# **Nursing Assistant Training Performance Skill Evaluation**



March 4, 2019

## **Illinois Department of Public Health**

This instructional packet was developed collaboratively by the Illinois Department of Public Health and Illinois Nurse Assistant/Aide Training Competency Evaluation Program

#### **INTRODUCTION**

This manual will serve as a guide to understanding the Illinois Nursing Assistant Training Competency Evaluation Program (NATCEP). An individual who has successfully completed an approved Basic Nursing Assistant Training Program (BNATP) in Illinois or has been granted an equivalency based on training as outlined in Section 300.663 of the Skilled Nursing and Intermediated Care Facilities Code (77 Illinois Administrative Code 300) is eligible to be competency tested. There are two components to the competency examination: a performance skills evaluation and a written examination.

This manual also describes BNATP instructor qualifications including the role of an Approved Evaluator. This manual includes instructions for administering the performance skills portion of the NATCEP. The 21 Performance Skills that must be demonstrated according to established standards by a Certified Nursing Assistant (CNA) as part of the NATCEP are identified and outlined.

All training program instructors are responsible for assuring that their CNA students are competent to perform the performance skills listed on the clinical skills checklist of each respective BNATP. This clinical skills list shall include, but not be limited to, the 21 Performance Skills identified in this manual.

#### INSTRUCTIONS FOR ADMINISTERING THE COMPETENCY SKILLS EVALUATION

#### Process Evaluation

All performance skill evaluations are process evaluations. The focus is on accurate and positive outcomes for the resident.

Process evaluations are used to determine how well a task is performed, so it is necessary to observe each step of the task in order to ensure that it was done correctly. Successful performance of the task should result in positive outcomes for the resident. For example, the <u>process</u> of performing hair care should result in the resident being comfortable while the activity is being performed; the <u>outcome</u> is that the resident looks nice.

<u>Additional Resource</u> Illinois Occupational Skill Standards Nursing Cluster (http://www.ioes.org/illinoisoccupationalskillstandards.html)

Although not mandated, this tool is highly recommended by the Illinois Department of Public Health (IDPH) to expand the current tool. It can be used to teach and test additional performance skills. Although there are multiple skills listed for nursing assistants, the Department only requires competency testing on 21 of those skills. One of the 21 skills is not listed separately; it is "dressing a client" which is included as part of morning care.

#### Administration of Competency Evaluation

The test is administered on a one-to-one basis. This means that an evaluator cannot test more than one student at a time. If the Performance Skills are evaluated in the classroom or laboratory setting, the time is counted as theory. Only skills performed on actual residents can be counted as clinical hours.

Resident rights and preferences are to be observed at all times. It is not acceptable to ask residents to leave their room in order to administer the skills portion of the competency examination. Visitors may be asked to leave the room but are not required to do so.

Basic principles for resident care are the same for both portions of the test. They are safety, infection control, and resident rights. It is possible for a student to fail although every step of a skill was followed. In this case, the reason for failure must be written on the evaluator's report form.

Three examples follow:

- In providing oral hygiene, a student performs each step. However, the student becomes upset and tells the resident, "Sit down and shut up."The student fails because the statement is a violation of resident rights.
- A student drops the spoon being used to feed a resident. The student picks up the spoon and continues to feed the resident. The student fails because this is a violation of infection control procedures.
- While making an occupied bed, the student leaves a window open. The temperature outside is very cold and the air is blowing directly on the resident. The student fails because this is a violation of safety.

Each program will determine how many opportunities will be given to students to pass each performance skill evaluation. If a student fails any of the Performance Skills, the evaluator shall not sign the class roster with that student's name on it.

### Selected Manual Performance Skills

The selected 21 performance skills have been identified through the federal legislation that gives guidance to the Illinois Nurse Aide Competency Evaluation. A separate performance skill checklist is provided for each of the following skills:

- Performance Skill #1
   Wash hands
- Performance Skill #2
   Perform Oral Hygiene
- Performance Skill #3 Shave a Resident
- Performance Skill #4 Perform Nail Care
- Performance Skill #5 Perform Perineal Care
- Performance Skill #6
- Performance Skill #7
- Performance Skill #8 Make Occupied Bed
- Performance Skill #9
- Performance Skill #10
- Performance Skill #11
- Performance Skill #11
  Performance Skill #12
- Performance Skill #12
- Performance Skill #14
- Performance Skill #15
- Performance Skill #16
- Performance Skill #17
- Performance Skill #18
- Performance Skill #19
- Performance Skill #20

