



# Arizona Mock Skills

*For Testing Effective: February 1, 2023*



**Please note:** The skill task steps included in this document are offered as guidelines to help prepare candidates for the Arizona nursing assistant skill test and 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 (D&SDT), LLP – Headmaster, LLP

## Ambulation with a Walker using a Gait Belt

(ASSISTING RESIDENT TO AMBULATE AT LEAST 10 STEPS WITH A WALKER USING A GAIT BELT)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to resident.	
	<b>Locks bed brakes to ensure resident's safety.</b>	
	<b>Locks wheelchair brakes to ensure resident's safety.</b>	
	Brings resident to sitting position.	
	Places gait belt around waist to stabilize trunk.	
	Tightens gait belt.	
	Checks gait belt by slipping fingers between gait belt and resident.	
	Assists resident to put on non-skid slippers/shoes. <i>(No non-skid socks)</i>	
	Ensures resident's feet are flat on the floor. <i>(If needed, may assist resident to scoot to the edge of the bed.)</i>	
	Positions walker in front of resident.	
	Assists resident to stand and ensures resident has stabilized walker.	
	Positions self behind and slightly to side of resident.	
	Ambulates resident at least 10 steps to the wheelchair.	
	Assists resident to turn and sit in wheelchair, using correct body mechanics.	
	Removes gait belt.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places resident within easy reach of the call light or signaling device and water.	
	Maintains respectful, courteous interpersonal interactions at all times.	

# Applying an Anti-embolic Stocking

(APPLYING A KNEE-HIGH ANTI-EMBOLIC STOCKING TO ONE OF RESIDENT'S LEGS)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to resident.	
	Provides for resident's privacy by only exposing one leg.	
	Gathers or turns stocking down inside out to the heel.	
	Places stocking over the toes, foot, and heel and rolls OR pulls up the leg.	
	Checks toes for possible pressure from stocking and adjusts as needed. (*)	
	Leaves resident with stocking that is smooth and wrinkle free. (*)	
	<b>Leaves resident with stocking that is properly placed without restriction.</b>	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places resident within easy reach of the call light or signaling device and water.	
	Maintains respectful, courteous interpersonal interactions at all times.	

## **Bed Bath- Face and One Arm, Hand and Axilla**

(PROVIDING A MODIFIED BED BATH TO RESIDENT'S FACE, ONE ARM, HAND AND AXILLA)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to the resident.	
	Provides privacy for resident, pulls privacy curtain.	
	Raises bed to a comfortable working height.	
	Prepares resident for a complete bath, even though will be demonstrating a partial bed bath.	
	Covers resident with a bath blanket.	
	Removes top bed linens to foot of bed.	
	Removes resident's gown without exposing resident.	
	Fills basin with comfortably warm water.	
	Washes and dries face WITHOUT SOAP.	
	Uses clean portion of wash cloth and wipes eyes gently from the inner to the outer using a clean portion of the wash cloth with each stroke.	
	Places towel under arm, only expose one arm.	
	Washes arm, hand and axilla using soap and water.	
	Rinses arm, hand and axilla.	
	Dries arm, hand and axilla.	
	Assists resident to put on a clean gown.	
	Lowers bed if it was raised.	
	Empties rinses and dries equipment and returns to storage.	
	Disposes of soiled linen in appropriate container.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

# Denture Care

(CLEANING ONE DENTURE PLATE, UPPER OR LOWER)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to resident.	
	Lines sink with a protective lining that would help prevent damage to the dentures. <i>(Use cloth towel or washcloth, do not use paper towels.)</i>	
	Puts on gloves.	
	Removes dentures from cup.	
	Handles dentures carefully to avoid damage.	
	Never places dentures in/on a contaminated surface.	
	Rinses denture cup.	
	Applies denture cleanser.	
	Thoroughly brushes dentures including the inner, outer, and chewing surfaces of upper or lower dentures as well as the denture groove and/or plate that will touch any gum surface. <i>(Only one plate is used during testing.)</i>	
	Rinses dentures using clean cool water.	
	Places dentures in denture cup.	
	Adds cool clean water to denture cup.	
	Empties, rinses and dries (with a clean, dry paper towel) equipment and returns to storage.	
	Discards protective lining in an appropriate container.	
	Removes gloves and disposes of gloves in an appropriate container.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

