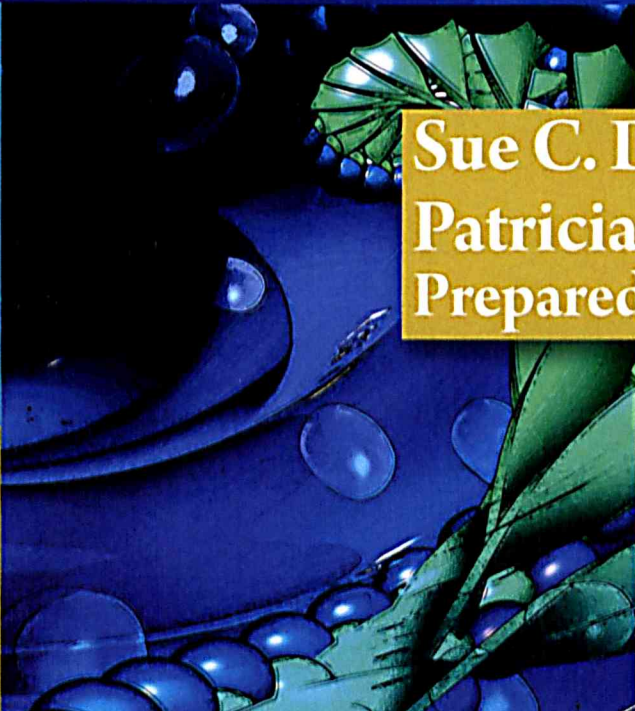


**Skills Checklist
to Accompany**

Fundamentals of Nursing

Standards & Practice

Fourth Edition



**Sue C. DeLaune
Patricia K. Ladner
Prepared by Dawna Martich**

Skills Checklist
to Accompany

FUNDAMENTALS OF NURSING

STANDARDS & PRACTICE

FOURTH EDITION

Sue C. DeLaune, MN, RN

Assistant Professor
School of Nursing
William Carey University
New Orleans, Louisiana

Patricia K. Ladner MS, MN, RN

Former Consultant for Nursing Practice
Louisiana State Board of Nursing
New Orleans, Louisiana

President and Educational Director

SDeLaune Consulting
Mandeville, Louisiana

Prepared by

Dawna Martich, RN, MSN
Nursing Education Consultant
Pittsburgh, Pennsylvania

Previous editions prepared by:

Julie Sandford, DNS, RN
Kathy R. White, RN, BSN

614.253.5 (083.2)
D34

Сестринское дело
Формы. Бланки



**Skills Checklist to Accompany
Fundamentals of Nursing: Standards and
Practice, Fourth Edition**

**Sue C. DeLaune and Patricia K. Ladner
Dawna Martich**

Vice President, Career and Professional
Editorial: Dave Garza

Director of Learning Solutions: Matthew
Kane

Acquisitions Editor: Stephen Helba

Managing Editor: Marah Bellegarde

Senior Product Manager: Patricia A.
Gaworecki

Editorial Assistant: Meghan Orvis

Vice President, Career and Professional
Marketing: Jennifer Ann Baker

Marketing Director: Wendy E. Mapstone

Senior Marketing Manager: Michele
McTighe

Marketing Coordinator: Scott A. Chrysler

Production Director: Carolyn Miller

Production Manager: Andrew Crouth

Senior Content Project Manager: Kenneth
McGrath

Art Director: Jack Pendleton

© 2011, 2006, 2002, 1998 Delmar, Cengage Learning

ALL RIGHTS RESERVED. No part of this work covered by the copyright herein may be reproduced, transmitted, stored, or used in any form or by any means graphic, electronic, or mechanical, including but not limited to photocopying, recording, scanning, digitizing, taping, Web distribution, information networks, or information storage and retrieval systems, except as permitted under Section 107 or 108 of the 1976 United States Copyright Act, without the prior written permission of the publisher.

For product information and technology assistance, contact us at
Cengage Learning Customer & Sales Support, 1-800-354-9706

For permission to use material from this text or product,
submit all requests online at www.cengage.com/permissions.
Further permissions questions can be e-mailed to
permissionrequest@cengage.com

Library of Congress Control Number: 2009938741

ISBN-13: 978-1-4354-8069-8

ISBN-10: 1-4354-8069-4

Delmar

5 Maxwell Drive
Clifton Park, NY 12065-2919
USA

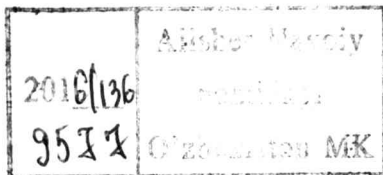
Cengage Learning is a leading provider of customized learning solutions with office locations around the globe, including Singapore, the United Kingdom, Australia, Mexico, Brazil, and Japan. Locate your local office at: international.cengage.com/region

Cengage Learning products are represented in Canada
by Nelson Education, Ltd.

To learn more about Delmar, visit www.cengage.com/delmar Purchase
any of our products at your local college store or at our preferred online
store www.CengageBrain.com.

Notice to the Reader

Publisher does not warrant or guarantee any of the products described herein or perform any independent analysis in connection with any of the product information contained herein. Publisher does not assume, and expressly disclaims, any obligation to obtain and include information other than that provided to it by the manufacturer. The reader is expressly warned to consider and adopt all safety precautions that might be indicated by the activities described herein and to avoid all potential hazards. By following the instructions contained herein, the reader willingly assumes all risks in connection with such instructions. The publisher makes no representations or warranties of any kind, including but not limited to, the warranties of fitness for particular purpose or merchantability, nor are any such representations implied with respect to the material set forth herein, and the publisher takes no responsibility with respect to such material. The publisher shall not be liable for any special, consequential, or exemplary damages resulting, in whole or part, from the readers' use of, or reliance upon, this material.