•

Transfer Belt Transfer Using Mechanical Lift

Dress a Resident

Give Partial Bath

Give a Shower or Tub Bath

- 2 Ambulate with Transfer Belt
- 3 Feed A Resident
- Calculate Intake and Output
- ill #15 Place Resident in a Side-Lying Position
  - #16 Perform Passive Range of Motion
    - Apply and Remove Personal Protective Equipment

Transfer Resident to Wheelchair Using a

- Measure and Record Temperature, Pulse
  - and Respiration
- 1#19 Measure and Record Blood Pressure
  - Measure and Record Weight
- Performance Skill #21 Measure and Record Height

#### STUDENTS MUST SHOW COMPENTENCE IN ALL 21 OF THESE PERFORMANCE SKILLS IN ORDER TO SUCCESSFULLY COMPLETE A BASIC NURSING ASSISTANT TRAINING PROGRAM.

Performance Skills 1, 8, 11, 12, 14, 17, 18, 19, 20, 21 can be performed in a lab setting.

## **Beginning and Completion Tasks**

Performance skills 2-21 have "Beginning" and "Completion" tasks as defined below. Refer back to this page as necessary for the steps of those tasks.

#### **BEGINNING TASKS**

- 1. Wash Hands.
- 2. Assemble Equipment.
- 3. Knock and pause before entering.
- 4. Introduce self and verify resident identity as appropriate.
- 5. Ask visitors to leave.
- 6. Provide privacy for the resident.
- 7. Explain the procedure and answer questions.

Note: Let the resident assist as much as possible and honor preferences.

#### **COMPLETION TASKS**

- 1. Position the resident comfortably.
- 2. Remove or discard gloves/protective equipment.
- 3. Wash hands.
- 4. Return the bed to an appropriate position.
- 5. Place signal cords, phone and water within reach of the resident.
- 6. Conduct general safety check/resident and environment.
- 7. Open the curtains.
- 8. Care for the equipment as necessary.
- 9. Wash hands.
- 10. Let visitors reenter, as appropriate.
- 11. Report completion of task, as appropriate.
- 12. Document actions and observations.

## Performance Skill # 1 WASH HANDS

#### STANDARD: HANDS ARE WASHED WITHOUT RECONTAMINATION.

While equipment may vary, the principles noted on the competency exam must be followed at <u>all</u> times.

1	Stood so that clothes did not touch sink.
2	Turned on water and adjusted temperature to warm; left water running.
3	Wet wrists and hands; kept hands lower than level of elbow throughout procedure.
4	Applied soap or cleaning agent to hands using available products.
5	Washed hands and wrists using friction for 15-20 seconds.
6	Rinsed hands and wrists well under running water with fingertips pointed down.
7	Dried hands thoroughly with paper towel(s) from fingertips to wrists.
8	Disposed of used paper towel(s).
9	Used dry paper towel between hand and faucet to turn off water.
10	Disposed of used paper towels.

## Performance Skill # 2 PERFORM ORAL HYGIENE

#### STANDARD: MOUTH, TEETH AND/OR DENTURES WILL BE FREE OF DEBRIS.

This care must be provided to a resident.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Positioned resident.	
3	Cleaned oral cavity using appropriate oral hygiene products.	
4	Rinsed oral cavity.	
5	Repeated steps 3 and 4 until oral cavity was clean.	
6	Cleaned and rinsed teeth, dentures if applicable.	
7	Assisted resident to clean and dry mouth area.	
8	Performed completion tasks (refer to page 12 in this manual).	

### Performance Skill # 3 SHAVE A RESIDENT

## STANDARD: RESIDENT IS FREE OF FACIAL HAIR WITH NO ABRASIONS OR LACERATIONS.

This care must be provided to a resident.

The student is assigned the task of shaving a resident's (preferably male) face. The evaluator must obtain a list of residents who need to be shaved and for whom shaving is not contraindicated. <u>Example:</u> Residents taking anticoagulants should not be assigned.