# Catheter Care - Emptying a Urinary Drainage Bag

*(One of the possible mandatory first tasks)*

(PERFORMING CATHETER CARE FOR RESIDENT/MANIKIN, EMPTYING A URINARY DRAINAGE BAG AND MEASURING AND RECORDING URINE OUTPUT)

	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Greets resident by name.	
	Introduces self by name.	
	Explains the procedure to the resident (manikin).	
	Provides privacy – pulls privacy curtain for resident.	
	Puts on gloves.	
	Lifts resident’s gown to expose catheter area.	
	Checks to see that urine can flow, unrestricted, into the drainage bag. <i>(It would be helpful to verbalize checking while looking for kinks in tubing, etc.)</i>	
	Uses a washcloth with soap and water to carefully wash <u>around the catheter</u> where it exits the urethra.	
	<b>Holds catheter where it exits the urethra with one hand.</b>	
	While holding the catheter tubing with fingers where it exits the urethra, cleans 3-4 inches down the catheter tube.	
	<b>Cleans with stroke(s) only away from the urethra.</b>	
	Uses a clean portion of a washcloth for any strokes.	
	Rinses using stroke(s) only away from the urethra.	
	Rinses using clean portion of a washcloth for any strokes.	
	Pats dry.	
	Does not allow the tube to be pulled at any time during the procedure.	
	Replaces top cover over resident.	
	Leaves resident in a position of safety and comfort.	
	Places a barrier on the floor under the drainage bag.	
	Places the graduate on the previously placed barrier.	
	Opens the drain to allow the urine to flow into the graduate.	
	Completely empties drainage bag.	
	Avoids touching the graduate with any part of the tubing.	
	Closes the drain.	
	Wipes the drain with alcohol wipe AFTER emptying drainage bag.	
	Replaces drain in holder.	
	Places graduate on level, flat surface	
	With graduate at eye level, reads output.	
	Empties, rinses and dries (with a clean, dry paper towel) equipment.	
	Returns equipment to storage.	

	Records output on the previously signed recording form.	
	<b>Candidate's recorded output measurement is within 30ml's of the RN Test Observer's output reading.</b>	
	Removes gloves turning inside out and dispose gloves in the designated container (trash can).	
	Washes hands: Begins by wetting hands.	
	Applies soap to hands.	
	Rubs hands together using friction with soap.	
	Rubs hands together for at least twenty (20) seconds with soap.	
	Interlaces fingers pointing downward with soap.	
	Lathers all surfaces of hands with soap.	
	Lathers wrists with soap.	
	Rinses hands thoroughly under running water with fingers pointed downward.	
	Dries hands with clean paper towel(s).	
	Turns off faucet with a clean, dry paper towel.	
	Discards paper towels to trash container.	
	Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

## Donning an Isolation Gown and Gloves – Bedpan and Output

*(One of the possible mandatory first tasks)*

(PLACING RESIDENT ON A BEDPAN, REMOVING BEDPAN. MEASURING AND RECORDING URINE OUTPUT AND REMOVING GOWN AND GLOVES.)

	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Faces the back opening of the gown.	
	Unfolds the gown.	
	Places arms through each sleeve.	
	Fastens the neck opening.	
	Fastens the waist, making sure that the back flaps cover clothing as completely as possible.	
	Puts on gloves.	
	Gloves overlap gown sleeves at the wrist.	
	Greets resident by name.	
	Introduces self by name.	
	Explains the procedure to the resident.	
	Provides privacy for resident – pull privacy curtain.	
	Positions resident on bedpan correctly using correct body mechanics.	
	Raises head of bed to comfortable level.	
	Leaves call light and tissue within easy reach of resident.	
	Steps away to a private area of room away from resident.	
	When signaled by the RN Test Observer, the candidate returns.	
	Obtain a wet washcloth with soap and provide the washcloth with soap for the resident to wash their hands.	
	Provide a wet washcloth for resident to rinse their hands.	
	Provide a towel or dry washcloth for resident to dry their hands.	
	Lowers the head of the bed.	
	Places soiled linen in designated laundry hamper.	
	Gently removes bedpan and holds while the RN Test Observer adds a known quantity of fluid.	
	Measures output.	
	Empties, rinses and dries (with a clean, dry paper towel) equipment and returns to storage.	
	Records output on the previously signed recording form.	
	<b>Candidate's recorded output is within 30ml's of RN Test Observer's recorded output.</b>	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	



