove glove turning inside out as it is removed.**
13. Dispose of gloves in the trash container without contaminating self
14. Undo gown at neck and waist.
- 15. Pull the gown down from each shoulder towards the same hand, without touching the front of the gown.**
- 16. While removing the gown, roll the gown down away from the body keeping it inside out. Gown should not touch the floor.**
17. Dispose of gown in designated container without contaminating self.
- 18. Perform hand hygiene.**

Dressing Resident w/an Affected (Weak) Side

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
- 3. Raise bed height for good body mechanics. Provide for resident safety.**
4. Don gloves if clothing is soiled. (may verbalize)
5. Cover the resident with a bath blanket or top sheet and remove top linens. Keep resident covered while removing gown.
- 6. Removes gown from unaffected (strong) side first and place gown in designated soiled linen container/bag.**
7. Removes gloves if worn. (may verbalize)
- 8. When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.**
9. Dress the resident in a button-up shirt. Insert hand through the sleeve of the shirt and grasp the hand of the resident.
- 10. When dressing the resident in pants, always dress the affected (weak) side leg first.**
11. Assists the resident to raise her/his buttocks or turn the resident from side-to-side and draw the pants over the buttocks and up to the resident's waist.
12. Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.
13. Leaves the resident comfortably/properly dressed. (Pants pulled up to the waist front and back and the shirt is completely buttoned.)
- 14. Leaves the resident in a position of safety and comfort. Place call light within easy reach of the unaffected side.**
- 15. Performs hand hygiene. Report and record.**
16. Maintains respectful, courteous interpersonal interactions always.

Emptying a Urinary Drainage Bag

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
- 3. Don gloves.**
4. Place a barrier on the floor under the drainage bag.
5. Place the graduate on the previously placed barrier.
6. Open the drain to allow the urine to flow into the graduate until the bag is completely empty.
7. Avoid touching the graduate with the tip of the tubing.
8. Close the drain.
9. Wipe the drain with alcohol wipes after emptying the drainage bag.
10. Place the graduate at eye level and measure output.
11. Empty graduate into designated toilet/commode. Clean and disinfect graduate.
12. Return equipment to storage.
- 13. Remove and discard gloves.**
- 14. Record the amount of urine output in ml's. Must be within 25 ml of RN test observers' measurement.**
- 15. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 16. Performs hand hygiene. Report and record.**
17. Maintain respectful, courteous interpersonal interactions always.

Feeding a Dependent Resident

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform Hand Hygiene**
3. Verifies a resident's name matches the name on the dietary card.
4. Verify items on the tray matched the dietary card.
- 5. Positions the resident in an upright, sitting position, BEFORE feeding. At least 75-90 degrees (high fowlers)**
6. Protects clothing from soiling by using napkin, clothing protector, or towel.
- 7. Provides hand hygiene for the resident before feeding.**
8. Prepare food for eating. Cut food into bite-sized pieces. Season foods as the resident prefers and are allowed per the care plan.
9. Sits in a chair, facing the resident, while feeding the resident.
10. Describes the foods being offered to the resident.
11. Offers small amounts of food at a reasonable rate.
12. Offers fluid frequently.
13. Allows resident time to chew and swallow.
14. Encourage the resident to eat as much as possible.
15. Wipes resident's hands and mouth as needed during the meal.
16. Removes clothing protector and place in designated laundry hamper. If napkin, dispose in trash container.
- 17. Leaves resident sitting upright in bed with the head of the bed set up to at least 75-90 degrees (high fowlers)**
- 18. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 19. Performs hand hygiene. Report and record food and fluid intake.**
20. Maintains respectful, courteous interpersonal interactions always.

Giving Nail Care

1. Knock before entering the room. Identify and greet the resident. Explain procedures. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
3. Fill the kidney basin with warm water.
- 4. Don Gloves**
5. Position the over-bed table in front of the seated resident. It should be low and close to the resident.
6. Place the kidney basin on the over bed table on top of the paper towels.
7. Put the resident's fingers into the basin. Position the arms so that he or she is comfortable.
8. Let the fingernails soak for 5 to 10 minutes (May verbalize without waiting) Re-warm the water as needed.
9. Clean under the fingernails with the orange stick.
10. Remove the kidney basin. Dry the resident's fingers thoroughly.
11. Clip fingernails straight across with nail clippers.
12. Shape nails with an emery board or nail file.
13. Push cuticles back with a washcloth or orange stick.
14. Clean and return supplies.
- 15. Remove gloves.**
- 16. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 17. Performs hand hygiene. Report and record.**
18. Maintains respectful, courteous interpersonal interactions always.

