



North Dakota Mock Skills

May 2025

Please note: The skill task steps included in this document are offered as guidelines to help prepare candidates for the North Dakota nurse aide skill test. The steps included herein are not intended to be used to provide complete care that would be all-inclusive of best care practiced in an actual work setting.

D&S Diversified Technologies - Headmaster

ASSIST A RESIDENT WITH A BEDPAN, MEASURE AND RECORD OUTPUT WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Explain the procedure to the resident.	
Provide privacy for the resident – pull the curtain.	
Put on gloves.	
Raise the bed height.	
Position the resident on the bedpan or fracture pan correctly. (<i>Pan is not upside down; it is centered, etc.</i>)	
Position the resident on a bedpan or fracture pan using correct body mechanics.	
Raise the head of the bed to a comfortable level.	
Place tissues within easy reach of the resident.	
Leave the call light or signal calling device within easy reach of the resident.	
Move to an area of the room away from the Actor.	
When the RN Test Observer indicates, the candidate returns.	
Wash/assist resident to wash hands. (<i>Using a wet washcloth or a disposable wipe.</i>)	
Place soiled linen in a designated laundry hamper or dispose of wipes.	
Lower the head of the bed.	
Gently remove the bedpan or fracture pan.	
Hold the bedpan or fracture pan for the RN Test Observer while the liquid is poured into it.	
Place the graduate on a level, flat surface.	
With the graduate at eye level, read the output.	
Record the output in mls on the previously signed recording form.	
The candidate's recorded output measurement is within 25mls of the RN Test Observer's pre-measured output amount.	
Lower bed.	
Empty equipment used in the designated toilet.	
Rinse the equipment used and empty rinse water into the designated toilet.	
Dry equipment used.	
Remove gloves, turning them inside out.	
Dispose of gloves in an appropriate container.	
Place the call light or signal calling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Wash hands: Turn on water.	

	Begin by wetting your hands.	
	Apply soap to hands.	
	Rub hands together using friction.	
	Rub your hands together for at least 20 seconds.	
	Using friction, rub interlaced fingers together while pointing downward.	
	Wash all surfaces of your hands with soap.	
	Wash wrists with soap.	
	Rinse hands thoroughly under running water with fingers pointed downward.	
	Dry hands with a clean paper towel(s).	
	Turn off the faucet with a paper towel.	
	Discard paper towel(s) in a trash container as used.	
	Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.	

DONN (PUT ON) AN ISOLATION GOWN AND GLOVES, THEN EMPTY A URINARY DRAINAGE BAG, MEASURE AND RECORD THE OUTPUT, DOFF (REMOVE) THE GOWN AND GLOVED WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Face the back opening of the gown.	
Unfold the gown.	
Place arms through each sleeve.	
Secure the neck opening.	
Secure the waist, ensuring the back flaps cover clothing as completely as possible.	
Put on gloves.	
Gloves overlap gown sleeves at the wrist.	
Knock on the door.	
Introduce yourself to the resident.	
Explain the procedure to the resident.	
Provide privacy for the resident – pull the curtain.	
Place a barrier on the floor under the drainage bag.	
Place the graduate on the previously placed barrier.	
Open the drain to allow the urine to flow into the graduate.	
Avoid touching the graduate with the tip of the tubing.	
Close the drain.	
Replace the drain in the holder.	
Place the graduate on a level, flat surface.	
With the graduate at eye level, read the output.	
Empty the graduate into the designated toilet.	
Rinse the equipment and empty it in the designated toilet.	
Return equipment to storage.	
Leave the resident in a position of comfort and safety.	
Record the output in mls on the previously signed recording form.	
The candidate's recorded output measurement is within 25mls of the RN Test Observer's pre-measured output amount.	
Place the call light or signal calling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Remove gloves, turning them inside out.	
Dispose of the gloves in an appropriate container.	
Unfasten the gown at the neck.	
Unfasten the gown at the waist.	
Remove the gown by folding the soiled area to the soiled area.	

