

AMBULATE A RESIDENT WITH A GAIT BELT

Knock on the door.	
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 be performed to the resident.	
Obtain a gait belt for the resident.	
Lock the bed brakes BEFORE transferring to ensure the resident's safety.	
Lock the wheelchair brakes to ensure the resident's safety.	
Bring the resident to a sitting position.	
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.	
Adjust the bed height to ensure that the resident's feet are flat on the floor	
when the resident is sitting on the edge of the bed.	
Assist resident in putting on non-skid footwear.	
Bring the resident to a standing position.	
With one hand grasping the gait belt and the other stabilizing the resident	
by holding the forearm or shoulder or using another appropriate method to	
stabilize, ambulate the resident at least ten steps to the wheelchair.	
Assist the resident to pivot/turn and sit in the wheelchair in a controlled	
manner that ensures safety.	
Use proper body mechanics at all times.	
Remove the gait belt.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	

AMBULATE A RESIDENT WITH A WALKER

Knock on the door.	
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 be performed to the resident.	
Lock the bed brakes BEFORE transferring to ensure the resident's safety.	
Lock the wheelchair brakes to ensure the resident's safety.	
Bring the resident to a sitting position.	
Adjust the bed height to ensure that the resident's feet are flat on the floor	
when the resident is sitting on the edge of the bed.	
Assist the resident in putting on non-skid footwear.	
Position the walker correctly.	
Assist the resident to stand.	
Ensure the resident has stabilized the walker.	
Position yourself behind and slightly to the side of the resident.	
Safely ambulate the resident at least ten steps to the wheelchair.	
Assist the resident to pivot/turn and sit in the wheelchair in a controlled	
manner that ensures safety.	
Use proper body mechanics at all times.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	

Assist a Resident with a Bedpan, Measure and Record Output with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

Knock on the door.	
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 be performed to the resident.	
Provide privacy for the resident – pull the curtain.	
Put on gloves.	
Position the resident on the bedpan correctly (it is not upside down, and it is centered) and safely.	
Position the resident on the bedpan using correct body mechanics.	
Raise the head of the bed to a comfortable level.	
Leave tissue within reach of the resident.	
Leave the call light or signaling device within reach of the resident.	
Step behind the privacy curtain to provide privacy for the resident.	
When the RN Test Observer indicates, the candidate returns.	
Gently remove the bedpan.	
Hold the bedpan for the RN Test Observer while an unknown quantity of liquid is poured into the bedpan.	
Do not place the bedpan on the floor, the over-bed table, or the bedside stand at any time during the demonstration.	
Place the graduate on a designated level, flat surface.	1
Pour the bedpan contents into the graduate.	
Measure the output with the graduate at eye level on the previously designated flat surface.	
Empty the equipment used into the designated toilet/commode.	
Rinse the equipment used.	
Dry the equipment used.	
Return the equipment to storage.	
Remove gloves, turning them inside out as they are removed.	
Dispose of gloves in the trash.	-
Wash/assist the resident in washing hands with soap and water.	
Rinse/assist the resident in rinsing hands with water or a wet washcloth.	
Dry/assist resident to dry hands.	
Record output in mL on the previously signed recording form.	
The candidate's recorded measurement is within 30mLs of the RN Test	
Observer's recorded observed reading.	
Maintain respectful, courteous interpersonal interactions at all times.	

Place the call light or signaling device within easy reach of the resident.	
Turn on the water.	
Wet your hands BEFORE applying soap.	
Apply soap to your hands.	
Rub your hands together using friction with soap.	
Scrub/wash your hands together with soap for at least twenty (20) seconds.	
Scrub/wash with interlaced fingers pointing downward with soap.	
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 as a barrier.	
Discard paper towel(s) in the trash container as used.	
Do not re-contaminate by touching the sink with bare hands at any time	
during the hand-washing procedure or the faucet after washing hands.	
(Turning off the faucet with a paper towel(s) and then drying your hands with the same paper towel(s) is considered recontamination.)	