Giving the Bedpan

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
- 3. Raise bed height for good body mechanics. Provide for resident safety.**
- 4. Don gloves.**
5. Position a waterproof pad under the resident.
- 6. Position resident on bedpan safely and correctly. (Pan not upside down, is centered, etc.) Remove gloves.**
7. Raise the head of the bed to a comfortable level.
8. Leave tissue within reach of the resident.
- 9. Leave the resident in a position of comfort and safety.**
- 10. Leave a call light or signaling device within reach of the resident. Lower bed for safety. Perform hand hygiene.**
11. Step behind the privacy curtain to provide privacy for the resident.
12. Return when the resident is ready.
- 13. Performs hand hygiene.**
- 14. Raise bed height for good body mechanics. Provide for resident safety.**
- 15. Lower the head of the bed. Don gloves.**
16. Gently remove the bedpan and cover.
17. Provide peri-care. (may verbalize)
18. Remove waterproof pad.
- 19. Remove gloves.**
20. Provide hand hygiene for the resident.
- 21. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
22. Clean and return equipment/supplies.
- 23. Performs hand hygiene. Report and record.**
24. Maintain respectful, courteous interpersonal interactions always.

Hand Hygiene

1. Remove jewelry and push sleeves up arm 4-5 inches. Turn on the water and adjust to a warm temperature.
2. Wet hands and wrists thoroughly.
3. Apply soap to your hands.
4. Rub hands together using friction with soap.
- 5. Scrub/wash hands together for at least twenty (20) seconds with soap.**
6. Scrub/wash with interlace fingers pointing downward with soap.
7. Wash all surfaces of hands with soap.
8. Wash wrists with soap.
9. Clean fingernails by rubbing fingertips against palms of the opposite hand.
10. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.
- 11. Pat dry starting at the fingertips, dry fingers, hands, and wrists on clean paper towel(s). Do not re-contaminate by drying from wrists to fingertips.**
12. Discard paper towels to trash container as use.
- 13. Turn off faucet with a clean, dry paper towel and discard paper towel to trash container as used.**
- 14. Do not re-contaminate hands at any time during the hand washing procedure. (Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)**

Measure & Record Voided Output

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
- 3. Don gloves.**
4. Place paper towel barrier under the graduate on flat, level surface and pour contents of bedpan or bedside commode into graduate.
5. With graduate at eye level, measure output.
6. Rinse equipment used and empty rinse water into the designated toilet/commode.
7. Clean and return all equipment to storage.
- 8. Remove gloves and discard.**
- 9. Record output in milliliters on recording form, must be within 25 ml of RN measurement.**
- 10. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 11. Performs hand hygiene. Report and record.**
12. Maintain respectful, courteous interpersonal interactions always.

Partial Bed Bath (assisting resident with bath)

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
3. Fill basin with warm water and place on over-bed table.
4. Raise the head of the bed so resident can bathe comfortably.
5. Cover the resident with a bath blanket or top sheet and remove top linens. Help the resident remove the gown or pajamas.
6. Position the over-bed table so the resident can easily reach the basin and supplies.
7. Ask the resident to wash easy-to-reach body parts. Explain that you will wash the back and those areas that cannot be reached.
- 8. Attach call light.**
- 9. Perform hand hygiene.**
10. Return to the resident's room when the call light is on. Perform hand hygiene. (may verbalize)
- 11. Don gloves. Change bath water. Remove gloves.**
- 12. Raise bed height for good body mechanics. Provide for safety.**
13. Assist resident to wash areas that could not be reached. (may verbalize, including the use of gloves if needed).
14. Apply deodorant and lotion.
15. Help the resident put on clean clothes, a gown, or pajamas and remove bath blanket or top sheet.
- 16. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
17. Empty, clean and store supplies appropriately.
- 18. Perform hand hygiene and report & record observations.**
19. Maintain respectful, courteous interpersonal interactions always.