Printed in the United States of America
1 2 3 4 5 6 7 13 12 11 10

Contents

Procedure 26-1:	Measuring Body Temperature	1
Procedure 26-2:	Assessing Pulse Rate	9
Procedure 26-3:	Assessing Respiration	13
Procedure 26-4:	Assessing Blood Pressure	15
Procedure 28-1:	Performing Venipuncture	19
Procedure 28-2:	Performing a Skin Puncture	25
Procedure 28-3:	Obtaining a Residual Urine Specimen from an Indwelling Catheter	29
Procedure 28-4:	Collecting a Clean-Catch, Midstream Urine Specimen	31
Procedure 28-5:	Measuring Blood Glucose Levels	35
Procedure 29-1:	Applying Restraints	39
Procedure 29-2:	Handwashing: Visibly Soiled Hands	43
Procedure 29-3:	Applying Sterile Gloves via the Open Method	45
Procedure 29-4:	Donning and Removing Clean and Contaminated Gloves, Cap, and Mask	49
Procedure 29-5:	Surgical Hand Antisepsis	53
Procedure 29-6:	Applying Sterile Gloves and Gown via the Closed Method	57
Procedure 29-7:	Removing Contaminated Items	59
Procedure 29-8:	Bathing a Client in Bed	63
Procedure 29-9:	Changing Linens in an Unoccupied Bed	67
Procedure 29-10:	Changing Linens in an Occupied Bed	73
Procedure 29-11:	Perineal and Genital Care	77
Procedure 29-12:	Oral Care	79
Procedure 29-13:	Eye Care	87
Procedure 30-1:	Medication Administration: Oral, Sublingual, and Buccal	95
Procedure 30-2:	Withdrawing Medication from an Ampule	99
Procedure 30-3:	Withdrawing Medication from a Vial	101
Procedure 30-4:	Mixing Medications from Two Vials into One Syringe	103
Procedure 30-5:	Medication Administration: Intradermal	107
Procedure 30-6:	Medication Administration: Subcutaneous	109
Procedure 30-7:	Medication Administration: Intramuscular	111
Procedure 30-8:	Medication Administration via Secondary Administration Sets (Piggyback)	113
Procedure 30-9:	Medication Administration: Eye and Ear	115
Procedure 30-10:	Medication Administration: Nasal	121
Procedure 30-11:	Medication Administration: Nebulizer	123
Procedure 30-12:	Medication Administration: Rectal	129
Procedure 30-13:	Medication Administration: Vaginal	133
Procedure 31-1:	Administering Therapeutic Massage	137

Procedure 32-1:	Maintaining and Cleaning the Tracheostomy Tube	141
Procedure 32-2:	Performing Nasopharyngeal and Oropharyngeal Suctioning	147
Procedure 32-3:	Suctioning Endotracheal (ET) and Tracheal Tubes	153
Procedure 32-4:	Administering Oxygen Therapy	157
Procedure 32-5:	Performing the Heimlich Maneuver	163
Procedure 32-6:	Administering Cardiopulmonary Resuscitation (CPR)	169
Procedure 33-1:	Measuring Intake and Output	177
Procedure 33-2:	Preparing an IV Solution	179
Procedure 33-3:	Preparing the IV Bag and Tubing	183
Procedure 33-4:	Assessing and Maintaining an IV Insertion Site	185
Procedure 33-5:	Changing the IV Solution	187
Procedure 33-6:	Flushing a Central Venous Catheter	189
Procedure 33-7:	Setting the IV Flow Rate	191
Procedure 33-8:	Changing the Central Venous Dressing	193
Procedure 33-9:	Discontinuing the IV and Changing to a Saline or Heparin Lock	195
Procedure 33-10:	Administering a Blood Transfusion	199
Procedure 34-1:	Inserting a Nasogastric or Nasointestinal Tube for Suction and Enteral Feedings	203
Procedure 34-2:	Administering Enteral Tube Feedings	209
Procedure 35-1:	Administering Patient-Controlled Analgesia (PCA)	215
Procedure 36-1:	Body Mechanics, Lifting, and Transferring	219
Procedure 36-2:	Administering Passive Range-of-Motion (ROM) Exercises	223
Procedure 36-3:	Turning and Positioning a Client	229
Procedure 36-4:	Moving a Client in Bed	235
Procedure 36-5:	Assisting from Bed to Wheelchair, Commode, or Chair	241
Procedure 36-6:	Assisting from Bed to Stretcher	245
Procedure 36-7:	Using a Hydraulic Lift	249
Procedure 36-8:	Assisting with Ambulation and Safe Walking	253
Procedure 36-9:	Assisting with Crutches, Cane, or Walker	259
Procedure 37-1:	Irrigating a Wound	267
Procedure 37-2:	Obtaining a Wound Drainage Specimen for Culturing	271
Procedure 37-3:	Applying a Dry Dressing	273
Procedure 37-4:	Applying a Wet-to-Damp Dressing (Wet-to-Moist Dressing)	277
Procedure 37-5:	Preventing and Managing the Pressure Ulcer	281
Procedure 39-1:	Assisting with a Bedpan or Urinal	285
Procedure 39-2:	Applying a Condom Catheter	289
Procedure 39-3:	Inserting an Indwelling Catheter: Male	293
Procedure 39-4:	Inserting an Indwelling Catheter: Female	299
Procedure 39-5:	Irrigating an Open Urinary Catheter	305
Procedure 39-6:	Irrigating the Bladder Using a Closed-System Catheter	309

Procedure 39-7:	Administering an Enema	315
Procedure 39-8:	Irrigating and Cleaning a Stoma	323
Procedure 39-9:	Changing a Colostomy Pouch	327
Procedure 40-1:	Postoperative Exercise Instruction	329
Procedure 40-2:	Administering Pulse Oximetry	333

Preface

The skills checklists in this manual are summaries of the step-by-step procedures in *Fundamentals of Nursing Standards & Practice*, fourth edition, by DeLaune and Ladner. Each checklist matches the procedure as described in the textbook.

To use the skills checklists most effectively, the student should refer to the procedure first, then “practice,” referring to the checklist. Some procedures have segments that may not be used at once. These segments are bolded so students can focus on and perform certain parts of the procedures.

When students are evaluated using the checklists, there are three categories to document their performances of the skills: “Able to Perform,” “Able to Perform with Assistance,” and “Unable to Perform.” These categories lend themselves to the college laboratory setting as well as to the clinical setting, where students may perform procedures with faculty assistance.

Procedures in Textbook

The accompanying procedures for the checklists can be found on the following pages in *Fundamentals of Nursing Standards & Practice*, fourth edition.

Chapter 26

Procedure 26-1:	Measuring Body Temperature	524
Procedure 26-2:	Assessing Pulse Rate	529
Procedure 26-3:	Assessing Respiration	531
Procedure 26-4:	Assessing Blood Pressure	533

Chapter 28

Procedure 28-1:	Performing Venipuncture	638
Procedure 28-2:	Performing a Skin Puncture	641
Procedure 28-3:	Obtaining a Residual Urine Specimen from an Indwelling Catheter	644
Procedure 28-4:	Collecting a Clean-Catch, Midstream Urine Specimen	645
Procedure 28-5:	Measuring Blood Glucose Levels	648

Chapter 29

Procedure 29-1:	Applying Restraints	695
Procedure 29-2:	Handwashing: Visibly Soiled Hands	699
Procedure 29-3:	Applying Sterile Gloves via the Open Method	701
Procedure 29-4:	Donning and Removing Clean and Contaminated Gloves, Cap, and Mask	705
Procedure 29-5:	Surgical Hand Antisepsis	710
Procedure 29-6:	Applying Sterile Gloves and Gown via the Closed Method	713
Procedure 29-7:	Removing Contaminated Items	716
Procedure 29-8:	Bathing a Client in Bed	720
Procedure 29-9:	Changing Linens in an Unoccupied Bed	724
Procedure 29-10:	Changing Linens in an Occupied Bed	728
Procedure 29-11:	Perineal and Genital Care	732
Procedure 29-12:	Oral Care	735
Procedure 29-13:	Eye Care	741