	Bare hands never touch the soiled surface of the gown.	
	Dispose of the gown in the garbage can or place it in a designated container.	
	Wash hands: Turn on water.	
	Begin by wetting your hands.	
	Apply soap to hands.	
	Rub hands together using friction.	
	Rub your hands together for at least 20 seconds.	
	Using friction, rub interlaced fingers together while pointing downward.	
	Wash all surfaces of your hands with soap.	
	Wash wrists with soap.	
	Rinse hands thoroughly under running water with fingers pointed downward.	
	Dry hands with a clean paper towel(s).	
	Turn off the faucet with a paper towel.	
	Discard paper towel(s) in a trash container as used.	
	Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.	

PERINEAL CARE FOR A FEMALE RESIDENT WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Explain the procedure to the resident. (manikin)	
Provide privacy for the resident – pull the curtain.	
Fill a basin with comfortably warm water.	
Raise the bed height.	
Put on gloves.	
Direct the RN Test Observer to stand on the opposite side of the bed or raise the side rail on the opposite side of the bed.	
Turn the resident or raise their hips and place the barrier under their buttocks. The candidate will choose a barrier, such as a towel, waterproof pad, or Chux pad.	
Expose the perineum only.	
Separate labia.	
Use water and a soapy washcloth.	
Clean one side of the labia from top to bottom.	
Use a clean portion of a washcloth and clean the other side of the labia from top to bottom.	
Use a clean portion of a washcloth; clean the vaginal area from top to bottom.	
Use a clean washcloth and rinse one side of the labia from top to bottom.	
Use a clean portion of a washcloth; rinse the other side of the labia from top to bottom.	
Use a clean portion of a washcloth; rinse the vaginal area from top to bottom.	
Pat dry.	
Cover the exposed area with the bath blanket, gown, or a combination of both.	
Assist the resident in turning onto their side away from the candidate.	
Use a clean washcloth with water and soap.	
Clean only from the vagina to the rectal area.	
Use a clean portion of a washcloth with any stroke.	
Use a clean washcloth, and rinse from the vagina to the rectal area.	
Use a clean portion of a washcloth with any stroke when rinsing.	
Pat dry.	
Safely remove the barrier from under the buttocks.	
Position the resident (manikin) on its back.	
Lower bed.	

Place soiled linen in a designated laundry hamper.	
Empty equipment in the designated sink or toilet.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Remove gloves, turning them inside out.	
Dispose of gloves in an appropriate container.	
Place the call light or signal calling device within easy reach of the resident.	
Lower the side rail if it was used.	
Maintain respectful, courteous interpersonal interactions at all times.	
Wash hands: Turn on water.	
Begin by wetting your hands.	
Apply soap to hands.	
Rub hands together using friction.	
Rub your hands together for at least 20 seconds.	
Using friction, rub interlaced fingers together while pointing downward.	
Wash all surfaces of your hands with soap.	
Wash wrists with soap.	
Rinse hands thoroughly under running water with fingers pointed downward.	
Dry hands with a clean paper towel(s).	
Turn off the faucet with a paper towel.	
Discard paper towel(s) in a trash container as used.	
Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.	

ABDOMINAL THRUST

	The candidate is able to identify symptoms of choking. Evaluate choking by asking the resident, "Are you choking?"	
	The candidate verbalizes that they would call for help.	
	Stand behind the resident and wrap arms around the resident's waist.	
	Make a fist with one hand.	
	Place the thumb side of the fist against the resident's abdomen.	
	Position your fist slightly above the navel and below the xiphoid process.	
	Grasp the fist with the other hand and press the fist and hand into the resident's abdomen with an inward, upward thrust 6-10 times. Must demonstrate at least one upward thrust and then verbalize the rest.	
	Stop and ask the resident, "Are you still choking?" If the resident indicates yes –	
	The candidate should indicate that they would repeat this procedure until it is successful or until the resident loses consciousness.	
	The candidate verbalizes that they would notify the nurse.	