	Removes gloves, turning inside out.	
	<b>Removes gloves BEFORE removing gown.</b>	
	Disposes of the gloves in the designated container (trash can).	
	Unfastens gown at the waist.	
	Unfastens gown at the neck.	
	Removes gown by slipping hands underneath gown at the neck and shoulder.	
	Removes gown by folding/rolling soiled area to soiled area.	
	Disposes of gown in the designated container (trash can).	
	Washes Hands: Begins by wetting hands.	
	Applies soap to hands.	
	Rubs hands together using friction for at least 20 seconds with soap.	
	Interlaces fingers pointing downward with soap.	
	Lathers all surfaces of hands and wrists with soap.	
	Rinses hands thoroughly under running water with fingers pointed downward.	
	Dries hands with clean paper towel(s).	
	Turns off faucet with a clean dry paper towel(s).	
	Discards paper towels into trash container.	
	Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.	

## Dressing a Bedridden Resident

(DRESSING A BEDRIDDEN RESIDENT WITH AN AFFECTED SIDE IN A BUTTON UP SHIRT, PANTS/SHORTS AND SOCKS)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains the procedure to the resident.	
	Provides privacy for resident, pulls privacy curtain.	
	Keeps resident covered while removing gown.	
	Resident always remains lying in bed.	
	Removes gown from unaffected side first. (*)	
	Places used gown in laundry hamper.	
	<u>From the affected (weak) side first</u> , dress the resident in a button up shirt or blouse. The candidate inserts their hand through the sleeve of the shirt or blouse and grasps the affected hand of the resident. (*) <i>(Candidate is free to position resident in a manner acceptable to dress the resident but never sits the resident on the side of the bed.)</i>	
	<u>From the affected (weak) side first</u> , dress the resident in pants. The candidate assists the resident to raise their buttocks or turns resident from side to side and draws the pants over the buttocks and up to the resident's waist. (*)	
	When putting on the resident's socks, the candidate draws the socks up the resident's foot until they are smooth.	
	Leaves the resident in correct body alignment and properly dressed. <i>(Pants pulled up to waist, shirt buttoned and not bunched up in front or back.)</i>	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

## Feeding a Dependent Resident

(FEEDING A DEPENDENT RESIDENT FOOD FROM A SINGLE SERVE FOOD ITEM AND OFFERING FLUID FROM TWO GLASSES, MEASURING AND RECORDING THE PERCENTAGE OF TOTAL FOOD CONSUMED AND THE SUM TOTAL OF FLUID CONSUMED IN ML'S)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to the resident.	
	Looks at (picks up) diet card and indicates that resident has received the correct tray.	
	<b>Positions the resident in an upright position. <u>At least 45 degrees.</u></b>	
	Provides hand hygiene for the resident BEFORE feeding. <i>(May use hand sanitizer on the resident covering all surfaces of the resident's hands and rubbing the sanitizer in until dry –or- wash and dry the resident's hands using a wet washcloth with soap.)</i>	
	Protects clothing from soiling by using napkin, clothing protector or towel.	
	Places soiled linen in designated laundry hamper.	
	Remains at eye level or below while feeding resident.	
	Describes the foods being offered to the resident.	
	Offers fluid frequently from each glass.	
	Offers food in small amounts at a reasonable rate, allowing resident to chew and swallow.	
	Wipes resident's hands and face during meal as needed.	
	Leaves resident clean and in a position of comfort.	
	Records intake in percentage of total solid food eaten on the previously signed recording form.	
	Records intake of total fluid consumed in ml's on the previously signed recording form.	
	<b>Candidate's recorded consumed food intake is within 25 percentage points of the RN Test Observer's recorded solid food consumed.</b>	
	<b>Candidate's recorded sum total of fluids consumed is within 45ml's of the RN Test Observer's sum total of fluids consumed.</b>	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