1	Performed beginning tasks (refer to page 12 in this manual).
2	Positioned resident.
3	Shaved resident:
	A. Non-Electric Shave:
	a. Applied shaving cream or soap.
	b. Shaved resident, holding skin taut and using single, short strokes primarily in the direction of the hair growth rinsing razor frequently.
	c. Rinsed face with warm cloth.
	d. Applied after shave product as appropriate.
	e. Discarded razor into the appropriate container.
	OR

## Performance Skill # 3 SHAVE A RESIDENT (CONTINUED)

	B. Electric Shave:	
	a. Checked to be sure that the razor was clean.	
	b. Verified that the resident was prepared with a clean, dry face.	
	c. Turned on razor, observing precautions for using electrical equipment.	
	d. Shaved resident by holding skin taut and moving the razor over a small area of the face in the direction of the hair growth until the hair was removed.	
	e. Cleaned the razor after use.	
	f. Applied after shave product as appropriate.	
4	Performed completion tasks (refer to page 12 in this manual).	

## Performance Skill # 4 PERFORM NAIL CARE

#### STANDARD: FINGERNAILS ARE CLEAN AND SMOOTH.

This care must be provided to a resident.

IMPORTANT: Do not assign residents with diabetes to students for nail care. Facility policies may vary in the area of nail care; <u>at all times, facility policies must be observed.</u> **NOTE: CNAs are not to trim the toenails of residents.** 

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Washed, soaked and dried the resident's hands.	
3	Cleaned the nails.	
4	Clipped one nail at a time, so that edges are smooth according to resident preference.	
5	Filed nails, as needed, smoothing rough areas.	
6	Applied lotion as needed.	
7	Performed completion tasks (refer to page12 in this manual).	

## Performance Skill # 5 PERFORM PERINEAL CARE

#### STANDARD: PERINEAL AREA IS CLEAN.

This care must be provided to a resident.

1	Performed beginning tasks (refer to page 12 in this manual).
2	Filled basin with water at correct temperature to resident preference, if applicable.
3	Covered the resident appropriately to avoid exposure and maintain dignity.
4	Placed a waterproof pad under buttocks.
5	Positioned resident appropriately.
6	Wet washcloths and applied cleansing solution.
7	<ul> <li>Washed perineal area:</li> <li>A. Females: Separated the labia, cleaned front to back using downward strokes. Used a clean area of the cloth for each downward motion. Repeated using additional cloths, as needed.</li> <li>B. Males: Retracted foreskin in uncircumcised male. Grasped penis, cleaned tip of penis using a circular motion, washed down shaft of the penis and washed testicles. Replaced foreskin of uncircumcised male.</li> </ul>
8	Rinsed the perineal area, if applicable.
9	Turned the patient on their side facing away. Cleaned anal area by washing from front to back.
10	Patted area dry, if applicable.
11	Removed waterproof pad and discarded.
12	Performed completion tasks (refer to page 12 in this manual).

## Performance Skill # 6 GIVE PARTIAL BATH

## STANDARD: DESIGNATED BODY AREAS, INCLUDING THE PERINEAL AREA, ARE WASHED, RINSED AND DRIED.

This care must be provided to a resident.

1	Performed beginning tasks (refer to page 12 in this manual).
2	Prepared resident for partial bath.
3	Filled basin with water at correct temperature to resident preference.
4	Washed, rinsed and dried face, hands, axilla, perineal area and other areas as appropriate.
5	Removed linen used for bathing and placed in appropriate container.
6	Prepared resident for dressing.
7	Performed completion tasks (refer to page 12 in this manual).

## Performance Skill # 7 GIVE A SHOWER OR TUB BATH

#### STANDARD: BODY IS CLEAN USING A SHOWER OR TUB BATH.

This care must be provided to a resident.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Prepared resident for shower or tub bath.	
3	Adjusted water temperature to resident preference throughout bath.	
4	Washed, rinsed and dried in appropriate head to toe sequence allowing for resident independence.	
5	Shampooed hair as appropriate.	
6	Prepared resident to leave shower or tub bath area.	
7	Performed completion tasks (refer to page 12 in this manual).	

## Performance Skill # 8 MAKE OCCUPIED BED

#### STANDARD: OCCUPIED BED MUST BE NEAT, WRINKLE FREE WITH PERSON AND BED PLACED IN THE APPROPRIATE POSITIONS.

May be tested in the classroom or clinical setting.