AMBULATION WITH A GAIT BELT

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Explain the procedure to the resident.	
Obtain a gait belt.	
Lock the bed brakes to ensure the resident's safety.	
Position the bed so that the resident's feet will rest comfortably flat on the floor when sitting on it.	
Bring the resident to a sitting position.	
Place a gait belt around the resident's waist to stabilize the trunk.	
Tighten gait belt.	
Check the gait belt for tightness by slipping fingers between the gait belt and the resident.	
Assist the resident in putting on non-skid footwear.	
Stand in front of and face the resident.	
Grasp the gait belt on each side of the resident with an underhand grip.	
Ensure the resident is stable.	
Bring the resident to a standing position.	
Use proper body mechanics at all times.	
Grasp the gait belt with one hand, using an underhand grip.	
Stabilize the resident with the other hand by holding the forearm, shoulder, or other appropriate method to stabilize the resident.	
Ambulate the resident for at least 10 steps and return them to their chair.	
Assist the resident to sit in the chair in a controlled manner that ensures safety.	
Remove the gait belt.	
Leave the resident in a position of comfort.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Place the call light or signal calling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	

AMBULATION WITH A WALKER

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene a. Cover all surfaces of hands with hand sanitizer b. Rub your hands together until they are completely dry.	
Explain the procedure to the resident.	
Obtain a gait belt.	
Lock the bed brakes to ensure the resident's safety.	
Lower the bed so that the resident's feet are flat on the floor when sitting on the edge of the bed.	
Bring the resident to a sitting position with the resident's feet flat on the floor.	
Place a gait belt around the resident's waist to stabilize the trunk.	
Tighten the gait belt.	
Check the gait belt for tightness by slipping fingers between the gait belt and the resident.	
Assist the resident in putting on non-skid footwear <u>BEFORE</u> standing.	
Stand in front of and face the resident.	
Grasp the gait belt on each side of the resident with an underhand grip.	
Bring the resident to a standing position.	
Ensure the resident is stable.	
Position the walker in front of the resident.	
Ensure the resident has a stabilized walker.	
Position yourself behind and slightly to the side of the resident.	
Instruct the resident on the proper use of a walker.	
The candidate walks to the side, a little behind the resident.	
Safely ambulate the resident 10 steps and return them to their chair.	
Assist the resident in sitting in the chair in a controlled manner that ensures safety.	
The candidate uses correct body mechanics at all times.	
Remove the gait belt.	
Leave the resident in a position of comfort and safety.	
Perform hand hygiene a. Cover all surfaces of hands with hand sanitizer b. Rub your hands together until they are completely dry.	
Place the call light or signal calling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	

APPLYING AN ANTI-EMBOLIC STOCKING TO ONE LEG

	Knock on the door.	
	Introduce yourself to the resident.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Explain the procedure to the resident.	
	Provide privacy for the resident by only exposing one leg.	
	Roll, gather, or turn the stocking down inside out to the heel.	
	Place the stocking over the toes, foot, and heel.	
	Roll or pull the stocking up the leg.	
	Check toes for possible pressure from the stocking and adjust as needed.	
	Leave the resident with a stocking that is smooth and wrinkle-free.	
	Leave the resident with a stocking that is properly placed without restriction.	
	Cover the exposed leg.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Place the call light or signal calling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

BED BATH (PARTIAL)- WHOLE FACE AND ONE ARM, HAND AND UNDERARM

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Explain the procedure to the resident.	
Provide privacy for the resident – pull the curtain.	
Raise bed height.	
Cover the resident with a bath blanket.	
Remove the remaining top linens. (Fold top linens to the bottom of the bed or place them aside.)	
Remove the resident's gown without exposing the resident.	
Place the gown in the designated laundry hamper.	
Fill a basin with warm water.	
Wash face WITHOUT SOAP.	
Use a clean portion of the washcloth with each wipe.	
Pat dry the resident's face.	
Exposes one arm.	
Place a towel under the arm, exposing one arm.	
Wash arm with soap.	
Wash hand with soap.	
Wash underarm with soap.	
Rinse arm.	
Rinse hand.	
Rinse underarm.	
Pat dry arm.	
Pat dry hand.	
Pat dry underarm.	
Assist the resident in putting on a clean gown.	
Lower bed.	
Empty equipment in the designated sink or toilet.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Place soiled linen in a designated laundry hamper.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Place the call light or signal calling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	