# Making an Occupied Bed

(MAKING A BED -REMOVING SOILED LINENS AND REPLACING WITH CLEAN LINENS- WITH RESIDENT IN THE BED)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Gathers linen.	
	Transports linen correctly without touching uniform.	
	Places linen on a clean barrier, such as a cloth towel or chux pad. <i>May place linen on the over-bed table, seat of the chair, on night stand or over the end of the bed.</i>	
	Explains procedure to resident.	
	Provides privacy for resident, pulls privacy curtain.	
	Directs RN Test Observer to stand on opposite side of bed to provide for safety. (*)	
	Raises bed to a comfortable working height.	
	Resident is to remain covered at all times.	
	Assists resident to roll onto side toward RN Test Observer. <i>Candidate instructs RN Test Observer to remain standing on opposite side of the bed.</i>	
	Rolls or fan folds soiled linen, soiled side inside, to the center of the bed.	
	Places clean bottom sheet along the center of the bed and rolls or fan folds linen against resident's back and unfolds remaining half.	
	Secures two fitted corners.	
	Candidate directs the RN Test Observer to stand on the opposite side of bed. (*)	
	Assists the resident to roll over the bottom linen, preventing trauma and avoidable pain to resident.	
	Removes soiled linen without shaking.	
	Avoids placing dirty linen on the over bed table, chair or floor.	
	Avoids touching linen to uniform.	
	Places soiled linen in designated laundry hamper.	
	Pulls through and smooths out the clean bottom linen.	
	Secures the other two fitted corners.	
	Resident's body never touches the bare mattress. (*)	
	Places clean top linen and blanket or bed spread over covered resident.	
	Removes soiled linen keeping resident unexposed at all times.	
	Tucks in top linen and blanket or bedspread at the foot of bed.	
	Makes mitered corners at the foot of the bed.	
	Applies clean pillow case, with zippers and/or tags to inside.	

	Gently lifts resident's head while replacing the pillow.	
	Lowers bed.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

# Mouth Care—Brushing Teeth

(BRUSHING ALL SURFACES OF RESIDENT'S TEETH AND TONGUE)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to the resident.	
	Provides privacy for resident, pulls privacy curtain.	
	Drapes the chest with towel to prevent soiling.	
	Puts on gloves.	
	Applies toothpaste to toothbrush.	
	<b>Brushes resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.</b>	
	Cleans tongue.	
	Assists resident in rinsing mouth.	
	Wipes resident's mouth.	
	Removes soiled linen.	
	Places soiled linen in designated laundry hamper.	
	Empties container. a. <i>The container can be the emesis basin or a disposable cup.</i>	
	Rinses and dries emesis basin, if used with a clean, dry paper towel, or discards disposable items in designated container (trash can).	
	Rinses toothbrush.	
	Returns equipment to storage.	
	Removes gloves turning inside out and disposes of gloves in designated container (trash can).	
	Leaves resident in position of comfort.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

## Mouth Care of a Comatose Resident

(PROVIDING MOUTH CARE TO A COMATOSE RESIDENT CLEANING ALL SURFACES OF RESIDENT'S TEETH, GUMS AND TONGUE)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Provides privacy for resident, pulls privacy curtain.	
	<b>Turns resident to a side lying position to avoid choking or aspiration.</b> <i>(If the resident is too large for the candidate to turn on his/her own, the candidate may ask the RN Test Observer for assistance with turning the resident.)</i>	
	Drapes chest/bed as needed to protect from soiling.	
	Puts on gloves.	
	Uses swabs and cleaning solution. <i>(Do not use toothbrush or toothpaste.)</i>	
	Gently and thoroughly cleans the inner, outer, and chewing surfaces of all upper and lower teeth.	
	Gently and thoroughly cleans the gums and tongue.	
	Wipes resident's mouth.	
	Returns resident to position of comfort and safety.	
	Discards disposable items, swab(s), in designated container (trash can).	
	Places towel and/or washcloth in designated laundry hamper.	
	Removes gloves turning inside out and disposes of gloves in an designated container (trash can).	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