Chapter 30

Procedure 30-1:	Medication Administration: Oral, Sublingual, and Buccal	789
Procedure 30-2:	Withdrawing Medication from an Ampule	793
Procedure 30-3:	Withdrawing Medication from a Vial	796
Procedure 30-4:	Mixing Medications from Two Vials into One Syringe	799
Procedure 30-5:	Medication Administration: Intradermal	802
Procedure 30-6:	Medication Administration: Subcutaneous	804
Procedure 30-7:	Medication Administration: Intramuscular	807

Procedure 30-8:	Medication Administration via Secondary Administration Sets (Piggyback)	809
Procedure 30-9:	Medication Administration: Eye and Ear	812
Procedure 30-10:	Medication Administration: Nasal	817
Procedure 30-11:	Medication Administration: Nebulizer	820
Procedure 30-12:	Medication Administration: Rectal	823
Procedure 30-13:	Medication Administration: Vaginal	826

Chapter 31

Procedure 31-1:	Administering Therapeutic Massage	854
-----------------	-----------------------------------	-----

Chapter 32

Procedure 32-1:	Maintaining and Cleaning the Tracheostomy Tube	887
Procedure 32-2:	Performing Nasopharyngeal and Oropharyngeal Suctioning	890
Procedure 32-3:	Suctioning Endotracheal and Tracheal Tubes	894
Procedure 32-4:	Administering Oxygen Therapy	897
Procedure 32-5:	Performing the Heimlich Maneuver	902
Procedure 32-6:	Administering Cardiopulmonary Resuscitation (CPR)	907

Chapter 33

Procedure 33-1:	Measuring Intake and Output	962
Procedure 33-2:	Preparing an IV Solution	964
Procedure 33-3:	Preparing the IV Bag and Tubing	967
Procedure 33-4:	Assessing and Maintaining an IV Insertion Site	970
Procedure 33-5:	Changing the IV Solution	971
Procedure 33-6:	Flushing a Central Venous Catheter	975
Procedure 33-7:	Setting the IV Flow Rate	976
Procedure 33-8:	Changing the Central Venous Dressing	980
Procedure 33-9:	Discontinuing the IV and Changing to a Saline or Heparin Lock	983
Procedure 33-10:	Administering a Blood Transfusion	986

Chapter 34

Procedure 34-1:	Inserting a Nasogastric or Nasointestinal Tube for Suction and Enteral Feedings	1031
Procedure 34-2:	Administering Enteral Tube Feedings	1036

Chapter 35

Procedure 35-1:	Administering Patient-Controlled Analgesia (PCA)	1080
-----------------	--	------

Chapter 36

Procedure 36-1:	Body Mechanics, Lifting, and Transferring	1127
-----------------	---	------

Procedure 36-2:	Administering Passive Range-of-Motion (ROM) Exercises	1129	Procedure 37-5:	Preventing and Managing the Pressure Ulcer	1201
Procedure 36-3:	Turning and Positioning a Client	1134	Chapter 39		
Procedure 36-4:	Moving a Client in Bed	1138	Procedure 39-1:	Assisting with a Bedpan or Urinal	1259
Procedure 36-5:	Assisting from Bed to Wheelchair, Commode, or Chair	1140	Procedure 39-2:	Applying a Condom Catheter	1261
Procedure 36-6:	Assisting from Bed to Stretcher	1143	Procedure 39-3:	Inserting an Indwelling Catheter: Male	1264
Procedure 36-7:	Using a Hydraulic Lift	1145	Procedure 39-4:	Inserting an Indwelling Catheter: Female	1268
Procedure 36-8:	Assisting with Ambulation and Safe Walking	1148	Procedure 39-5:	Irrigating an Open Urinary Catheter	1273
Procedure 36-9:	Assisting with Crutches, Cane, or Walker	1151	Procedure 39-6:	Irrigating the Bladder Using a Closed-System Catheter	1276
Chapter 37			Procedure 39-7:	Administering an Enema	1280
Procedure 37-1:	Irrigating a Wound	1191	Procedure 39-8:	Irrigating and Cleaning a Stoma	1286
Procedure 37-2:	Obtaining a Wound Drainage Specimen for Culturing	1193	Procedure 39-9:	Changing a Colostomy Pouch	1289
Procedure 37-3:	Applying a Dry Dressing	1195	Chapter 40		
Procedure 37-4:	Applying a Wet-to-Damp Dressing (Wet-to-Moist Dressing)	1198	Procedure 40-1:	Postoperative Exercise Instruction	1328
			Procedure 40-2:	Administering Pulse Oximetry	1332

Checklist for Procedure 26-1 Measuring Body Temperature

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 26-1 Measuring Body Temperature	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Review medical record for baseline factors that influence vital signs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Explain to client that vital signs will be assessed. Encourage client to remain still; refrain from drinking, eating, and smoking; and avoid mouth breathing, if possible. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assess client's toileting needs and proceed as appropriate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Gather equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Provide for privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Wash hands/hand hygiene and apply gloves when appropriate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral Temperature: Electronic Thermometer 7. Repeat Actions 1–6. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

2 • Checklist – Measuring Body Temperature

continued from the previous page

Procedure 26-1 Measuring Body Temperature	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Place disposable protective sheath over probe. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Grasp top of probe's stem. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Place tip of thermometer under the client's tongue and along gumline to posterior sublingual pocket lateral to center of lower jaw. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Instruct client to keep mouth closed around thermometer. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Thermometer will signal (beep) when a constant temperature registers. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Read measurement on digital display of electronic thermometer. Push ejection button to discard disposable sheath into receptacle, and return probe to storage well. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Inform client of temperature reading. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Remove gloves and perform hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 26-1 Measuring Body Temperature	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
16. Record reading according to institution policies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Return electronic thermometer unit to charging base. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tympanic Temperature: Infrared Thermometer				
19. Repeat Actions 1–6. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Position client in Sims’ or sitting position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Remove probe from container and attach probe cover to tympanic thermometer unit. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Turn client’s head to one side. Gently insert probe, according to client’s age, with firm pressure into ear canal. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Remove probe after the reading is displayed on digital unit (usually 2 seconds). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