DENTURE CARE

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Explain the procedure to the resident.	
Line the bottom of the sink with a protective lining (such as a towel, washcloth, or paper towel) or fill the sink with water to prevent damage to the denture in case it is dropped.	
Put on gloves.	
Carefully remove the denture from the cup.	
Handle the denture carefully to avoid damage.	
Rinse the denture cup.	
Never place the denture on or in a contaminated surface.	
Apply denture cleanser or cream to a denture brush or toothbrush.	
Thoroughly brush the inner surfaces of the denture.	
Thoroughly brush the outer surfaces of the denture.	
Thoroughly brush the chewing surfaces of the denture.	
Thoroughly brush the denture groove or plate that touches the gum surface.	
Rinse the denture using clean, cool running water.	
Place the denture in a rinsed denture cup.	
Add cool, clean water to the denture cup.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Place the sink protective lining in an appropriate container or drain the sink.	
Remove gloves, turning them inside out.	
Dispose of gloves in an appropriate container.	
Place the call light or signal calling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	

DRESSING A BEDRIDDEN RESIDENT

	Knock on the door.	
	Introduce yourself to the resident.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Explain the procedure to the resident.	
	Provide privacy for the resident – pull the curtain.	
	Keep the resident covered while removing the gown.	
	Remove the gown from the unaffected (strong) side first.	
	Place the soiled gown in the designated laundry hamper.	
	Dress the resident in a button-up shirt. Insert your hand through the shirt sleeve and grasp the resident's hand.	
	When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.	
	Assist the resident to raise their buttocks or turn the resident from side to side and draw the pants over the buttocks and up to the resident's waist.	
	When dressing the resident in pants, always dress the affected (weak) side leg first.	
	Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.	
	Leave the resident in correct body alignment.	
	Leave the resident properly dressed.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Place the call light or signal calling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

FEEDING A DEPENDENT RESIDENT

	Knock on the door.	
	Introduce yourself to the resident.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Explain the procedure to the resident.	
	Look at the diet card to check that the resident has received the correct tray.	
	Position the resident in an upright position, at least 90 degrees.	
	Protect clothing from soiling by using an appropriate clothing protector.	
	Wash the resident's hands <u>BEFORE</u> feeding. (You may use a wet washcloth or a disposable wipe.)	
	Place soiled linen in the designated laundry hamper or dispose of the wipes.	
	Sit next to the resident while assisting with feeding.	
	Describe the foods being offered to the resident.	
	Offer fluid frequently.	
	Offer small amounts of food at a reasonable rate.	
	Allow resident time to chew and swallow.	
	Wipe the resident's hands and face during the meal as needed.	
	Leave the resident clean and in a position of comfort.	
	Place the call light or signal calling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Record intake as a percentage of total solid food eaten on the previously signed recording form.	
	The candidate's calculation must be within 25 percentage points of the RN Test Observer's calculation.	
	Record the sum of estimated fluid intake in mls on the previously signed recording form.	
	The candidate's calculation must be within 30ml of the RN Test Observer's calculation.	

FLUID INTAKE

	Knock on the door.	
	Introduce yourself to the resident.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Explain the procedure to the resident.	
	Observe the dinner tray.	
	Uses paper, pencil, and/or mental computation to determine the number of mls consumed.	
	Decide on mls of fluid consumed from each container.	
	Candidate obtains total fluid consumed in mls.	
	Record the total ml consumed from the tray on the previously signed recording form.	
	The candidate's calculated total and the pre-measured total are within the required range.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Place the call light or signal calling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