## Perineal Care for a Female

*(One of the possible mandatory first tasks)*

(PROVIDING PERINEAL CARE FOR A FEMALE RESIDENT/MANIKIN)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to the resident (manikin).	
	<b>Provides privacy for resident, pulls privacy curtain.</b>	
	Removes covers from resident.	
	Fills basin with comfortably warm water.	
	Raises the bed to a comfortable working height.	
	Directs RN Test Observer to stand on the opposite side of the bed to provide for safety. (*)	
	Turns resident toward RN Test Observer or raises resident's hips and places waterproof pad under buttocks.	
	Puts on gloves.	
	Lifts resident's gown to expose perineum only.	
	Separates labia. <i>(Candidate must also verbalize separating.)</i>	
	Uses water and a soapy washcloth.	
	Cleans one side of labia from top to bottom. (*)	
	Using a clean portion of the washcloth, cleans other side of labia from top to bottom.	
	Using a clean portion of the washcloth, cleans the vaginal area from top to bottom.	
	Using a clean washcloth, rinses one side of labia from top to bottom.	
	Using a clean portion of the washcloth, rinses the other side of labia from top to bottom.	
	Using a clean portion of the washcloth, rinses the vaginal area from top to bottom.	
	Dries the area.	
	Covers the exposed area with the resident's gown.	
	Assists resident to turn onto side away from the candidate.	
	With a clean washcloth, water and soap, cleans the rectal area.	
	Cleans area from vagina to rectal area. (*)	
	Uses a clean portion of the washcloth with any stroke.	
	Using a clean portion of the washcloth, rinses the rectal area from vagina to rectal area.	
	Uses a clean portion of the washcloth with any stroke.	



	Dries area.	
	Turns resident toward RN Test Observer or raises hips and removes waterproof pad from under buttocks.	
	Positions resident (manikin) on her back.	
	Places soiled linen in designated laundry hamper.	
	Lowers bed.	
	Empties, rinses and dries (with a clean, dry paper towel) equipment.	
	Returns equipment to storage.	
	Removes gloves turning inside out and disposes of gloves in the designated container (trash can).	
	Washes Hands: Begins by wetting hands.	
	Applies soap to hands.	
	Rubs hands together using friction for at least 20 seconds with soap.	
	Interlaces fingers pointing downward with soap.	
	Lathers all surfaces of hands and wrists with soap.	
	Rinses hands thoroughly under running water with fingers pointed downward.	
	Dries hands with clean paper towel(s).	
	Turns off faucet with a clean dry paper towel(s).	
	Discards paper towels into trash container.	
	Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

# Perineal Care for a Male with Changing a Soiled Brief

*(One of the possible mandatory first tasks)*

(REMOVING A SOILED BRIEF, PROVIDING PERINEAL CARE FOR A MALE RESIDENT/MANIKIN AND APPLYING A CLEAN BRIEF)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to the resident (manikin).	
	<b>Provides privacy for resident, pulls privacy curtain.</b>	
	Removes covers from resident.	
	Obtains new brief.	
	Marks date, time and initials on brief.	
	Fills basin with comfortably warm water.	
	Raises the bed to a comfortable working height.	
	Directs RN Test Observer to stand on the opposite side of the bed to provide for safety.	
	Puts on gloves.	
	Turns resident toward RN Test Observer or raises resident's hips and places waterproof pad under buttocks.	
	Lifts resident's gown to expose perineum only.	
	Removes soiled brief from front to back.	
	Dispose of soiled brief by placing soiled brief into a plastic bag – ties/seals bag and places in designated container (trash can).	
	Gently grasps penis.	
	Uses water and a soapy washcloth.	
	Using a clean portion of the washcloth, cleans tip of penis starting at the urethral opening working away with a circular motion.	
	Using a clean portion of the washcloth for each stroke, cleans the shaft of the penis with firm downward motion.	
	Using a clean portion of the washcloth, cleans scrotum.	
	Using a clean washcloth, rinses.	
	Using a clean portion of the washcloth for each stroke, rinses penis.	
	Using a clean portion of the washcloth for each stroke, rinses scrotum.	
	Dries the area.	
	Covers the exposed area with the resident's gown.	
	Assists resident to turn onto side away from the candidate.	
	Using a clean washcloth with water and soap, cleans the rectal area.	
	Using a clean portion of the washcloth for each stroke, cleans area from scrotum to rectal area.	

	Using a clean portion of the washcloth for each stroke, rinses area from scrotum to rectal area.	
	Dries area.	
	Turns resident toward RN Test Observer or raises hips and removes waterproof pad from under buttocks.	
	Positions resident (manikin) on his back.	
	Correctly applies brief.	
	Places soiled linen in designated laundry hamper.	
	Lowers bed.	
	Empties, rinses and dries (with a clean, dry paper towel) equipment.	
	Returns equipment to storage.	
	Removes gloves turning inside out and disposes of gloves in the designated container (trash can).	
	Washes Hands: Begins by wetting hands.	
	Applies soap to hands.	
	Rubs hands together using friction for at least 20 seconds with soap.	
	Interlaces fingers pointing downward with soap.	
	Lathers all surfaces of hands and wrists with soap.	
	Rinses hands thoroughly under running water with fingers pointed downward.	
	Dries hands with clean paper towel(s).	
	Turns off faucet with a clean dry paper towel(s).	
	Discards paper towels into trash container.	
	Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