Passive Range of Motion Exercise for the Shoulder

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy.
- 2. Perform hand hygiene.**
- 3. Raise bed height for good body mechanics. Provide for resident safety.**
4. Position resident supine (bed flat).
5. Correctly always support joints by placing one hand under the resident's elbow and the other hand under the resident's wrist
6. Gently raise the resident's straightened arm up and over the resident's head to ear level. (flexion)
7. Gently bring the resident's arm back down to the side of the resident's body. (extension)
8. Gently moves the resident's entire arm away from the side of the resident's body to shoulder level. (abduction)
9. Gently returns resident's arm to the side of the resident's body. (adduction)
10. Gently bend the elbow and move the forearm down towards the body (elbow should be at the same level as the shoulder) (Internal rotation)
11. Gently move the forearm toward the head (external rotation)
12. Gently complete flexion, extension, abduction, adduction, internal and external rotation of the shoulder at least five times. Then go to the opposite side and perform ROM. (may verbalize)
- 13. Do not force any joint beyond the point of free movement.**
14. Candidate should ask at least once during the ROM exercise if there is/was any discomfort/pain.
- 15. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 16. Performs hand hygiene. Report and record.**
17. Maintains respectful, courteous interpersonal interactions always.

Passive Range of Motion for the Hip

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy.
- 2. Perform hand hygiene.**
- 3. Raise bed height for good body mechanics. Provide for resident safety.**
4. Position resident supine - bed flat. Remove top linens exposing only the hip and leg and provide for resident privacy.
5. Correctly support joints by placing one hand under the resident's knee and the other under the resident's ankle while performing ROM.
6. Gently raise the leg while bending the knee. (flexion)
7. Gently straighten and lower the resident's leg back down. (extension)
8. Gently move the resident's entire leg away from the body (abduction)
9. Gently return resident's leg toward the body (adduction)
10. Gently turn the leg inward (internal rotation)
11. Gently turn the leg outward (external rotation)
12. Gently complete flexion, extension, abduction, adduction, internal and external rotation of the hip at least five times. Then go to the opposite side and perform ROM. (may verbalize)
- 13. Do not force any joint beyond the point of free movement.**
14. Candidate should ask, at least once during the PROM exercise if there is/was any discomfort/pain.
- 15. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 16. Performs hand hygiene. Report and record.**
17. Maintains respectful, courteous interpersonal interactions always.

Perineal Care for a Female

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
3. Fill the basin with comfortably warm water.
- 4. Raise bed height for good body mechanics. Provide for resident safety.**
- 5. Don gloves.**
6. Place resident on her back. Fan fold linens to the bottom of the bed. Cover the resident with a bath blanket or top sheet. Turn resident or raise hips and place a waterproof pad under resident's buttocks.
7. Assist the resident to flex knees and spread legs, if able. Otherwise, help the resident to spread legs as much as possible with knees straight.
8. Wet the washcloths. Squeeze out excess water from the washcloth. Apply soap.
- 9. Separate the labia. Clean downward from front to back with one stroke**
10. Repeat steps 8 & 9 until the area is clean. Use a clean part of the washcloth for each stroke. Use more than one washcloth if needed.
- 11. Rinse the perineum with a clean washcloth. Separate the labia. Stroke downward from front to back.**
12. Pat the area dry with the towel.
13. Assist resident (manikin) to turn onto side away from the candidate.
14. Use a clean washcloth with water and soap (no peri-wash or no rinse soap allowed).
- 15. Wash from the vagina to the anus with one stroke. Repeat as necessary until clean with a clean area of the washcloth. Rinse and pat dry.**
16. Safely remove waterproof pad from under resident's buttocks.
- 17. Remove gloves and discard.**
18. Remove bath blanket or top sheet.
- 19. Leaves the resident in a position of safety and comfort. Lowers bed to lowest level. Place call light within reach.**
20. Clean and return equipment to storage.
- 21. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 22. Performs hand hygiene. Report and record.**
23. Maintain respectful, courteous interpersonal interactions always.