BED BATH (PARTIAL) FOR A RESIDENT – WHOLE FACE AND ONE ARM, HAND AND UNDERARM

Knock on the door.	
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 be performed to the resident.	
Provide privacy for the resident – pull the curtain.	
Raise the bed height between mid-thigh and waist level.	
Cover the resident with a bath blanket or clean sheet.	
Fold the top linens to the bottom of the bed or place them aside.	
Remove the resident's gown without exposing the resident and place the soiled gown in the designated laundry hamper.	
Fill a basin with comfortably warm water.	
Place the basin on the over-bed table or the bedside stand.	
Wash the resident's face WITHOUT soap.	
Dry the resident's face.	
Place a towel under the resident's arm, exposing one arm.	
Wash the resident's arm with soap.	
Wash the resident's hand with soap.	
Wash the resident's underarm with soap.	
Rinse the resident's arm.	
Rinse the resident's hand.	
Rinse the resident's underarm.	
Dry the resident's arm.	
Dry the resident's hand.	
Dry the resident's underarm.	
Assist the resident in putting on a clean gown.	
Place the soiled linen in the designated laundry hamper.	
Empty equipment.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Lower bed.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	

CATHETER CARE FOR A MALE RESIDENT WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS) DEMONSTRATED ON A MANIKIN

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Knock on the door.	
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 be performed to the resident.	
Provide privacy for the resident – pull the curtain.	
Fill a basin with comfortably warm water.	
Place the basin on the over-bed table or bedside stand.	
Cover the resident with a bath blanket or clean sheet to maintain privacy.	
Gather supplies and prepare the area.	
Put on gloves.	
Verbalize and physically check that urine can flow unrestricted into the	
drainage bag with no signs of leakage.	
Use soap and water to carefully wash around the catheter where it exits	
the urethra.	
Hold the catheter at the urethra to prevent tugging on the catheter.	
Clean 3-4 inches away from the urethra down the drainage tube.	
Clean with strokes only away from the urethra.	
Use a clean portion of the washcloth for each stroke.	
Rinse with a clean washcloth.	
Rinse using strokes only away from the urethra.	
Rinse using a clean portion of the washcloth for each stroke.	
Pat dry with a clean towel or washcloth.	
Do not allow the tube to be pulled at any time during the procedure.	
Replace the top cover over the resident.	
Remove the bath blanket or sheet.	
Place soiled linens in the designated laundry hamper.	
Leave the resident in a position of safety and comfort.	
Empty basin.	
Rinse basin.	
Dry basin.	
Return basin to storage.	
Remove gloves, turning them inside out as they are removed.	
Dispose of gloves in the trash.	
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Maintain respectful, courteous interpersonal interactions at all times.	
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Apply soap to your hands.	
Rub your hands together using friction with soap.	
Scrub/wash your hands together with soap for at least twenty (20) seconds.	
Scrub/wash with interlaced fingers pointing downward with soap.	
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 as a barrier.	
Discard paper towel(s) in a trash container as used.	
Do not re-contaminate by touching the sink with bare hands at any time	
during the hand-washing procedure or the faucet after washing hands.	
(Turning off the faucet with a paper towel(s) and then drying your hands with the	
same paper towel(s) is considered recontamination.)	

DENTURE CARE (CLEAN AN UPPER OR LOWER DENTURE)

(only one plate is used for testing)