## Positioning Resident on Side

(POSITIONING AND TURNING A RESIDENT IN BED ONTO THE CORRECT SIDE STATED, AND PLACING SUPPORT DEVICES -SUCH AS PILLOWS, WEDGES OR BLANKETS- TO MAINTAIN CORRECT BODY ALIGNMENT AND PROTECT BONY PROMINENCES)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to resident.	
	Provides privacy for resident, pulls privacy curtain.	
	Positions bed flat.	
	Raises bed to a comfortable working height.	
	Ensures that the resident's face never becomes obstructed by the pillow. (*)	
	Directs RN Test Observer to stand on the opposite side of the bed to provide for safety, or always turns resident towards self. (*)	
	From the working side of the bed, moves head toward self to provide room on the bed that will be used to safely turn the resident on her/his side.	
	From the working side of the bed, moves hips toward self to provide room on the bed that will be used to safely turn the resident on her/his side.	
	From the working side of the bed, moves legs toward self to provide room on the bed that will be used to safely turn the resident on her/his side.	
	May remain on the working side of the bed and turns the resident toward the previously positioned RN Test Observer, or if the RN Test Observer wasn't directed to side opposite the working side of the bed, candidate moves to opposite side of the bed and turns the resident toward self.	
	Assists/turns resident on her/his side.	
	Resident is placed on the correct RN Test Observer stated side.	
	Ensures resident is not lying on her/his downside arm.	
	Maintains correct body alignment.	
	Places support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the head. (*)	
	Places support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the upside arm. (*)	
	Places support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- behind the back. (*)	
	Places support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- between the knees. (*)	

	Lowers bed if it was raised.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

## Range of Motion Hip and Knee

(PERFORMING PASSIVE RANGE OF MOTION TO THE RESIDENT'S HIP AND KNEE ON ONE SIDE)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to the resident.	
	Provides privacy for resident, pulls privacy curtain.	
	Positions bed flat.	
	<b>Positions resident supine.</b>	
	Correctly supports joints at all times by placing one hand under the knee and the other hand under the ankle.	
	Moves the entire leg away from the body. ( <i>abduction</i> )	
	Moves the entire leg back toward the body. ( <i>adduction</i> )	
	Completes abduction and adduction of the hip three times.	
	Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.	
	Bends the resident's knee and hip toward the resident's trunk. ( <i>flexion of the hip and knee at the same time</i> )	
	Straighten the knee and hip. ( <i>extension of the knee and hip at the same time</i> )	
	Complete flexion and extension of knee and hip three times.	
	<b>Does not cause discomfort or pain and does not force any joint beyond the point of free movement.</b>	
	<b><u>Must ask</u> resident if they are causing the resident any pain or discomfort.</b>	
	Leaves resident in a comfortable position.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

## Range of Motion Shoulder

(PERFORMING PASSIVE RANGE OF MOTION TO THE RESIDENT'S SHOULDER ON ONE SIDE)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to the resident.	
	Provides privacy for resident, pulls privacy curtain.	
	<b>Positions resident on supine.</b>	
	Correctly supports the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.	
	Raises resident's arm up and over the resident's head. ( <i>flexion</i> )	
	Brings the resident's arm back down to the resident's side. ( <i>extension</i> )	
	Completes full range of motion for shoulder through flexion and extension three times.	
	Continue supporting joints correctly by placed one hand under the resident's elbow and the other hand under the resident's wrist.	
	Moves the resident's entire arm out away from the body. ( <i>abduction</i> )	
	Return the resident's arm to the middle of the resident's body. ( <i>adduction</i> )	
	Complete full range of motion for shoulder through abduction and adduction three times.	
	<b>Does not cause discomfort or pain and does not force any joint beyond the point of free movement.</b>	
	<b><u>Must ask</u> resident if they are causing the resident any pain or discomfort.</b>	
	Leaves resident in a comfortable position.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

# Vital Signs – Count and Record your Resident’s Radial Pulse and Respirations and then Pivot-Transfer your Weight Bearing, Non-Ambulatory Resident from their Bed to their Wheelchair using a Gait Belt