The person must be in bed with the side rails up (if applicable) while the bed is being made. If side rails are not available, an alternative safety measure shall be used. When side rails are used as a safety measure during this procedure, care must be taken to prevent personal injury.

Dirty linen is defined as linen that contain no visible body fluids. Gloves may be worn when handling dirty linen. Soiled linen is defined as linen that may be contaminated with body fluids. Gloves shall be worn when handling soiled linen.

At the completion of this task the bed must be left in the appropriate position with side rails up or down as indicated by the needs of the individual (if side rails are available).

		[ ]
1	Performed beginning tasks (refer to page 12 in this manual).	
2	Removed top linen, keeping person covered.	
3	Positioned individual on one side of bed with side rail up (if applicable) using appropriate safety measures on unprotected side, and using appropriate body mechanics.	
4	Tucked dirty linen under individual. Used gloves if linen is contaminated with blood or body fluids.	
5	Replaced bottom linen on first side. Tucked corners and sides neatly under mattress.	
6	Repositioned individual to other side using appropriate safety measures on unprotected side.	
7	Removed dirty linen by rolling together, held away from clothing, and placed dirty linen in appropriate container. Disposed of gloves, if used, and washed hands.	

## Performance Skill # 8

## MAKE OCCUPIED BED (CONTINUED)

8	Completed tucking clean linen under mattress with corners and sides tucked neatly under mattress on the second side.
9	Repositioned the individual to a comfortable position.
10	Placed top sheet over individual. Removed dirty covering. Tucked bottom corners and bottom edge of sheet under mattress, as indicated.
11	Placed blanket/spread over person. Tucked bottom corners and bottom edge or blanket/spread under mattress, as indicated. Pulled top edge of sheet over top edge of blanket/spread.
12	Removed and replaced pillowcase appropriately. Replaced pillow under individual's head.
13	Placed bed in appropriate position.
14	Performed completion tasks (refer to page 12 in this manual).

## Performance Skill # 9 DRESS A RESIDENT

#### STANDARD: RESIDENT IS DRESSED IN OWN CLOTHING, INCLUDING FOOTWEAR, WHICH IS NEAT AND CLEAN. RESIDENT IS COMFORTABLE DURING DRESSING PROCEDURE AND CHOOSES OWN CLOTHING WHEN ABLE.

This care must be provided to a resident.

Clothing should consist of undergarments, dress, or shirt or blouse and pants, socks and footwear.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Asked resident preference and gathered resident's own clean clothing.	
3	Dressed the resident in undergarments, top, pants (or dress) and footwear, as appropriate.	
4	Performed completion tasks (refer to page 12 in this manual).	

## Performance Skill # 10 TRANSFER RESIDENT TO WHEELCHAIR USING A TRANSFER BELT

#### STANDARD: APPLIED TRANSFER BELT; ASSISTED RESIDENT TO STAND, PIVOT AND SIT IN WHEELCHAIR WITH BODY ALIGNED.

This care must be provided to a resident.

This skill requires that a resident be transferred from the bed to a wheelchair with the use of a transfer belt which is also referred to as a gait belt.

1	Performed beginning tasks (refer to page 12 in this manual).
2	Lowered bed to appropriate position.
3	Positioned wheelchair at bedside.
4	Locked brakes.
5	Assisted resident to sitting position.
6	Applied transfer belt firmly around the resident's waist (should be adjusted to allow evaluator to place one or two fingers between the belt and the resident).
7	Adjusted transfer belt over clothing so that buckle is off center.
8	Applied non-skid footwear to resident.
9	Grasped transfer belt on both sides with underhand grasp.
10	Assisted resident to stand; pivot and sit in wheelchair.
11	Placed resident's feet on foot rests, if applicable.
12	Aligned resident's body in wheelchair.
13	Performed completion tasks (refer to page 12 in this manual).

## Performance Skill # 11 TRANSFER USING A MECHANICAL LIFT

# STANDARD: TRANSFERRED PERSON SAFELY UTILIZING A MECHANICAL LIFT.

May be tested in the classroom or in the clinical setting.

Followed facility policy for use of lift according to manufacturer's instructions.