Perineal Care for a Male

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
3. Fill the wash basin with warm water.
- 4. Raise bed to a level for good body mechanics. Provide for resident safety.**
- 5. Don gloves.**
6. Place the resident on his back. Fan fold linens to the bottom of the bed. Cover the resident with a bath blanket or top sheet. Turn resident or raise hips and place a waterproof pad under resident's buttocks.
7. Wet the washcloths. Squeeze out excess water from the washcloth. Apply soap.
8. Grasp the penis. Retract the foreskin if the person is uncircumcised.
- 9. Clean the tip. Use a circular motion. Start at the urethra (meatus) and work outward. Repeat as needed. Use a clean part of the washcloth each time.**
10. Rinse the area with another washcloth.
- 11. Return the foreskin to its natural position, if uncircumcised.**
12. Clean the shaft of the penis. Use firm downward strokes away from the urinary meatus. Rinse the area.
13. Help the person flex his knees and spread his legs. Or help him spread his legs as much as possible with knees straight.
14. Clean the scrotum. Rinse well. Observe for redness and irritation in the skin folds.
15. Pat the penis and scrotum dry.
16. Help him lower his legs, cover him, and turn him onto his side away from you. Fold the bath blanket/towel back between his legs.
17. Wash, rinse, and pat dry the anal area. Wash from the scrotum to the anus with 1 stroke. Repeat as necessary until clean with a clean area of the washcloth.
18. Remove the waterproof pad and place in a trash bag/receptacle.
- 19. Remove and discard gloves.**
20. Cover the resident with top linen and remove bath blanket/towel.
- 21. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 22. Performs hand hygiene. Report and record.**
23. Maintain respectful, courteous interpersonal interactions always.

Position Resident in Bed on Side / Lateral

1. Knock before entering the room. Identify and greet residents. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
- 3. Raise the bed to an appropriate height for good body mechanics. Provides safety for the resident.**
- 4. Positions bed flat.**
5. From the working side of bed – gently moves resident's upper body toward self.
6. From the working side of the bed - gently moves resident's hips toward self.
7. From the working side of the bed - gently moves resident's legs toward self.
8. Places or adjusts pillow under resident's head for support.
9. Roll resident away from you.
10. Places support devices under the resident's upper hand and arm. (Pillow, rolled up blanket or towel, etc.)
- 11. Places to support devices behind the resident's back. (Pillow, rolled up blanket or towel, etc.)**
12. Places to support devices between resident's knees. (Pillow, rolled up blanket or towel, etc.)
13. Reposition the resident's arm and shoulder so that the resident is not lying on arm.
- 14. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 15. Performs hand hygiene. Report and record.**
16. Maintains respectful, courteous interpersonal interactions always.

Provide Oral Care to the Unconscious Resident

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
- 3. Raise the bed to a height for good body mechanics. Provide for resident safety.**
- 4. Turn the resident to a side lying position with their head turned well to the side to avoid choking or aspiration.**
- 5. Don gloves.**
6. Place a towel under the residents' face to cover the pillow and to prevent soiling.
7. Place emesis basin under the resident's chin.
8. Use swabs moistened with a cleaning solution (water). (May not use toothbrush or toothpaste)
9. Clean all surfaces of the teeth and gums using appropriate supplies.
10. Swab the roof of the mouth, inside of the cheeks, and the lips. (using a clean swab as needed)
11. Swab the resident's tongue.
12. Wipe the resident's mouth and remove the towel.
13. Apply moisturizer/lubricant to the resident's lips.
- 14. Remove gloves.**
- 15. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
16. Clean and return equipment to storage.
- 17. Performs hand hygiene. Report and record.**
18. Maintain respectful, courteous interpersonal interactions always.

Range of Motion Exercise- Elbow

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy.
- 2. Perform hand hygiene.**
- 3. Raise the bed to the best level for good body mechanics. Provide for resident safety.**
4. Position the resident in a comfortable supine position.
5. Correctly support the resident's wrist with one hand and the elbow with the other.
6. Flexion: bend the arm so that the same-side shoulder is touched.
7. Extension: straighten the arm.
8. Repeat flexion and extension at least 5 times. Then go to the opposite side and perform ROM. (may verbalize)
- 9. Do not force any joint beyond the point of free movement.**
10. Candidate should ask, at least once during the PROM exercise if there is/was any discomfort/pain.
- 11. Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
- 12. Performs hand hygiene. Report and record.**
13. Maintains respectful, courteous, interpersonal interactions always.