MAKING AN OCCUPIED BED

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Explain the procedure to the resident.	
Gather linen.	
Transport linen away from the body.	
Place clean linen on a clean surface (bedside stand, chair, or overbed table).	
Provide privacy for the resident – pull the curtain.	
Direct the RN Test Observer to stand on the opposite side of the bed or raise the side rail opposite the working side of the bed.	
Raise the bed height.	
The resident must always remain covered with a sheet or blanket.	
Assist the resident to roll onto the side toward the RN Test Observer or the side rail.	
Roll or fan-fold the linen, with the dirty side inside, to the center of the bed.	
Place the clean bottom sheet along the center of the bed. Roll or fan-fold the linen against the resident's back, and then unfold the remaining half.	
Secure two fitted corners.	
Direct the RN Test Observer to the opposite side of the bed or raise the side rail opposite the working side of the bed.	
Assist the resident in rolling over the bottom linen to prevent trauma and avoidable pain to the resident.	
Remove dirty linen without shaking.	
Avoid placing dirty linen on the overbed table, chair, or floor.	
Avoid touching the linen to the uniform.	
Place dirty linen in a designated laundry hamper.	
Pull through and smooth out the clean bottom linen.	
Secure the other two fitted corners.	
Make sure the resident's body never touches the bare mattress.	
Place clean top linen over the covered resident. Remove dirty linen while keeping the resident unexposed at all times.	
Tuck in the top linen at the foot of the bed.	
Make mitered corners at the foot of the bed.	
Apply a clean pillow case with zippers and/or tags to the inside, gently lifting the resident's head to replace the pillow.	
Lower bed.	
Lower side rails, if they were used.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	

	Place the call light or signal calling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

MOUTH CARE—BRUSHING A RESIDENT’S TEETH

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Explain the procedure to the resident.	
Provide privacy for the resident – pull the curtain.	
Drape the resident's chest with a towel to prevent soiling.	
Put on gloves.	
Apply toothpaste to the resident’s toothbrush or toothette.	
Brush the resident's teeth, including the inner surfaces of all upper and lower teeth.	
Brush the resident's teeth, including the outer surfaces of all upper and lower teeth.	
Brush the resident's teeth, including the chewing surfaces of all upper and lower teeth.	
Clean the resident's tongue.	
Assist the resident in rinsing their mouth.	
Wipe the resident's mouth.	
Remove soiled linen.	
Place soiled linen in the designated linen hamper.	
Empty the emesis basin.	
Rinse the emesis basin.	
Dry emesis basin.	
Rinse the toothbrush or discard the toothette.	
Return equipment to storage.	
Remove gloves, turning them inside out.	
Dispose of gloves in an appropriate container.	
Leave the resident in a position of comfort.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Place the call light or signal calling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	

NAIL CARE – ONE HAND

	Knock on the door.	
	Introduce yourself to the resident.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Explain the procedure to the resident.	
	Soak nails in comfortably warm, soapy water for at least five (5) minutes. The five minutes may be verbalized.	
	Gently clean under the nails with a file or nail brush. Nails may be cleaned as they soak.	
	Dry hands thoroughly, being careful to dry between fingers.	
	Gently push the cuticle back with a towel or washcloth.	
	Offer to cut the resident's nails.	
	Clean equipment and return to storage.	
	Place dirty linen in the designated laundry hamper.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Place the call light or signal calling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

PASSING FRESH WATER

	Knock on the door.	
	Introduce yourself to the resident.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Scoop ice (or marbles) into a water pitcher.	
	Properly use the ice scoop. a. Do not allow ice to touch your hand and fall back into the container. b. Or use an ice dispenser without contaminating water.	
	Properly store the ice scoop after use. a. The scoop is placed in the appropriate receptacle after each use.	
	Add water to the pitcher.	
	Return pitcher to resident.	
	Pour a glass of water for the resident.	
	Leave the pitcher and glass at the bedside.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Place the call light or signal calling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

POSITION RESIDENT ON THEIR SIDE IN BED

	Knock on the door.	
	Introduce yourself to the resident.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Provide privacy for the resident – pull the curtain.	
	Position the bed flat.	
	Raise bed height.	
	Ensure the resident’s face is never obstructed by the pillow.	
	Direct the RN Test Observer to stand on the side opposite the working side of the bed to provide safety, use the side rail, or always turn the resident towards yourself.	
	Move the resident's upper body toward yourself from the working side of the bed.	
	Move the resident's hips toward yourself from the working side of the bed.	
	Move the resident's legs toward yourself from the working side of the bed.	
	Move to the opposite side of the bed if the RN Test Observer wasn’t directed or the side rail wasn't used, and turn the resident toward self. Otherwise, the resident may remain on the working side of the bed and turn toward the RN Test Observer or raised side rail.	
	Assist/turn the resident on their left/right side. (Turned to correct side read to candidate by RN Test Observer.)	
	Check to be sure the resident is not lying on their downside arm.	
	Maintain correct body alignment with the head of the bed flat.	
	Ensure/place support device(s) under the resident's head.	
	Place support device(s) under the resident's upside arm.	
	Place support device(s) behind back.	
	Place support device(s) between knees.	
	Lower bed.	
	Lower side rail, if it was used.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Place the call light or signal calling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