4 • Checklist – Measuring Body Temperature

continued from the previous page

Procedure 26-1 Measuring Body Temperature	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
24. Remove probe cover and replace in storage container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Return tympanic thermometer to storage unit. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Record reading according to institution policy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral Glass Thermometer				
28. Repeat Actions 1–6. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Position the client in a sitting or elevated position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Hold blue end of glass thermometer, rinse under cool water, and wipe dry with a disposable tissue from the bulb’s end to the fingertips. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 26-1 Measuring Body Temperature	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
31. Read mercury level while gently rotating thermometer at eye level. Level should be 35.5°C (96°F). If mercury level above 35.5/96, securely grasp tip of thermometer, avoid solid objects, and sharply flick wrist downward. Repeat until mercury level below 35.5/96. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Place thermometer into oral sublingual pocket. Leave in place 3 minutes. Remove thermometer; wipe off secretions with a clean disposable tissue in the direction toward the bulb. Read the thermometer at eye level. Shake thermometer down and clean with soapy water. Rinse with cool water and store in container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Repeat Actions 1–6. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Position client in a sitting or lying position with head of the bed elevated from 45° to 60° for measurement of all vital signs except those designated otherwise. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rectal Temperature 36. Repeat Actions 1–6. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 26-1 Measuring Body Temperature	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
37. Place client in the Sims' position with upper knee flexed. Adjust sheet to expose only anal area. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Place tissues in easy reach. Apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Lubricate rectal probe tip. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. With dominant hand, grasp top of the probe's stem. With other hand, separate buttocks to expose anus. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Instruct client to take a deep breath. Insert probe gently into anus. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Repeat Actions 12–18. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Axillary Temperature 43. Repeat Actions 1–6. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Remove client's arm and shoulder from one sleeve of gown. Avoid exposing chest. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 26-1 Measuring Body Temperature	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
45. Make sure axillary skin is dry; if necessary, pat dry. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Place probe into center of axilla. Fold client's upper arm straight down, and place arm across client's chest. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Repeat Actions 12–18. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disposable (Chemical Strip) Thermometer 48. Repeat Actions 1–6. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Apply tape to appropriate skin area, usually forehead. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. Observe tape for color changes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51. Record reading and indicate method. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 26-2 Assessing Pulse Rate

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 26-2 Assessing Pulse Rate	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Taking a Radial (Wrist) Pulse 1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Inform client of site(s) where pulse will be measured. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Flex client's elbow and place lower part of arm across chest. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Support client's wrist by grasping outer aspect with thumb. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Place index and middle fingers on inner aspect of client's wrist, over the radial artery, and apply light but firm pressure until pulse is palpated. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Identify pulse rhythm. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Determine pulse volume. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 26-2 Assessing Pulse Rate	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Count pulse rate by using second hand on watch. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taking an Apical Pulse				
9. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Raise client's gown to expose sternum and left side of chest. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Cleanse earpiece and stethoscope diaphragm with an alcohol swab. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Put stethoscope around neck. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Locate apex of heart. <ul style="list-style-type: none"> • With client lying on left side, locate suprasternal notch. • Palpate second intercostal space to left of sternum. • Place index finger in intercostal space, counting downward until fifth intercostal space is located. • Move index finger along fourth intercostal space, left of sternal border, and to fifth intercostal space, left of midclavicular line, to palpate the point of maximal impulse (PMI). • Keep index finger of nondominant hand on PMI. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 26-2 Assessing Pulse Rate	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
14. Inform client that client's heart will be listened to. Instruct client to remain silent. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. With dominant hand, put earpiece of the stethoscope in ears and grasp diaphragm of stethoscope in palm of the hand for 5–10 seconds. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Place diaphragm of stethoscope over PMI and auscultate for sounds S ₁ and S ₂ to hear lub-dub sound. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Note regularity of rhythm. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Start to count while looking at second hand of watch. Count lub-dub sound as one beat. <ul style="list-style-type: none"> • For a regular rhythm, count rate for 30 seconds and multiply by 2. • For an irregular rhythm, count rate for a full minute, noting number of irregular beats. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Share findings with client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Record by site: rate, rhythm, and, if applicable, number of irregular beats. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 26-2 Assessing Pulse Rate	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
21. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 26-3 Assessing Respiration

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 26-3 Assessing Respiration	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Be sure chest movement is visible. Remove heavy clothing, if necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Observe one complete respiratory cycle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Start counting with first inspiration while looking at the second hand of a watch. • If an irregular rate or rhythm is present, count for 1 full minute. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Observe character of respirations: • Depth of respirations by degree of chest wall movement (shallow, normal, or deep) • Rhythm of cycle (regular or interrupted) <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Replace client's gown, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Record rate and character of respirations. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 26-3 Assessing Respiration	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 26-4 Assessing Blood Pressure

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 26-4 Assessing Blood Pressure	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Auscultation Method Using Brachial Artery 1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Determine which extremity is most appropriate for reading. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Select a cuff size appropriate for the client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Rest client's bare arm on a support so the midpoint of the upper arm is at the level of the heart. Extend elbow with palm turned upward. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Make sure bladder cuff is fully deflated and pump valve moves freely. Place manometer at eye level and where it is easily visible. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Palpate brachial artery in antecubital space, and place cuff so that midline of bladder is over arterial pulsation. Wrap and secure cuff snugly around client's bare upper arm. Lower edge of cuff should be 1 inch above antecubital fossa, where head of stethoscope is to be placed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 26-4 Assessing Blood Pressure	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Inflate cuff rapidly to 70 mm Hg and increase by 10-mm increments while palpating radial pulse. Note level of pressure at which pulse disappears and subsequently reappears during deflation. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Insert stethoscope earpieces into ear canals. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Relocate brachial artery with nondominant hand, and place stethoscope bell over brachial artery pulsation. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. With dominant hand, turn valve clockwise to close. Compress pump to inflate cuff rapidly and steadily until manometer registers 20–30 mm Hg above the level previously determined by palpation. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Partially unscrew (open) valve counterclockwise to deflate bladder at 2 mm/sec while listening for the five phases of the Korotkoff sounds. Note manometer reading for these sounds. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. After the last Korotkoff's sound is heard, deflate cuff slowly for at least another 10 mm Hg; then deflate rapidly and completely. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 26-4 Assessing Blood Pressure	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
13. Allow client to rest for at least 30 seconds and remove cuff. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Inform client of reading. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Record the BP reading. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. If appropriate, lower bed, raise side rails, and place call light in easy reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Put all equipment in proper place. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2016/136 9577	Alisher Navoiy nemidagi O'zbekiston MK
------------------	--