1	Performed beginning tasks (refer to page 12 in this manual).
2	Identified appropriate lift for resident.
3	Applied correct sling/belt.
4	Attached sling/belt to mechanical lift.
5	Verified resident's readiness for transfer.
6	Operated the mechanical lift controls according to manufacturer's instructions.
7	Maneuvered the lift safely.
8	Lowered resident safely.
9	Disconnected sling/belt from lift.
10	Removed sling/belt if applicable.
11	Performed completion tasks (refer to page 12 in this manual).

## Performance Skill # 12 AMBULATE WITH TRANSFER BELT

#### STANDARD: AMBULATED PERSON SAFELY UTILIZING TRANSFER BELT.

May be tested in the classroom or in the clinical setting.

1	Performed beginning tasks (refer to page 12 in this manual).
2	Locked bed or chair wheels, if appropriate.
3	Ensured the person was appropriately attired including non-skid footwear.
4	Applied transfer belt firmly around person's waist (should be adjusted to allow evaluator to place two fingers between the belt and the person.)
5	Assisted the person to standing position.
6	Stood at the person's affected side (if applicable) while balance is gained.
7	Ensured the person stood erect with head up and back straight, as tolerated.
8	Assisted the person to walk. Walked to the side and slightly behind the person. Held transfer belt using under hand grasp.
9	Encouraged the person to ambulate normally with the heel striking the floor first. Discouraged shuffling or sliding, if noted.
10	Ambulated the required distance, if tolerated.
11	Assisted the person to return to bed or chair.
12	Removed transfer belt appropriately.
13	Performed completion tasks (refer to page 12 in this manual).

## Performance Skill # 13 FEED A RESIDENT

## STANDARD: RESIDENT IS FED PRESCRIBED DIET IN A COURTEOUS AND SAFE MANNER.

This care must be provided to a resident.

The student should be assigned to feed someone <u>without</u> any special feeding techniques required.

1	Performed beginning tasks (refer to page 12 in this manual).
2	Prepared the resident for the meal (i.e. allowed resident to use toilet and wash hands).
3	Positioned resident in sitting position as appropriate.
4	Matched food tray/diet items with resident's diet order.
5	Matched food tray/dietary items with appropriate resident.
6	Protected resident's clothing, as appropriate or as resident prefers.
7	Noted temperature of food and liquids to avoid food that is too hot or too cold.
8	Fed moderate-sized bites with appropriate utensil.
9	Interacted with resident as appropriate (i.e., conversation, coaxing, cueing, being positioned at eye level with the resident).
10	Alternated liquids with solids, asking resident preference.
11	Ensured the resident has swallowed food before proceeding.
12	Cleaned resident as appropriate when completed.
13	Removed tray, cleaned area.
14	Performed completion tasks (refer to page 12 in this manual).

## Performance Skill # 14 CALCULATE INTAKE AND OUTPUT

# STANDARD: TOTAL INTAKE AND OUTPUT QUANTITIES CALCULATED WITHOUT ERROR.

May be tested in the classroom or the clinical setting.

The student is to measure intake and output in cubic centimeters (cc) or milliliters (ml). The student may be told the fluid capacity of the containers (glasses, cups, bowls).

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Wrote down the intake and output amounts in the units used to measure the intake and output quantities (i.e., cc=cubic centimeters, ml=milliliters, oz=ounces).	
3	Converted the measured unit into the units to be recorded on resident intake and output chart.	
4	Calculated all the measured quantities listed as resident intake to obtain a total amount of intake for the time period.	
5	Added all the measured quantities listed as resident output to obtain a total amount of output for the time period.	
6	Recorded the total intake and output to be compared to the recorded intake and output calculation of the evaluator.	
7	Performed completion tasks (refer to page 12 in this manual).	

## Performance Skill # 15 PLACE RESIDENT IN SIDE-LYING POSITION

#### STANDARD: BODY ALIGNED WITH DEPENDENT EXTREMITIES SUPPORTED AND BONY PROMINENCES PROTECTED.

This care must be provided to a resident.

Either of two positions is acceptable: side-lying position or a variation in which knees are flexed with appropriate padding between the knees and ankles.

1	Performed beginning tasks (refer to page 12 in this manual).
2	Raised side rail on unprotected side of bed (if applicable).
3	Positioned resident on side in the center of the bed in side-lying position.
4	Placed appropriate padding.
	a. Behind back.
	b. Under head.
	c. Between legs.
	d. Supporting dependent arm.
5	Ensured resident is in good body alignment.
6	Raised side rails, if appropriate.
7	Performed completion tasks (refer to page 12 in this manual).