(Offiny O	ne plate is used for testing)	
	Knock on the door.	
	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 be performed to the resident.	
	Place a protective lining (cloth towel or washcloth) in the sink.	
	Put on gloves.	
	Gather supplies and prepare the area.	
	Remove the denture from the cup.	
	Handle dentures carefully to avoid damage.	
	Rinse the denture cup.	
	Apply the cleaning solution. (Toothettes may be utilized instead of a toothbrush	
	if all the surfaces listed are cleaned.)	
	Thoroughly brush the denture's inner surfaces.	
	Thoroughly brush the denture's outer surfaces.	
	Thoroughly brush the denture's chewing surfaces.	
	Rinse the denture using clean, cool water.	
	Place the denture in the rinsed cup.	
	Add cool, clean water to the denture cup.	
	Rinse equipment.	
	Dry equipment.	
	Return equipment to storage.	
	Discard the sink protective lining in an appropriate container.	
	Remove gloves, turning them inside out as they are removed.	
	Dispose of gloves in the trash.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Place the call light or signaling device within easy reach of the resident.	
	Perform hand hygiene.	
	a. Cover all surfaces of hands with hand sanitizer.	
	b. Rub your hands together until they are completely dry.	

DRESS A DEPENDENT RESIDENT IN THEIR BED

Knock on the do	or.	
Perform hand h	ygiene.	
a. Cover all sur	faces of hands with hand sanitizer.	
b. Rub your ha	nds together until they are completely dry.	
Explain the proc	redure to be performed to the resident.	
Provide privacy	for the resident – pull the curtain.	
Raise the bed he	eight to between mid-thigh and waist level.	
Keep the reside	nt covered while removing the gown.	
Remove the resi	ident's gown.	
Dress the reside	nt 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	
resident's affect	ted (weak) side first.	
	ent to raise their buttocks or turn the resident from side to	
	ne pants over the buttocks and up to the resident's waist.	
	the resident in pants, always dress the resident's affected	
(weak) side leg		
	ent's socks. Draw the socks up the resident's foot until they	
are smooth.		
	ent comfortably and properly dressed (pants pulled up to	
-	and back and shirt completely buttoned).	
	gown in the designated laundry hamper.	
Lower bed.		
·	tful, courteous interpersonal interactions at all times.	
	ht or signaling device within easy reach of the resident.	
Perform hand h	, 6	
	faces of hands with hand sanitizer.	
b. Rub your ha	nds together until they are completely dry.	

FEED A DEPENDENT RESIDENT IN BED

Knock on the door.	
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 be performed to the resident.	
Look at the diet card and verbally indicate that the resident has received	
the correct tray.	
Position the resident in an upright position. At least 45 degrees.	
Protect clothing from soiling using a napkin, clothing protector, or towel.	
Provide hand hygiene for the resident BEFORE feeding. (Candidate may use	
a disposable wipe and dispose of it in the trash can, or wash the resident's	
hands with soap and a wet washcloth, or they may rub hand sanitizer over all	
surfaces of the resident's hands until dry.)	
Ensure the resident's hands are dry BEFORE feeding. (If a wet washcloth	
with soap was used, the candidate will need to dry the resident's hands. If a	
disposable wipe or hand sanitizer was used, you must make sure the	
resident's hands are dry.)	
Sit in a chair, facing the resident, while feeding the resident.	
Describe the foods being offered to the resident.	
Offer fluid frequently from each glass to the resident.	
Offer small amounts of food to the resident at a reasonable rate.	
Allow the resident time to chew and swallow.	
Wipe the resident's hands at least once during the feeding demonstration.	
Wipe the resident's face at least once during the feeding demonstration.	
Place soiled linen in the designated laundry hamper or dispose of it in the	
appropriate container.	
Leave the resident clean and in a position of comfort.	
Record the intake as a percentage of the 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 estimated intake in ml as the sum total fluid consumed from	
the two glasses in ml on the previously signed recording form.	
The candidate's calculation must be within 30mls of the RN Test	
Observer's calculation.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	