Checklist for Procedure 28-1 Performing Venipuncture

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 28-1 Performing Venipuncture	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Greet client by name and validate client's identification. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Explain the procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Gather equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Close curtain or door. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Raise or lower bed and table to comfortable working height. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Position client's arm; extend arm to form a straight line from shoulder to wrist. Place pillow or towel under upper arm. Client should be in a supine or semi-Fowler's position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Apply disposable gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 28-1 Performing Venipuncture	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Apply the tourniquet 3–4 inches above venipuncture site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Check for the distal pulse. Reapply if no pulse detected. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have client open and close fist several times, leaving fist clenched before venipuncture. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Maintain tourniquet for only 1–2 minutes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Palpate to identify best venipuncture site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Select the vein for venipuncture. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Prepare to obtain blood sample. Technique varies, depending on equipment used: <ul style="list-style-type: none"> • Syringe method: Have syringe with appropriate needle attached. • Vacutainer method: Attach double-ended needle to Vacutainer tube and have proper blood specimen tube resting inside Vacutainer. Do not puncture rubber stopper yet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 28-1 Performing Venipuncture	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
16. Cleanse venipuncture site with alcohol swab or chlorhexidine alcohol, using a circular method at site and extending motion 2 inches beyond site. Allow alcohol to dry. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Remove needle cover and warn that client will feel needle stick for a few seconds. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Place thumb or forefinger of nondominant hand 1 inch below site and pull skin taut. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Hold syringe needle or Vacutainer at a 15° to 30° angle from skin with bevel up. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Slowly insert needle/Vacutainer through the skin. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Technique varies, depending on equipment used: <ul style="list-style-type: none"> • Syringe method: Gently pull back on syringe plunger and look for blood return. Obtain desired amount of blood into syringe. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 28-1 Performing Venipuncture	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> Vacutainer method: Hold Vacutainer securely and advance specimen tube into holder needle. Do not advance needle into vein. After collection tube is full, grasp Vacutainer firmly, remove tube, and insert additional specimen collection tubes, as indicated. <p><i>Comments:</i></p>				
<p>22. After specimen collection is completed, release tourniquet.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>23. Apply 2 × 2 gauze over puncture site without applying pressure and quickly withdraw needle from vein.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>24. Immediately apply pressure over venipuncture site with gauze for 2–3 minutes or until bleeding has stopped. Tape gauze dressing over the site (or apply a Band-Aid).</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>25. Syringe method: Using one hand, insert syringe needle into appropriate collection tube and allow vacuum to fill.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>26. If any blood tubes contain additives, gently rotate back and forth 8–10 times.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 28-1 Performing Venipuncture	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
27. Inspect client's puncture site for bleeding. Reapply clean gauze and tape, if necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Assist client into a comfortable position. Return bed to low position with side rails up, if appropriate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Check tubes for any external blood and decontaminate with alcohol, as appropriate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Check tubes for proper labeling. Place tubes into appropriate bags and containers for transport to laboratory. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Dispose of needles, syringe, and soiled equipment into proper container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Remove and dispose of gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Send specimens to laboratory. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 28-2 Performing a Skin Puncture

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 28-2 Performing a Skin Puncture	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Check client's identification band, if appropriate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Gather equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Select site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Place site in a dependent position; apply warm compresses, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Place a hand towel or absorbent pad under extremity. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 28-2 Performing a Skin Puncture	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Cleanse puncture site with an antiseptic and allow to dry. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. With nondominant hand, apply gentle milking pressure above or around puncture site. Do not touch puncture site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Read directions carefully before using the lancet. <ul style="list-style-type: none"> • With sterile lancet at a 90° angle to skin, use a quick stab to puncture skin (about 2 mm deep). • With automatic Unistik, push lancet into body of Unistik until it clicks. Hold Unistik body and twist off lance cap. Place end of Unistik tightly against client's finger and press the lever. Needle automatically retracts after use. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Wipe off first drop of blood with sterile 2 × 2 gauze; allow blood to flow freely. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Collect blood into tube(s). If blood for a platelet count is to be collected, obtain this specimen first. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Apply pressure to puncture site with a sterile 2 × 2 gauze. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 28-2 Performing a Skin Puncture	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
15. Place contaminated articles into a sharps container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Remove gloves; wash hands. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Position client for comfort with call light in reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 28-3 Obtaining a Residual Urine Specimen from an Indwelling Catheter

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 28-3 Obtaining a Residual Urine Specimen from an Indwelling Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Check prescribing practitioner's orders. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Explain procedure to client and provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Check for urine in tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. If more urine is needed, clamp tubing using a nonserrated clamp or a rubber band for 10–15 minutes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Put on clean gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Clean sample port with a povidone-iodine swab. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Insert sterile needle and syringe into sample port or catheter at a 45° angle and withdraw 10 mL of urine. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 28-3 Obtaining a Residual Urine Specimen from an Indwelling Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Put urine into sterile container and close tightly, taking care not to contaminate container lid. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Remove clamp and rearrange tubing, avoiding dependent loops. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Label specimen container, put in a plastic bag, and send to laboratory. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 28-4 Collecting a Clean-Catch, Midstream Urine Specimen

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 28-4 Collecting a Clean-Catch, Midstream Urine Specimen	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Check orders and assess need for the procedure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Gather equipment. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assess client's ability to complete procedure, including understanding, mobility, and balance. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Assess client for signs and symptoms of urinary abnormalities. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Check client's identification. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If client is to complete procedure in privacy, explain procedure, give equipment to client, and wait for specimen. If client has decreased personal hygiene, perform procedure after a bath or have client wash the perineal area before the procedure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 28-4 Collecting a Clean-Catch, Midstream Urine Specimen	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. If nurse is to perform procedure: Wash hands and apply gloves. If client is to perform procedure, instruct client to wash hands before and after procedure. If more comfortable, allow client to wear gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Instruct client on positioning. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Using sterile procedure, open kit or towelettes. Open sterile container, placing lid with sterile side up on a firm surface. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Female client: <ul style="list-style-type: none"> • Use thumb and forefinger to separate labia, or have client separate labia with fingers. • Use a downward stroke and cleanse one side of labia with towelette. Discard towelette. • Repeat on other side. • With a third towelette, use a downward stroke from the top to bottom of urethral opening. Discard towelette. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 28-4 Collecting a Clean-Catch, Midstream Urine Specimen	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>12. Male client:</p> <ul style="list-style-type: none"> • Pull back foreskin (if present) and clean with a single stroke around meatus and glans. • Use a circular motion, starting with head of penis at urethral opening, moving down glans shaft. Discard towelette. • Cleanse head of penis three times using a circular motion. Use a new towelette each time. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Ask client to begin to urinate into the toilet. After stream starts with good flow, place collection cup under urine stream. Avoid touching skin with container. Fill container with 30–60 cc of urine and remove container before urination ceases. Wipe body parts. Cleanse body with toilet paper.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Place sterile lid back onto container and close tightly. Clean and dry outside of container with a towelette. Wash hands. Label and enclose in a plastic biohazard bag and follow facility policy for transporting specimen to laboratory.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>15. Remove and dispose of gloves; wash hands/hand hygiene.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 28-5 Measuring Blood Glucose Levels