RANGE OF MOTION EXERCISE FOR A RESIDENT'S HIP AND KNEE

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Provide privacy for the resident – pull the curtain.	
Raise bed height.	
Position the bed flat.	
Position the resident supine (bed flat).	
Position the resident in good body alignment.	
Support leg joints (knee and ankle) with one hand under the knee and one hand under the ankle at all times.	
Move the entire leg away from the body. (abduction)	
Move the entire leg toward the body. (adduction)	
Complete abduction and adduction of the hip at least three times.	
Continue to support the joints correctly by placing one hand under the resident's knee and the other under the resident's ankle.	
Bend the resident's knee and hip toward the resident's trunk. (flexion of hip and knee at the same time)	
Straighten the knee and hip. (extension of knee and hip at the same time)	
Complete flexion and extension of the knee and hip at least three times.	
Do not force any joint beyond the point of free movement.	
The candidate must ask at least once during the ROM exercise if there is/was any discomfort/pain.	
Leave the resident in a comfortable position.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Place the call light or signal calling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	

RANGE OF MOTION EXERCISE FOR A RESIDENT'S SHOULDER

	Knock on the door.	
	Introduce yourself to the resident.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Provide privacy for the resident – pull the curtain.	
	Support arm joints (elbow and wrist) with one hand under the elbow and one hand under the wrist at all times.	
	Raise the resident's arm up and over the resident's head. (flexion)	
	Bring the resident's arm back down to the resident's side. (extension)	
	Complete flexion and extension of the shoulder at least three times.	
	Continue to correctly support the joints by placing one hand under the elbow and the other hand under the wrist.	
	Move the resident's entire arm out away from the body. (abduction)	
	Return the arm to the side of the resident's side. (adduction)	
	Complete abduction and adduction of the shoulder at least three times.	
	Do not force any joint beyond the point of free movement.	
	The candidate must ask at least once during the ROM exercise if there is/was any discomfort/pain.	
	Leave the resident sitting in the wheelchair.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Place the call light or signal calling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	

STAND AND PIVOT-TRANSFER A WEIGHT-BEARING, NON-AMBULATORY RESIDENT FROM THEIR BED TO A WHEELCHAIR USING A GAIT BELT

	Knock on the door.	
	Introduce yourself to the resident.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Obtain a gait belt.	
	Position the wheelchair arm or wheel so that it touches the side of the bed.	
	Lock wheelchair brakes to ensure the resident's safety.	
	Lock the bed brakes to ensure the resident's safety.	
	Bring the resident to a sitting position using proper body mechanics, with the bed positioned at a height that allows the resident's feet to rest naturally flat on the floor.	
	Assist the resident in putting on non-skid footwear.	
	Place a gait belt around the resident's waist to stabilize the trunk.	
	Tighten the gait belt.	
	Check the gait belt for tightness by slipping fingers between the gait belt and the resident.	
	Grasp the gait belt in an underhand grip with both hands to stabilize the resident.	
	Ensure the resident is stable.	
	Bring the resident to a standing position using proper body mechanics.	
	Do not ambulate the resident.	
	Assist the resident to pivot and sit in a wheelchair in a controlled manner that ensures safety.	
	Remove gait belt.	
	Leave the resident in a position of safety and comfort.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Place the resident within easy reach of the call light or signaling device, moving the wheelchair, if necessary.	
	Maintain respectful, courteous interpersonal interactions at all times.	