MAKING AN OCCUPIED BED

Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer. b. Rub your hands together until they are completely dry. Gather linen and transport linen correctly without touching your uniform. Place clean linen over the back of a chair, drape it over the foot of the bed, or place it on the over-bed table. Explain the procedure to be performed to the resident. Provide privacy for the resident – pull the curtain. Raise the bed height to between mid-thigh and waist level. The resident is to remain covered at all times. Assist the resident in turning onto their side away from the candidate toward the center of the bed. Roll or fan-fold the soiled linen, soiled side inside, to the center of the bed. Place a clean bottom sheet along the center of the bed, roll or fan-fold linen against the resident's back, and unfold the remaining half of the clean bottom sheet. Secure two fitted corners. Assist the resident in rolling onto their side over the clean bottom linen. Remove the soiled linen without shaking. Avoid placing the soiled linen on the over-bed table, chair, or floor. Avoid touching linen to your uniform. Place soiled linen in a designated laundry hamper. Pull through and smooth out the clean bottom linen, leaving it tight and wrinkle-free. Secure the other two fitted corners. Place the resident on their back. Ensure that the resident never touches the bare mattress at any time during the demonstration. Place clean top linen over the covered resident. Smooth out the clean top linens, leaving them centered and wrinkle-free. Remove used linen, keeping the resident unexposed at all times. Place a clean blanket or bedspread over the covered resident. Smooth out the clean top linens, leaving them centered and wrinkle-free. Remove used linen, keeping the resident unexposed at all times. Place clean top linen do not constrict the resident's feet. Apply a clean pillowcase with zippers and/or tags to the inside. Gently assist the resident in raising their head while replacing the pillow. Physically check to	Knock on the door.	
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Physically check to ensure that the resident is in good body alignment.	Apply a clean pillowcase with zippers and/or tags to the inside.	
	Gently assist the resident in raising their head while replacing the pillow.	
Lower bed.	Physically check to ensure that the resident is in good body alignment.	
	Lower bed.	

Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	

Mouth Care - Brush a Resident's Teeth

Knock on the door.	
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 be performed 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 only AFTER gathering supplies and preparing the area.	
Wet toothbrush (toothettes may be utilized) and apply a small amount of	
oral cleaning solution.	
Brush the inner surfaces of the resident's upper and lower teeth.	
Brush the outer surfaces of the resident's upper and lower teeth.	
Brush the chewing surfaces of the resident's upper and lower teeth.	
Brush the resident's tongue.	
Assist the resident in rinsing their mouth.	
Wipe the resident's mouth.	
Remove soiled linen.	
Place soiled linen in a designated laundry hamper.	
Empty container. (The container may be an emesis basin or a disposable cup.)	
Rinse the emesis basin, if used, or discard the disposable items in the trash can.	
Dry the emesis basin if used.	
Rinse the toothbrush or dispose of the toothette in the trash can.	
Return equipment to storage.	
Remove gloves, turning them inside out as they are removed.	
Dispose of gloves in the trash.	
Leave the resident in a position of comfort.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene. a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	

MOUTH CARE FOR A COMATOSE RESIDENT

Knock on the door.	
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 be performed to the resident.	
Provide privacy for the resident – pull the curtain.	
Position the resident in a semi-Fowler's position with the resident's head	
turned well to one side, or position the resident on their side as	
appropriate to avoid choking or aspiration.	
Drape the resident's chest/bed as needed to protect from soiling.	
Put on gloves AFTER gathering supplies and preparing the area.	
Apply a small amount of oral cleaning solution to a swab(s).	
Gently and thoroughly clean the inner surfaces of the resident's upper and lower teeth.	
Gently and thoroughly clean the outer surfaces of the resident's upper and lower teeth.	
Gently and thoroughly clean the chewing surfaces of the resident's upper and lower teeth.	
Gently and thoroughly clean the resident's gums.	
Gently and thoroughly clean the resident's tongue.	
Clean/wipe the resident's mouth area.	
Leave the resident in a position of safety and good body alignment.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Discard the disposable items in the trash.	
Place soiled linens in a designated laundry hamper.	
Remove gloves, turning them inside out as they are removed.	
Dispose of gloves in the trash.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.b. Rub your hands together until they are completely dry.	