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 28-5 Measuring Blood Glucose Levels	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Review orders, identify client, and review manufacturer's instructions for meter usage. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assemble equipment at bedside. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have client wash hands with soap and water and position client comfortably in a semi-Fowler's position or upright in a chair. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Remove a reagent strip from container and reseal container cap. Turn on meter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Following manufacturer's instructions, calibrate meter, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Remove unused reagent strip from meter and place on a clean, dry surface (paper towel) with test pad facing up. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 28-5 Measuring Blood Glucose Levels	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Apply disposable gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Select appropriate puncture site and perform skin puncture. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Wipe away first drop of blood from site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Gently squeeze site to produce a droplet of blood. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Transfer drop of blood to reagent strip by carefully moving site over strip. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Quickly press meter timer according to manufacturer's instructions. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Apply pressure to puncture site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. According to manufacturer's instructions, wipe blood from test pad with a cotton ball; place strip into meter. Allow timer to continue. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Read meter for results found on the unit display. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 28-5 Measuring Blood Glucose Levels	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
17. Turn off meter and properly dispose of the test strip, cotton ball, and lancet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Remove disposable gloves and place them in appropriate receptacle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Review test results with client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Notify prescribing practitioner of test results. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-1 Applying Restraints

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-1 Applying Restraints	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Chest Restraint 1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Explain that client will be wearing a jacket attached to the bed for safety. Follow institutional policy regarding restraint use. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Place restraint over client's hospital gown or clothing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Place restraint on client with opening in front. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Overlap front pieces, threading ties through slot or loop on vest front. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If client is in bed, secure ties to movable part of mattress frame with a half-knot. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-1 Applying Restraints	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. If client is in a chair, cross straps behind seat of chair and secure straps to chair's lower legs, out of client's reach. If in a wheelchair, be sure straps will not get caught up in wheels. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Step back and assess client's overall safety. Be sure restraint is loose enough not to be a hazard to client but tight enough to restrict client from getting up and harming self. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applying Wrist or Ankle Restraints 10. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Explain to client that you will be placing a wrist or ankle band that will restrict movement. Follow institutional policy regarding restraint use. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Place padding around client's wrist or ankle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Wrap restraint around client's wrist or ankle, pulling tie through loop in restraint and tying a square knot. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-1 Applying Restraints	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
14. Tie restraint ties to movable portion of mattress frame. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Slip two fingers under restraint to check for tightness. Be sure restraint is tight enough that client cannot slip it off but loose enough that neurovascular status of client's extremity is not impaired. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Step back and assess client's overall safety. Be sure restraint is loose enough not to be a hazard to client but tight enough to restrict client from getting up and harming self. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Place call light within client's reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Check on client every half hour while restrained. Assess safety of restraint placement and client's neurovascular status. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-2 Handwashing: Visibly Soiled Hands

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-2 Handwashing: Visibly Soiled Hands	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Remove jewelry. Wristwatch can be pushed up above wrist (midforearm). Push sleeves of uniform or shirt up above wrist at midforearm level. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Assess hands for hangnails, cuts or breaks in skin, and areas that are heavily soiled. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Turn on water. Adjust flow and temperature. Water temperature should be warm. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wet hands and lower forearms thoroughly by holding under running water. Keep hands and forearms in down position with elbows straight. Avoid splashing water and touching sides of sink. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Apply about 5 mL (1 tsp) of liquid soap. Lather thoroughly. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Vigorously rub hands together for 15 seconds. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-2 Handwashing: Visibly Soiled Hands	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Rinse with hands in down position, elbows straight, in direction of forearm to wrist to fingers. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Blot hands and forearms to dry thoroughly. Dry in direction of fingers to wrist and forearms. Discard paper towels in proper receptacle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Turn off water faucet with a clean, dry paper towel. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-3 Applying Sterile Gloves via the Open Method

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-3 Applying Sterile Gloves via the Open Method	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Place inner wrapper onto a clean, dry surface. Open inner wrapper to expose gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Identify right and left hand; glove dominant hand first. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Grasp cuff with thumb and first two fingers of nondominant hand, touching only inside of cuff. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Pull glove over dominant hand, making sure thumb and fingers fit into proper spaces. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. With the gloved dominant hand, slip fingers under cuff of other glove, gloved thumb abducted, making sure it does not touch any part on nondominant hand. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-3 Applying Sterile Gloves via the Open Method	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Slip the glove onto nondominant hand, making sure fingers slip into proper spaces. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. With gloved hands, interlock fingers to fit gloves onto each finger. • If gloves are soiled, remove by turning inside out as described in the following Actions. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Slip gloved fingers of dominant hand under cuff of opposite hand, or grasp outer part of glove at wrist if there is no cuff. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Pull glove down to fingers, exposing thumb. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Slip uncovered thumb into opposite glove at wrist, allowing only glove-covered fingers of hand to touch soiled glove. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Pull glove down over dominant hand almost to fingertips and slip glove onto other hand. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-3 Applying Sterile Gloves via the Open Method	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
13. With dominant hand touching only inside of other glove, pull glove over dominant hand so that only the inside (clean surface) is exposed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Dispose of soiled gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-4 Donning and Removing Clean and Contaminated Gloves, Cap, and Mask

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-4 Donning and Removing Clean and Contaminated Gloves, Cap, and Mask	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Don cap or surgical hat or hood first. Hair should be tucked and covered so that all hair is covered. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Apply a mask around mouth and nose and secure to prevent venting. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Open gown, slip arms into sleeves, and secure at neck and side. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Wear protective eyewear, goggles or glasses, or face shields. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Apply clean gloves. If sterile gloves are required for a procedure, use open or closed method. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Open glove technique: a. Slide hands into gown through cuffs on gown. b. Pick up cuff of left glove using thumb and index finger of right hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-4 Donning and Removing Clean and Contaminated Gloves, Cap, and Mask	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
c. Pull glove onto left hand, leaving cuff of glove turned down. d. Take gloved left hand and slide fingers inside cuff of right glove, keeping gloved fingers under folded cuff. e. Pull glove onto right hand. f. Rotate arm as cuff of glove is pulled over gown. <i>Comments:</i>				
8. Closed glove technique: a. Slide hands into gown through cuffs on gown. b. Use right hand to pick up left glove. c. Place glove on upward-turned left hand—palm side down, thumb to thumb with fingers extending along forearm and pointing toward elbow. d. Hold glove cuff and sleeve cuff together with thumb of left hand. e. Right hand stretches cuff of left glove over opened end of sleeve. f. Work fingers into glove as cuff is pulled onto wrist. g. Left glove is donned in same manner. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Enter client's room and explain rationale for wearing isolation attire. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. After performing necessary tasks, remove gown, gloves, mask, and cap before leaving room. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-4 Donning and Removing Clean and Contaminated Gloves, Cap, and Mask	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
11. Removal of gown: Untie gown and remove from shoulders. Fold and roll gown down in front into a ball, so contaminated area is rolled onto center of gown. Dispose in approved receptacle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Removal of gloves: a. Grasp outside cuff of one glove and pull off, turning inside out. Hold with remaining gloved hand. b. Pull second glove off without touching outside of second glove. Turn second glove as it is removed. Dispose into receptacle with first glove. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Removal of mask: Untie bottom strings of mask first, then top strings, and lift off face. Hold mask by strings and discard. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Removal of cap: Grasp top surface of cap and lift from head. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-5 Surgical Hand Antisepsis