Range of Motion Exercise- Wrist

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy.
2. **Perform hand hygiene.**
3. **Raise the bed to level for good body mechanics. Provide for resident safety.**
4. Position the resident in a comfortable supine position.
5. Support the resident's wrist with both of your hands.
6. Flexion: Bend the hand down.
7. Extension: Straighten the hand.
8. Hyperextension: Bend the hand back.
9. Radial flexion: Turn the hand towards the thumb.
10. Ulnar flexion: Turn the hand toward the little finger.
11. Repeat flexion, extension, hyperextension, and radial and ulnar flexion 5 times.
12. Repeat steps for exercising the opposite wrist. (May verbalize this step)
13. **Do not force any joint beyond the point of free movement.**
14. Candidate should ask, at least once during the PROM exercise if there is/was any discomfort/pain.
15. **Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
16. **Performs hand hygiene. Report and record.**
17. Maintains respectful, courteous interpersonal interactions always.

Resident Positioning and Alignment- Fowler's

1. Knock before entering the room. Identify and greet the resident. Explain procedures. Provide privacy. Gather supplies.
2. **Perform hand hygiene.**
3. **Raise the head of the bed to a 45–60-degree angle.**
4. Keep the spine straight.
5. Support the head with a pillow.
6. Support the arms with pillows.
7. **Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
8. **Performs hand hygiene. Report and record.**
9. Maintains respectful, courteous interpersonal interactions always.

Resident Positioning and Alignment- Supine

1. Knock before entering the room. Identify and greet the resident. Explain procedures
Provide privacy.
2. **Perform hand hygiene.**
3. **Raise bed height for good body mechanics. Provide for resident safety.**
4. Place a pillow under the resident's head and shoulders.
5. Roll resident into supine position.
6. Position arms comfortably at each side.
7. **Leaves the resident in a position of safety and comfort. Place call light within easy reach.**
8. **Performs hand hygiene. Report and record.**
9. Maintains respectful, courteous interpersonal interactions always.

Shaving the Person's Face with a Safety Razor

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
- 3. Raise the bed to the best level for good body mechanics. Provide for safety.**
4. Fill the wash basin with warm water.
5. Place wash basin and needed supplies on the over bed table.
6. Position the resident in semi-fowlers or supine position.
- 7. Don gloves.**
8. Place a bath towel over the resident's chest and shoulders. If applicable, assist the resident to place dentures in mouth.
9. Wash the resident's face and do not dry.
10. Wet the washcloth and wring it out. Apply the washcloth to the face for 2-3 minutes to soften the facial hair. (may verbalize)
11. Apply shaving cream.
12. Hold the skin taught and shave in the direction of hair growth with long strokes on the larger areas of the face. Use shorter strokes around the chin and lips.
13. Rinse shaving cream off razor often.
14. Wash off any remaining shaving cream and pat dry the face with a towel. Verbalize observing for nicks, cuts, and irritation. Apply direct pressure if observed. Dispose of safety razor in the sharp's container.
15. Apply after-shave and lotion unless nicks or cuts are observed. Remove towel.
- 16. Remove gloves.**
- 17. Leave the resident in a position of comfort and safety. Place call light within easy reach.**
18. Clean and return equipment to storage.
- 19. Performs hand hygiene. Report and record.**
20. Maintains respectful, courteous interpersonal interactions always.