(COUNTING THE RESIDENT’S RADIAL PULSE AND RECORDING THE NUMBER OF RESIDENT’S PULSE BEATS AND THEN COUNTING THE RESIDENT’S RESPIRATIONS AND RECORDING THE NUMBER OF RESIDENT’S RESPIRATION BREATHS)

- ❖ THE RN TEST OBSERVER WILL COUNT AT THE SAME TIME AS THE CANDIDATE FOR THE PULSE AND RESPIRATIONS – YOU MUST TELL THE RN TEST OBSERVER WHEN YOU START AND STOP COUNTING THE RADIAL PULSE AND THE RESPIRATIONS, WHICH ARE TAKEN SEPARATELY DURING TESTING

(PIVOT-TRANSFERRING A WEIGHT BEARING (STABLE WHEN STANDING), NON-AMBULATORY (*CANNOT AMBULATE [TAKE STEPS OR WALK] AT ALL*) RESIDENT FROM THEIR BED TO THEIR WHEELCHAIR USING A GAIT BELT)

	Greets resident by name.	
	Performs hand hygiene. <ul style="list-style-type: none"> <li>a. Covers all surfaces of hands with hand sanitizer.</li> <li>b. Rubs hands together until hands are completely dry.</li> </ul>	
	Introduces self by name.	
	Explains procedure to resident.	
	Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.	
	Counts <u>pulse</u> for 60 seconds or 30x2. <ul style="list-style-type: none"> <li>a. <i>Tell the RN Test Observer when you start counting and tell them when you stop counting.</i></li> </ul>	
	Records pulse rate on the previously signed recording form.	
	<b>Candidate's recorded pulse rate is within 4 beats of RN Test Observer’s recorded pulse rate.</b>	
	Counts <u>respirations</u> for 60 seconds or 30x2. <ul style="list-style-type: none"> <li>a. <i>Tell the RN Test Observer when you start counting and tell them when you stop counting.</i></li> </ul>	
	Records respirations on the previously signed recording form.	
	<b>Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer’s recorded respiratory rate.</b>	
	Obtains a gait belt.	
	Positions wheelchair at the foot or head of the bed.	
	<b>Locks wheelchair brakes to ensure resident’s safety.</b>	
	<b>Locks bed brakes to ensure resident’s safety.</b>	
	Assists resident to sitting position (on the edge of the bed) using proper body mechanics.	
	Places gait belt around the resident, below the rib cage and above their waist, to stabilize trunk.	
	Tightens gait belt so that fingers of candidate's hand can be comfortably slipped between gait belt and resident.	
	Assist resident in putting on non-skid slippers/shoes. ( <i>No non-skid socks</i> )	
	Adjust bed so that resident’s feet are comfortably flat on the floor. ( <i>If needed, may assist the resident to scoot to the edge of the bed.</i> )	



	Grasps the gait belt with both hands to stabilize the resident.	
	Brings resident to a standing position using proper body mechanics.	
	<b>Does not attempt to ambulate resident.</b>	
	Assist resident to pivot and sit in a controlled manner.	
	Removes gait belt.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

# Vital Signs – Count and Record your Resident’s Radial Pulse and Respirations and then Pivot-Transfer your Weight Bearing, Non-Ambulatory Resident from their Wheelchair to their Bed using a Gait Belt

(COUNTING THE RESIDENT’S RADIAL PULSE AND RECORDING THE NUMBER OF RESIDENT’S PULSE BEATS AND THEN COUNTING THE RESIDENT’S RESPIRATIONS AND RECORDING THE NUMBER OF RESIDENT’S RESPIRATION BREATHS)

- ❖ THE RN TEST OBSERVER WILL COUNT AT THE SAME TIME AS THE CANDIDATE FOR THE PULSE AND RESPIRATIONS – YOU MUST TELL THE RN TEST OBSERVER WHEN YOU START AND STOP COUNTING THE RADIAL PULSE AND THE RESPIRATIONS, WHICH ARE TAKEN SEPARATELY DURING TESTING

(PIVOT-TRANSFERRING A WEIGHT BEARING (STABLE WHEN STANDING), NON-AMBULATORY (*CANNOT AMBULATE [TAKE STEPS OR WALK] AT ALL*) RESIDENT FROM THEIR WHEELCHAIR TO THEIR BED USING A GAIT BELT)