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-5 Surgical Hand Antisepsis	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Remove rings, watches, and bracelets before beginning surgical scrub. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Use a deep sink with side or foot pedal to dispense antimicrobial soap and control water temperature and flow. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have two surgical scrub brushes and nail file. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Apply surgical shoe covers and a cap to cover hair and ears completely. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Apply mask. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Before beginning surgical scrub: a. Open sterile package containing gown; using aseptic technique, make a sterile field with inside of gown's wrapper. b. Open sterile towel and drop it onto center of field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-5 Surgical Hand Antisepsis	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
c. Open outer wrapper from sterile gloves and drop inner package of gloves onto sterile field beside folded gown and towel. <i>Comments:</i>				
7. At a deep sink under warm, flowing water, wet hands, beginning at tips of fingers, to forearms—keeping hands at level above elbows. Prewash hands and forearms to 2 inches above elbow. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Apply liberal amount of soap onto hands, and rub hands and arms to 2 inches above elbows. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Use nail file under running water; clean under each nail of both hands, and drop file into sink when finished. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Wet and apply soap to scrub brush, if needed. Open prepackaged scrub brush, if available. Hold brush in dominant hand, and use a circular motion to scrub nails and all skin areas of nondominant hand and arm (10 strokes to each of following areas): a. Nails b. Palm of hand and anterior side of fingers. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-5 Surgical Hand Antisepsis	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
11. Rinse brush thoroughly and reapply soap. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Continue to scrub nondominant arm with a circular motion for 10 strokes each to lower, middle, and upper arm; drop brush into sink. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Maintaining hands and arms above elbow level, place fingertips under running water and thoroughly rinse fingers, hands, and arms (allow water to run off elbow into sink); take care not to get uniform wet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Take second scrub brush and repeat Actions 10–13 on dominant hand and arm. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Keep arms flexed and proceed to area (operating or procedure room) with sterile items. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Secure sterile towel by grasping it on one edge, opening towel full length, and making sure it does not touch uniform. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-5 Surgical Hand Antisepsis	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
17. Dry each hand and arm separately; extend one side of towel around fingers and hand, and dry in a rotating motion up to elbow. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Reverse towel and repeat same action on other hand and arm, thoroughly drying skin. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Discard towel into a linen hamper. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-6 Applying Sterile Gloves and Gown via the Closed Method

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-6 Applying Sterile Gloves and Gown via the Closed Method	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Sterile gown is folded inside out. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Grasp gown inside neckline, step back, and allow gown to open in front of you; keep inside of gown toward you; do not allow it to touch anything. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. With hands at shoulder level, slip both arms into gown; keep hands inside sleeves of gown. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Circulating nurse will step up behind you and grasp inside of gown, bring it over your shoulders, and secure ties at neck and waist. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. With hands still inside gown sleeves, open inner wrapper of gloves on sterile gown field. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-6 Applying Sterile Gloves and Gown via the Closed Method	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. With nondominant sleeved hand, grasp glove cuff for dominant hand and lay it on extended dominant forearm with palm up; place palm of glove against sleeved palm, with fingers of glove pointing toward elbow. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Manipulate glove so that sleeved thumb of dominant hand is grasping cuff; with nondominant hand, turn cuff over end of dominant hand and gown's cuff. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. With sleeved nondominant hand, grasp glove cuff and gown's sleeve of dominant hand; slowly extend fingers into glove, making sure glove cuff remains above gown sleeve cuff. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. With gloved dominant hand, repeat Actions 6–8. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Interlock gloved fingers; secure fit. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-7 Removing Contaminated Items

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-7 Removing Contaminated Items	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Removal of Soiled Linen 1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wear disposable gloves; wear other protective items (gowns, goggles), as determined by situation and institution's policies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Place labeled linen bag in stand. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Gather linens and separate from disposable items. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do not allow linens to touch floor. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Place soiled linens in linen bag; keep clean linens in a different area. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Take care not to shake linens when removing items from bed or bathroom. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-7 Removing Contaminated Items	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Do not allow soiled linens to come into contact with clothing. Carry linens with arms extended outward. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do not overfill linen bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Tie ends of linen bag securely. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Check for any punctures or tears in linen bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Double bag items if concerned that outside of bag is contaminated or torn. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Double-Bagging Technique 14. Follow Actions 1–11. Place first bag into second bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Label and secure second bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Linens are then ready for laundry. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-7 Removing Contaminated Items	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
17. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Removal of Other Contaminated Items 18. Follow same procedure as for all linens when removing and bagging trash. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Change sharps container when three-quarters full or if outside of container becomes contaminated. Lock down lid of sharps container, if available, and follow hospital policy for removal. Never reach into a container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Use disposable equipment when able. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Properly bag, label, and remove any nondisposable equipment that requires special cleaning (disinfection and sterilization). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Disassemble special procedure trays into disposable and nondisposable parts. Send nondisposable items (after proper bagging) to central services for decontamination. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-7 Removing Contaminated Items	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
24. Place laboratory specimens in a leak-proof container. Check to see that containers are not visibly contaminated on outside. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-8 Bathing a Client in Bed