NAIL CARE FOR A RESIDENT'S HAND

Knock on the door.	
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 be performed to the resident.	
Immerse the resident's nails in comfortably warm water.	
Verbalize to soak nails for at least five (5) minutes.	
Dry the resident's hand thoroughly.	
Specifically dry between the resident's fingers.	
Gently clean under the resident's nails with an orange stick.	
Gently push the resident's cuticles back with an orange stick.	
File each of the resident's fingernails.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Place the soiled linen in a designated laundry hamper.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	

PERINEAL CARE FOR A FEMALE RESIDENT WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS) DEMONSTRATED ON A MANIKIN

THE POSSIBLE INIANDATORY FIRST SCENARIOS DEMONSTRATED ON A MANIKIN	
Knock on the door.	
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 be performed to the resident. (manikin)	
Provide privacy for the resident – pull the curtain.	
Raise the bed height to between mid-thigh and waist level.	
Fill a basin with comfortably warm water.	
Place the basin on an over-bed table or bedside stand.	
Prepare the area and gather supplies.	
Place a bath blanket or clean sheet over the resident.	
Put on gloves.	
Expose the resident's perineum only.	
labia.	
Use water and a soapy washcloth (no peri-wash or no-rinse soap allowed).	
Clean both sides of the labia from front to back.	
Use a clean portion of a washcloth with each single stroke.	
Clean the middle of the labia from front to back using a clean portion of a	
washcloth for each single stroke.	
Rinse both sides of the labia from front to back.	
Rinse the middle of the labia from front to back.	
Use a clean portion of a washcloth with each single stroke.	
Pat dry.	
Cover the exposed area with the bath blanket or a clean sheet.	
Assist the resident (manikin) in turning onto their side away from the	
candidate toward the center of the bed.	
a. RN Test Observer may help hold the manikin on their side	
ONLY after the candidate has turned the manikin.	
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Clean the rectal area from the vagina to the rectum with single strokes using a clean portion of a washcloth with each single stroke.	
Use a clean washcloth with water.	
Rinse the rectal area from front to back using a clean portion of the washcloth with each single stroke.	
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Place the soiled linen in a designated laundry hamper.	
	Knock on the door. 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 be performed to the resident. (manikin) Provide privacy for the resident – pull the curtain. Raise the bed height to between mid-thigh and waist level. Fill a basin with comfortably warm water. Place the basin on an over-bed table or bedside stand. Prepare the area and gather supplies. Place a bath blanket or clean sheet over the resident. Put on gloves. Expose the resident's perineum only. Verbalize separating the resident's labia while physically separating the labia. Use water and a soapy washcloth (no peri-wash or no-rinse soap allowed). Clean both sides of the labia from front to back. Use a clean portion of a washcloth with each single stroke. Clean the middle of the labia from front to back using a clean portion of a washcloth for each single stroke. Rinse both sides of the labia from front to back. Use a clean portion of a washcloth with each single stroke. Pat dry. Cover the exposed area with the bath blanket or a clean sheet. Assist the resident (manikin) in turning onto their side away from the candidate toward the center of the bed. a. RN Test Observer may help hold the manikin on their side ONLY after the candidate has turned the manikin. Use a clean washcloth with water and soap (no peri-wash or no-rinse soap allowed). Clean the rectal area from the vagina to the rectum with single strokes using a clean portion of a washcloth with each single stroke.

Empty equipment.	
Rinse equipment.	
Dry equipment.	
Return equipment to storage.	
Remove gloves, turning them inside out as they are removed.	
Dispose of gloves in the trash.	
Lower bed.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Turn on the water.	
Wet your hands BEFORE applying soap.	
Apply soap to your hands.	
Rub your hands together using friction with soap.	
Scrub/wash your hands together with soap for at least twenty (20) seconds.	
Scrub/wash with interlaced fingers pointing downward with soap.	
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 as a barrier.	
Discard paper towel(s) in the trash container as used.	
Do not re-contaminate by touching the sink with bare hands at any time	
during the hand-washing procedure or the faucet after washing hands.	
(Turning off the faucet with a paper towel(s) and then drying your hands with the	
same paper towel(s) is considered recontamination.)	