## Performance Skill # 16 PASSIVE RANGE OF MOTION

#### STANDARD: COMPLETED THREE DIFFERENT RANGE-OF-MOTION EXERCISES WITHOUT GOING PAST THE POINT OF RESISTANCE OR PAIN.

This care must be provided to a resident.

The body part to be exercised must be supported. The student is not to force a joint beyond its present range of motion or to the point of pain. The student is required to name the exercise being performed (e.g., abduction, flexion). The approved evaluator will verify the number of repetitions for the selected ROM exercise with the student.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Demonstrated three different range of motion movements.	
	a. Flexion and extension.	
	b. Abduction and adduction.	
	c. Pronation and supination.	
	d. Dorsal and plantar flexion.	
	e. Opposition.	
	f. Internal/External rotation.	
	g. Radial deviation and ulnar deviation.	
3	Supported the proximal and distal ends of the extremity or the joint itself.	
4	Observed the resident's reaction during the procedure.	
5	Demonstrated or verbalized the need to stop moving if pain or resistance was noted.	
6	Performed completion tasks (refer to page 12 in this manual).	

## Performance Skill # 17 APPLY AND REMOVE PERSONAL PROTECTIVE EQUIPMENT

# STANDARD: APPLIED AND REMOVED PERSONAL PROTECTIVE EQUIPMENT WITHOUT CONTAMINATION.

May be tested in the classroom or in the clinical setting.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Identified type of isolation required.	
3	Applied appropriate personal protective equipment outside the isolation room.	
	Gown: Applied gown and secured it at neck and waist.	
	Mask: Placed mask over nose and mouth, secured appropriately.	
	Gloves: Applied gloves appropriately.	
4	Removed Personal Protective Equipment inside the isolation room.	
	Gloves: Removed gloves appropriately.	
	Gown: Removed gown appropriately.	
	• Mask: Removed mask appropriately. Washed hands.	
5	Discarded Personal Protective Equipment appropriately.	
6	Performed completion tasks (refer to page 12 in this manual).	

## Performance Skill # 18 MEASURE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION

#### STANDARD: ORAL TEMPERATURE IS MEASURED TO WITHIN + OR – 0.2 DEGREES OF EVALUATOR'S READING UNLESS A DIGITAL THERMOMETER IS USED. RADIAL PULSE IS MEASURED TO WITHIN + OR – TWO BEATS OF EVALUATOR'S RECORDING OF RATE. RESPIRATON IS MEASURED TO WITHIN + OR – TWO RESPIRATIONS OF EVALUATOR'S RECORDING OF RATE.

May be tested in the classroom or in the clinical setting.

The evaluator must simultaneously count the rate for the length of time specified by the student and determine the correct rate.

Pulse and Respiration can not be a combined procedure; they must be measured separately.

	MEASURE ORAL TEMPERATURE:	
	MEASURE ORAL TEMI ERATURE.	
1	Performed beginning tasks (refer to page 12 in this manual).	
2	Positioned resident, sitting or lying down.	
3	Activated the thermometer.	
4	Covered thermometer as appropriate.	
5	Placed the thermometer probe appropriately.	
6	Instructed the resident to close mouth around the thermometer.	
7	Stayed with the resident during the entire procedure.	
8	Removed the thermometer when appropriate.	
9	Read the thermometer.	
10	Recorded and reported the results within $+$ or $-0.2$ degrees of the evaluator's recorded temperature reading.	

## Performance Skill # 18 MEASURE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION (CONTINUED)

11	Performed completion tasks (refer to page 12 in this manual).	
	MEASURE RADIAL PULSE:	
1	Performed beginning tasks (refer to page 12 in this manual).	
2	Positioned resident, sitting or lying down.	
3	Located radial pulse at wrist.	
4	Placed fingers over radial artery. Student does this first, then evaluator locates pulse on opposite wrist.	
5	Determined whether to count for 30 seconds or 60 seconds.	
6	Counted pulsations for 30 seconds and multiplied the count by 2; or for one minute if irregular beat. Student must tell when to start and end count.	
7	Recorded the pulse rate within + or – two beats per minute of pulse rate recorded by evaluator.	
	MEASURE RESPIRATION:	
8	Positioned hand on wrist as if taking the pulse as appropriate.	
9	Determined whether to count for 30 seconds or 60 seconds.	
10	Counted respirations for 30 seconds and multiplied the count by 2; or for one minute if irregular. Student must tell when to start and end count.	
11	Recorded the respiratory rate within + or – two respirations per minute of respiratory rate recorded by evaluator.	
12	Performed completion tasks (refer to page 12 in this manual).	