Transfer Resident from Bed to Wheelchair using a Transfer Belt

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
3. Place chair parallel to or at a 45-degree angle to bed.
4. Cover the chair with bath blanket or protective pad.
- 5. Lock the wheels of the wheelchair. Remove or lift footrests out of the way.**
- 6. Adjust the bed height to ensure that the resident's feet will be flat on floor when resident is sitting on the edge of the bed. lock bed wheels and raise head of bed (Fowler's position).**
7. Fanfold top linens to the foot of bed.
8. Assists resident to put on non-skid shoes/footwear.
9. Apply transfer belt. Checks transfer belt for tightness by slipping three fingers between transfer belt and resident.
10. Safely assist the resident to sit on the side of the bed in a dangling position.
11. Face the resident. Position feet to guard resident's feet from falling or sliding.
12. Grasp from underneath the transfer belt at each side.
13. Communicate timing of transfer by using a count of 1,2,3 with the resident.
14. Brings resident to standing position.
15. Assist the resident to pivot in a controlled manner that ensures safety.
16. Lowers resident into the wheelchair in a controlled manner that ensures safety.
- 17. Remove transfer belt. Position feet on footrests. Unlocks wheels of wheelchair.**
- 18. Leave the resident in a position of comfort and safety. Place call light within easy reach.**
- 19. Performs hand hygiene. Report and record.**
20. Maintain respectful, courteous interpersonal interactions always.

Transfer Resident from Wheelchair to a Bed

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
3. Place chair parallel to or at a 45-degree angle to bed.
- 4. Lock the wheels of the wheelchair.**
- 5. Remove the resident's feet from the footrest. Remove or lift footrests out of the way. Ensure the resident wears non-skid footwear.**
6. Remove the lap blanket.
- 7. Adjusts the bed height to ensure that the resident's feet will be flat on the floor when the resident is sitting on the edge of the bed. Locks bed brakes and raise the head of the bed to Fowler's position.**
8. Apply transfer belt. Checks transfer belt for tightness by slipping three fingers between transfer belt and resident.
9. Ask the resident to hold onto the armrests and lean forward. Grasp the transfer belt at each side.
10. Position feet to guard resident's feet from falling or sliding.
11. Ask the resident to push down on the armrests on a count of three. Pull the resident into a standing position as you straighten your knees.
12. Brings the resident to a standing position and supports the resident.
13. Turn the resident so they can reach the edge of the mattress. The back of the resident's legs should touch the mattress.
14. Lower resident onto the bed as you bend your hips and knees. The resident assists by leaning forward and bending the elbows and knees.
15. Remove the transfer belt and footwear. Assist the resident to lie down.
- 16. Leave the resident in a position of comfort and safety. Place call light within easy reach.**
17. Clean and return equipment.
- 18. Performs hand hygiene. Report and record.**
19. Maintain respectful, courteous interpersonal interactions always.

Vital Signs: Count and Record Resident's BP, Radial Pulse and Respirations (P&R)

1. Knock before entering the room. Identify and greet the resident. Explain procedure. Provide privacy. Gather supplies.
- 2. Perform hand hygiene.**
3. Position the resident seated/reclining.
4. Locates the resident's radial pulse by placing tips of fingers on thumb side of the resident's wrist.
5. Counts radial pulse for 30 seconds and multiply by 2. Or may count for one full minute.
- 6. Records radial pulse. (Recorded pulse must be within 4 of that obtained by the evaluator.)**
7. Counts respirations for 30 seconds and multiply by 2. Or may count for one full minute.
- 8. Records respirations. (Recorded respirations must be within 4 respirations of that obtained by the evaluator.)**
9. With resident seated/reclining have entire lower arm on a flat surface and expose the arm as much as possible.
10. Locate the resident's brachial artery at the inner aspect of elbow with fingertips.
11. Line cuff arrows up with resident's brachial artery. Ensure the cuff is fully deflated by squeezing cuff to expel any remaining air. Apply cuff at least one inch above the elbow.
12. Clean the earpieces and diaphragm of the stethoscope with an alcohol wipe.
13. Place the stethoscope diaphragm over the brachial artery.
14. Hold the stethoscope diaphragm snugly in place.
15. Inflate the cuff.
16. Slowly release air from cuff noting the systolic and diastolic reading.
17. Remove the cuff.
- 18. Record blood pressure. (Recorded BP must be within 4mm systolic and 4mm diastolic above or below the BP obtained by the evaluator.)**
- 19. Leave the resident in a position of comfort and safety. Place call light within easy reach.**
- 20. Performs hand hygiene. Report and record.**
21. Maintains respectful, courteous interpersonal interactions always.