	Greets resident by name.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Introduces self by name.	
	Explains procedure to resident.	
	Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.	
	Counts <u>pulse</u> for 60 seconds or 30x2. <i>b. Tell the RN Test Observer when you start counting and tell them when you stop counting.</i>	
	Records pulse rate on the previously signed recording form.	
	<b>Candidate's recorded pulse rate is within 4 beats of RN Test Observer’s recorded pulse rate.</b>	
	Counts <u>respirations</u> for 60 seconds or 30x2. <i>b. Tell the RN Test Observer when you start counting and tell them when you stop counting.</i>	
	Records respirations on the previously signed recording form.	
	<b>Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer’s recorded respiratory rate.</b>	
	Positions wheelchair at foot or head of bed.	
	Adjust bed so that resident’s feet will be comfortably flat on the floor when sitting on the bed.	
	<b>Locks wheelchair brakes to ensure resident’s safety.</b>	
	<b>Locks bed brakes to ensure resident’s safety.</b>	
	Places gait belt around the resident, below the rib cage and above their waist, to stabilize trunk.	
	Tightens gait belt so that fingers of candidate's hand can be comfortably slipped between gait belt and resident.	
	Grasps the gait belt with both hands to stabilize the resident.	
	Brings resident to standing position using proper body mechanics.	
	<b>Does not attempt to ambulate resident.</b>	
	Assists resident to pivot and sit on bed in a controlled manner.	
	Removes gait belt.	

	Assists resident in removing non-skid slippers.	
	Assists resident to move to center of bed, supporting extremities as necessary.	
	Makes sure resident is comfortable and in good body alignment.	
	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	

# Vital Signs: Taking and Recording Resident's Manual Blood Pressure

(MANUALLY TAKING THE RESIDENT'S BLOOD PRESSURE AND RECORDING RESIDENT'S BLOOD PRESSURE READING)

- ❖ USING A DUAL STETHOSCOPE WITH THE RN TEST OBSERVER LISTENING AND WATCHING TO GET RESIDENT'S BLOOD PRESSURE READING AT THE SAME TIME AS THE CANDIDATE
- ❖ Candidate will only be allowed **1 attempt per arm**.
  - No re-pumping on the same arm will be allowed – only 1 pump on each arm (this includes any re-attempts/corrections made).
  - The RN Test Observer will inform the candidate when they have reached their max number of attempts (1 per arm) and state *'you have reached your maximum number of attempts, please move forward with your task'*.

	Greets resident by name.	
	Performs hand hygiene. <ul style="list-style-type: none"> <li>a. Covers all surfaces of hands with hand sanitizer.</li> <li>b. Rubs hands together until hands are completely dry.</li> </ul>	
	Introduces self by name.	
	Explains procedure to resident.	
	Provides privacy for resident, pulls privacy curtain.	
	Assists resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position.	
	Rolls resident's sleeve up about 5 inches above the elbow.	
	Applies the cuff around the upper arm just above the elbow and lines cuff arrows up with brachial artery.	
	Cleans earpieces of stethoscope appropriately and places in ears.	
	Cleans diaphragm of the stethoscope.	
	Places stethoscope over brachial artery.	
	Holds stethoscope snugly in place.	
	Inflates cuff to <i>30mmHG above</i> RN Test Observer provided loss of pulse number.	
	Slowly releases air from cuff to disappearance of pulsations.	
	Removes cuff.	
	Candidate will only be allowed <b>1 attempt per arm</b> . <ul style="list-style-type: none"> <li>a. No re-pumping on the same arm will be allowed – only 1 pump on each arm (this includes any re-attempts/corrections made).</li> <li>b. The RN Test Observer will inform the candidate when they have reached their max number of attempts (1 per arm) and state <i>'you have reached your maximum number of attempts, please move forward with your task'</i>.</li> </ul>	
	Records reading on the previously signed recording form.	
	<b>Candidate's recorded systolic blood pressure is within 6mmHg of the RN Test Observer's recorded systolic reading.</b>	
	<b>Candidate's recorded diastolic blood pressure is within 8mmHg of the RN Test Observer's recorded diastolic reading.</b>	

	Performs hand hygiene. a. Covers all surfaces of hands with hand sanitizer. b. Rubs hands together until hands are completely dry.	
	Places call light or signaling device and water within easy reach of the resident.	
	Maintains respectful, courteous interpersonal interactions at all times.	