## Performance Skill # 19 MEASURE AND RECORD BLOOD PRESSURE

#### STANDARD: MEASURE AND RECORD BLOOD PRESSURE TO WITHIN + OR – 4MM OF THE EVALUATOR'S READING USING DUAL STETHOSCOPE.

May be tested in the classroom or the clinical setting.

A teaching/training (dual head design) stethoscope must be used simultaneously by the student and the evaluator. On the exam itself, a safety issue is listed, "cuff deflated in a timely manner." This means that the cuff should not be left inflated over the resident's arm long enough to cause discomfort, discoloration or injury. In the event that a student is hearing impaired, that student will be allowed to use an amplified stethoscope.

1	Performed beginning tasks (refer to page 12 in this manual).
2	Cleaned earpieces of stethoscope.
3	Positioned resident sitting or lying.
4	Made sure the room was quiet; turned down loud TV or radio.
5	Selected the appropriate size cuff and applied it directly over the skin, above the elbow.
6	Positioned the stethoscope over the brachial artery.
7	Inflated the cuff per the instructor's direction.
8	Identified the systolic and diastolic measurements while deflating the cuff.
9	Deflated the cuff in a timely manner.
10	Re-measured, if necessary, to determine the accuracy (waited one minute if using the same arm or use the other arm, if appropriate).
11	Recorded blood pressure measurement to be compared with the blood pressure recorded by the evaluator.
12	Performed completion tasks (refer to page 12 in this manual).

## Performance Skill # 20 MEASURE AND RECORD WEIGHT

#### STANDARD: MEASURE AND RECORD WEIGHT TO WITHIN + OR $-\frac{1}{2}$ POUND.

May be tested in the classroom or the clinical setting.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Balanced scale at zero.	
3	Weighed individual.	
	A. Individual who is able to stand to be weighed:	
	a. Placed paper towel on scale platform.	
	b. Assisted individual to stand on scale platform without footwear.	
	c. Read weight measurement.	
	d. Recorded weight measurement to be compared to the weight measurement recorded by the evaluator.	
	e. Assisted individual off of scale with appropriate assistance as necessary.	
	OR	
	B. Individual who is weighed by wheelchair or bed scale:	
	a. Sanitized wheelchair/bed scale according to facility policy.	
	b. Assisted individual on wheelchair scale or bed scale as appropriate.	
	c. Read weight measurement.	
	d. Recorded weight measurement to be compared to the weight measurement recorded by the evaluator.	
	e. Assisted resident off wheelchair/bed scale as appropriate.	
4	Returned scale balanced to zero.	

## Performance Skill # 21 MEASURE AND RECORD HEIGHT

#### STANDARD: HEIGHT IS MEASURED TO WITHIN ½ INCH IN EITHER STANDING OR NONSTANDING INDIVIDUAL.

May be tested in the classroom or the clinical setting.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Measured height.	
	A. Individuals who are ABLE TO STAND:	
	a. Used appropriate measuring device.	
	b. Placed paper towel on platform as appropriate.	
	c. Instructed individual to stand erect without shoes.	
	d. Read height measurement.	
	e. Recorded height measurement and converted appropriately to be compared to the height measurement recorded by the evaluator.	
	OR	
	OR B. Individuals who are UNABLE TO STAND:	
	B. Individuals who are UNABLE TO STAND:	
	B. Individuals who are UNABLE TO STAND:         a. Position individual on side or back without shoes.	
	B. Individuals who are UNABLE TO STAND:         a. Position individual on side or back without shoes.         b. Used appropriate measuring device.	
	<ul> <li>B. Individuals who are UNABLE TO STAND:</li> <li>a. Position individual on side or back without shoes.</li> <li>b. Used appropriate measuring device.</li> <li>c. Read height measurement.</li> <li>d. Recorded height measurement and converted appropriately to be compared with the height measurement recorded by</li> </ul>	

Printed by Authority of the State of Illinois P.O. #469077 600 5/09