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

Knock on the door.	
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 be performed to the resident.	
Obtain a gait belt.	
Lock the bed brakes BEFORE transferring to ensure the resident's safety.	
Assist the resident to a sitting position.	
Adjust the bed height to ensure the resident's feet will be flat on the floor	
when the resident is sitting on the edge of the bed.	
Assist the resident in putting on non-skid footwear.	
Position the wheelchair arm/wheel touching the side of the bed.	
Lock the wheelchair brakes to ensure the resident's safety.	
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.	
Face the resident.	
Grasp the gait belt with both hands.	
Bring the resident to a standing position using proper body mechanics.	
Assist the resident in pivoting/turning in a controlled manner that	
ensures safety.	
Sit the resident in the wheelchair in a controlled manner that ensures	
safety.	
Remove the gait belt.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	

POSITION A RESIDENT ON THEIR SIDE IN THEIR BED

Knock on the door.	
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 be performed to the resident and how the	
resident may help.	
Provide privacy for the resident – pull the curtain.	
Position the bed flat.	
Raise the bed height to between mid-thigh and waist level.	
From the working side of the bed – gently move the resident's upper body toward yourself.	
From the working side of the bed – gently move the resident's hips toward yourself.	
From the working side of the bed – gently move the resident's legs toward yourself.	
Gently assist/turn the resident on their side. (The correct side to turn the resident to will be read in the scenario by the RN Test.)	
Ensure that the pillow never obstructs the resident's face.	
Ensure that the resident is not lying on their downside arm.	
Place support devices under the resident's head.	
Place support devices under the resident's upside arm.	
Place support devices behind the resident's back.	
Place support devices between the resident's knees.	
Do not cause any discomfort or pain at any time during the procedure.	
Lower bed.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	

Put on an Isolation Gown and Gloves, Empty a Urinary Bag, Measure and Record the Output, Remove the Gown and Gloves with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

(ONE OF	THE POSSIBLE MANDATORY FIRST SCENARIOS	
	Perform hand hygiene.	
	a. Cover all surfaces of hands with hand sanitizer.	
	b. Rub your hands together until they are completely dry.	
	Apply the gown with the opening in the back.	
	Place your arms through each sleeve.	
	Fasten the neck opening behind the neck.	
	Secure the waist, making sure the back flaps cover clothing as completely as possible.	
	Put on gloves.	
	Gloves overlap gown sleeves at the wrist.	
	Knock on the door.	
	Explain the procedure to be performed to the resident.	
	Provide privacy for the resident – pull the curtain.	
	Place a clean barrier on the floor under the drainage bag. (paper towel or linen)	
	Place the graduate on the previously placed barrier.	
	Open the drain to allow the urine to flow into the graduate until the bag is empty.	
	Avoid touching the graduate or the urine in the graduate with the tip of the tubing.	
	Close the drain.	
	Wipe the drain with an uncontaminated antiseptic wipe.	
	Place the graduate on the designated level, flat surface.	
	With the graduate at eye level, measure the output.	
	Empty the graduate into the designated toilet/commode.	
	Rinse equipment.	
	Dry equipment.	
	Return equipment to storage.	
	Discards the barrier in the trash.	
	Leave the resident in a position of comfort and safety.	
	Record the output in mL on the previously signed recording form.	
	The candidate's recorded measurement is within 25mLs of the RN Test Observer's measurement.	
	Maintain respectful, courteous interpersonal interactions at all times.	
	Place the call light or signaling device within easy reach of the resident.	
	Remove gloves, turning them inside out as they are removed.	