STAND AND PIVOT-TRANSFER A WEIGHT-BEARING, NON-AMBULATORY RESIDENT FROM A WHEELCHAIR TO THEIR BED USING A GAIT BELT

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Obtain a gait belt.	
Position the wheelchair arm or wheel so that it touches the side of the bed.	
The wheelchair is placed at a slight angle to the bed.	
Raise the bed to the same level as the wheelchair seat.	
Lock wheelchair brakes to ensure the resident's safety.	
Lock the bed brakes to ensure the resident's safety.	
Place a gait belt around the resident's waist to stabilize the trunk.	
Tighten gait belt.	
Check the gait belt for tightness by slipping fingers between the gait belt and the resident.	
Ensure the resident's feet are flat on the floor.	
Instruct the resident to place their hands on the wheelchair armrests.	
Ensure the resident is stable.	
Grasp the gait belt in an underhand grip with both hands to stabilize the resident.	
Bring the resident to a standing position using proper body mechanics.	
Do not ambulate the resident.	
Assist the resident in pivoting and sitting on the bed in a controlled manner that ensures safety.	
Remove the gait belt.	
Remove the resident's footwear.	
Assist the resident to lie down in the center of the bed, supporting extremities as necessary.	
Make sure the resident is comfortable and in good body alignment.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Place the call light or signal calling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	

VITAL SIGNS: COUNT AND RECORD A RESIDENT'S PULSE AND RESPIRATIONS

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Locate the resident's radial pulse by placing your fingertips on the thumb side of the resident's wrist.	
Count the resident's pulse for 60 seconds. a. Tell the RN Test Observer when you start counting and tell them when you stop counting.	
Count the resident's respirations for 60 seconds. a. Tell the RN Test Observer when you start counting and tell them when you stop counting.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Place the call light or signal calling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Record your pulse reading on the previously signed recording form.	
The candidate's recorded pulse rate is within four (4) beats of the RN Test Observer's recorded rate.	
Record your respiration reading on the previously signed recording form.	
The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded rate.	

VITAL SIGNS: TAKE AND RECORD A RESIDENT'S MANUAL BLOOD PRESSURE

Knock on the door.	
Introduce yourself to the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
Explain the procedure to the resident.	
Position the resident with the forearm supported in a palm-up position.	
Position the resident with the forearm approximately at the heart level.	
If the resident is wearing a top with sleeves, roll the sleeve up about 5 inches above the elbow.	
Apply the appropriate-sized cuff around the upper arm, just above the elbow.	
Align the line cuff arrows with the brachial artery.	
Clean the earpieces of the stethoscope appropriately and place them in your ears.	
Clean the diaphragm of the stethoscope.	
Place stethoscope earpieces in the ears.	
Locate the brachial artery with fingertips.	
Place the stethoscope diaphragm over the brachial artery and hold it in place snugly.	
Inflate the cuff to 160- 180 mmHg or 30 mmHg above where the pulse was last heard or felt.	
Inflate the blood pressure cuff no more than two times per arm.	
Slowly release air from the cuff until the pulsations disappear. Remove cuff.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
Place call light or signal calling device within easy reach of the resident.	
Maintain respectful, courteous interpersonal interactions at all times.	
Record reading on the previously signed recording form.	
The candidate's recorded systolic blood pressure is within 4 mmHg of the RN Test Observer's systolic blood pressure recording.	
The candidate's recorded diastolic blood pressure is within 4 mmHg of the RN Test Observer's diastolic blood pressure recording.	

WEIGHING AN AMBULATORY RESIDENT

	Knock on the door.	
	Introduce yourself to the resident.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub hands together until hands are completely dry.	
	Explain the procedure to the resident.	
	Balance (or zero) scale.	
	Assist the resident to stand.	
	Walk the resident to the scale.	
	Assist the resident in stepping on the scale.	
	Check that the resident is centered on the scale.	
	Check that the resident has their arms at their sides.	
	Check that the resident is not holding onto anything that would alter the weight reading.	
	Appropriately adjust weights until the scale is in balance.	
	Return the resident to the chair.	
	Assist the resident to sit in the chair.	
	Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry.	
	Place call light or signal calling device within easy reach of the resident.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Record weight on the previously signed recording form.	
	The candidate's recorded weight varies no more than two (2) pounds from the RN Test Observer's recorded weight.	