Remove gloves BEFORE removing the gown.	
Dispose of the gloves in the trash.	
Unfasten the gown at the neck AFTER the gloves are removed.	
Unfasten the gown at the waist AFTER the gloves are removed.	
Remove the gown by folding the soiled area to the soiled area.	
Place the gown in a designated container (if a disposable gown is used, dispose of it in the trash; if a reusable gown is used, place it in a designated laundry hamper).	
Turn on the water.	
Wet your hands BEFORE applying soap.	
Apply soap to your hands.	
Rub your hands together using friction with soap.	
Scrub/wash your hands together with soap for at least twenty (20) seconds.	
Scrub/wash with interlaced fingers pointing downward with soap.	
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 as a barrier.	
Discard paper towel(s) in the trash container as used.	
Do not re-contaminate by touching the sink with bare hands at any time	
during the hand-washing procedure or the faucet after washing hands. (Turning off the faucet with a paper towel(s) and then drying your hands with the same paper towel(s) is considered recontamination.)	

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

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

RANGE OF MOTION EXERCISES FOR A RESIDENT'S SHOULDER

Knock on the door.	
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 be performed to the resident.	
Provide privacy for the resident – pull the curtain.	
Raise the bed height to between mid-thigh and waist level.	
Position the resident supine (bed flat) on their back.	
Correctly support the resident's joints by placing one hand under the	
resident's elbow and the other hand under the resident's wrist.	
Raise the resident's arm up and over the resident's head.	
Bring the resident's arm back down to the resident's side.	
Complete flexion and extension of the resident's shoulder at least three times.	
Continue correctly supporting the resident's joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.	
Move the resident's entire arm out away from the resident's body.	
Return the resident's arm to the middle of the resident's body.	
Complete abduction and adduction of the resident's shoulder at least three times.	
Do not force any joint beyond the point of free movement.	
The candidate <u>must ask</u> the resident at least once during the ROM	
exercise if there is/was any discomfort/pain.	
Does not cause any discomfort or pain at any time during ROM.	
Leave the resident in good body alignment.	
Lower bed.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	

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

Knock on the door.	
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 be performed to the resident.	
Locate the resident's radial pulse by placing your fingertips on the thumb	
side of the resident's wrist.	
VERBALIZE START AND count the resident's <u>pulse</u> for a full 60 seconds, <u>THEN</u> VERBALIZE STOP and <u>record the pulse rate</u> on the previously signed recording	
form.	
(You must tell the RN Test Observer when you start counting and tell them	
when you stop counting.)	
The candidate's recorded pulse rate is within four (4) beats of the RN Test	
Observer's recorded rate.	
VERBALIZE START AND count the resident's respirations for a full 60 seconds,	
THEN VERBALIZE STOP and record the respirations on the previously signed	
recording form.	
(You must tell the RN Test Observer when you start counting and tell them	
when you stop counting.)	
The candidate's recorded respiratory rate is within two (2) breaths of the	
RN Test Observer's recorded rate.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	

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

Knock on the door.	
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 be performed to the resident.	
Provide privacy for the resident – pull the curtain.	
Position the resident with their forearm relaxed and supported in a palm-up	
position approximately at the level of the heart.	
Roll the resident's sleeve about five (5) inches above the elbow.	
Apply the appropriate size cuff correctly around the resident's upper arm	
just above the elbow.	
Clean the stethoscope's earpieces appropriately and place them in your	
ears.	
Place the stethoscope over the resident's brachial artery.	
Hold the stethoscope snugly in place.	
Inflate the cuff until 30mmHG above the average systolic rate provided by	
the RN Test Observer.	
Slowly release air from the cuff until the disappearance of pulsations.	
Remove the cuff.	
Record reading on the previously signed recording form.	
The candidate's recorded systolic blood pressure is within 8mmHg of the	
RN Test Observer's recorded systolic blood pressure.	
The candidate's recorded diastolic blood pressure is within 8mmHg of the	
RN Test Observer's recorded diastolic blood pressure.	
Maintain respectful, courteous interpersonal interactions at all times.	
Place the call light or signaling device within easy reach of the resident.	
Perform hand hygiene.	
a. Cover all surfaces of hands with hand sanitizer.	
b. Rub your hands together until they are completely dry.	