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-8 Bathing a Client in Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Assess client's preferences about bathing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Explain procedure to client. Gather supplies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Prepare environment. Close doors and windows, adjust temperature, and provide time for elimination needs and for privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wash hands/hand hygiene. Apply gloves. Change gloves when emptying water basin. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Lower side rail on side closest to you. Position client in a comfortable position closest to side near you. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If available, place bath blanket over top sheet. Remove top sheet from under bath blanket. Remove client's gown. Fold bath blanket to expose only area being cleaned at that time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-8 Bathing a Client in Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Fill washbasin two-thirds full. Permit client to test temperature of water with hand. Change water when a soap film develops or water becomes soiled. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Wet washcloth and wring it out. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Make bath mitten with washcloth. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Wash client's face. Use a separate corner of washcloth for each eye, wiping from inner to outer canthus. Wash neck and ears. Rinse and pat dry. Male clients may want to shave at this time. Provide assistance with shaving as needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Wash arms, forearms, and hands, using long, firm strokes distal to proximal. Wash axillae. Rinse and pat dry. Apply deodorant or powder if client desires. Allow hand to soak about 3–5 minutes, then wash hands, interdigit area, fingers, and fingernails. Rinse and pat dry. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Wash chest and abdomen. Fold bath blanket down to umbilicus. Wash chest using long, firm strokes. Wash skin fold under female client's breast by lifting each breast. Rinse and pat dry. Wash abdomen using long, firm strokes. Rinse and pat dry. Cover chest or abdomen area in between washing, rinsing, and drying to prevent chilling. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-8 Bathing a Client in Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
13. Wash legs and feet. Expose leg farthest from you by folding bath blanket to midline. Place washbasin on bath towel in bed. Place client's foot into washbasin. Allow foot to soak while washing leg with long, firm strokes in direction of distal to proximal. Rinse and pat dry. Clean soles, interdigits, and toes. Rinse and pat dry. Perform same with other leg and foot. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Wash back. Rinse and pat dry. Give back rub and apply lotion. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Perineal care: Assist client to supine position. Perform perineal care. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Apply lotion as desired or needed. Apply clean gown. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Document skin assessment, type of bath given, and client outcomes and responses. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-9 Changing Linens in an Unoccupied Bed

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-9 Changing Linens in an Unoccupied Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Place hamper by client's door if linen bags are needed. Assess condition of blanket and bedspread. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Gather linens and gloves. Place linens on clean, dry surface in reverse order of usage. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Inquire about client's toileting needs and attend as necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Assist client to safe, comfortable chair. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Position bed: flat, side rails down, and height adjusted to waist level. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-9 Changing Linens in an Unoccupied Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Remove and fold blanket or bedspread. If clean and reusable, place on clean work area. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Remove soiled pillowcases by grasping closed end with one hand and slipping pillow out with the other. Place pillows on clean work area. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Remove soiled linens. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Fold soiled linens. Place in linen bag, keeping soiled linens away from uniform. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Check mattress. If soiled, clean with an antiseptic solution and dry thoroughly. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Remove gloves, wash hands, and apply second pair of clean gloves (when appropriate). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Apply clean mattress pad. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Place bottom sheet onto mattress. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-9 Changing Linens in an Unoccupied Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Fitted Bottom Sheet				
16. Position self diagonally toward head of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Start at head, with seamed side of fitted sheet toward mattress. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Lift mattress corner closest to bed; with other hand, pull and tuck fitted sheet over mattress corner; secure at head of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Pull and tuck fitted sheet over mattress corners at foot of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flat Regular Sheet				
20. Unfold bottom sheet with seamed side toward mattress. Align bottom edge of sheet with edge of mattress at foot of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Allow sheet to hang 10 inches over mattress on side and at top. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Position self diagonally toward head of bed. Tuck sheet under mattress. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Miter sheet corner at head of bed using Actions 24–26. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-9 Changing Linens in an Unoccupied Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
24. Face side of bed, and lift and lay top edge of sheet onto bed to form a triangular fold. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. With palms down, tuck lower edge of sheet under mattress. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Grasp triangular fold, and bring it down over side of mattress. Allow sheet to hang free at side of mattress. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Place drawsheet on bottom sheet and unfold it to middle crease. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Face side of bed, palms of hands down. Tuck both bottom and drawsheets under mattress. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Repeat actions on other side of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Unfold drawsheet, if used, and grasp free-hanging sides of both bottom and drawsheets. Pull toward you, keeping back straight, and with a firm grasp, tuck both sheets under mattress. Place protective pad on bottom sheet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-9 Changing Linens in an Unoccupied Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
31. Place top sheet on bed and unfold lengthwise, placing center crease (width) of sheet in middle of bed. Place top edge of sheet (seam up) even with top of mattress at head of bed. Pull remaining length toward bottom of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Unfold and apply blanket or spread. Follow same technique as used in applying top sheet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Miter bottom corners, as described above. Tuck lower edge of sheet under mattress. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Face head of bed and fold top sheet and blanket over 6 inches. Fanfold sheet and blanket (from foot to middle of bed). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Apply clean pillowcase on each pillow. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Return bed to lowest position and elevate head of bed 30° to 45°. Put side rails up on side farthest from client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Inquire about toileting needs of client; assist as necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-9 Changing Linens in an Unoccupied Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
38. Assist client back into bed and pull up side rails; place call light in reach; take vital signs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Remove gloves; wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Document your actions and client's response during procedure and to sitting up in chair. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-10 Changing Linens in an Occupied Bed

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-10 Changing Linens in an Occupied Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Explain procedure to client and gather equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Bring equipment to bedside. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Remove top sheet and blanket. Cover client with bath blanket, if necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Position client on side, facing away from you. Reposition pillow under head. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Fanfold or roll bottom linens close to client toward center of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Smooth wrinkles out of mattress. Place clean bottom linens with center fold nearest client. Fanfold or roll clean bottom linens nearest client and tuck under soiled linens. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-10 Changing Linens in an Occupied Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Miter bottom sheet. Tuck sides of sheet under mattress. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Fold drawsheet in half. Place center of drawsheet close to client. Fanfold or roll drawsheet closest to client and tuck under soiled linens. Smooth linens. Add protective padding, if needed. Tuck drawsheet under mattress, working from center to edges. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Logroll client over onto side facing you. Raise side rail. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Move to other side of bed. Remove soiled linens by rolling into a bundle, and place in linen hamper without touching uniform. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Unfold or unroll bottom sheet, then drawsheet. Look for objects left in bed. Grasp each sheet with knuckles up and over sheet, and pull tightly while leaning back with body weight. Client can be positioned supine. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Place top sheet over client, with center of sheet in middle of bed. Unfold top of sheet over client. Remove bath blankets left on client to prevent exposure during bed making. Place top blanket over client, same as top sheet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-10 Changing Linens in an Occupied Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
14. Raise foot of mattress, and tuck top sheet and blanket under. Miter the corner. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Grasp top sheet and blanket over client's toes and pull upward; then make a small fanfold in sheet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Remove soiled pillowcase. Place clean pillowcase on pillow, and place under client's head. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Document procedure and client's condition during procedure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-11 Perineal and Genital Care

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-11 Perineal and Genital Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene, and wear gloves. Gather equipment. Wear other protective equipment, as needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Close privacy curtain or door. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Position client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Place waterproof pads under client in bed or under bedpan, if used. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Removal fecal debris with disposable paper and dispose in toilet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Spray perineum with washing solution, if indicated. Alternatively, plain water can be used. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Cleanse perineum with wet washcloths (front to back on females), changing to clean area on washcloth with each wipe. Cleanse penis. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-11 Perineal and Genital Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Carefully examine gluteal and scrotal folds for debris. Gently examine vulva for debris. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. If soap is used, spray area with clean water from the peri-bottle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Change gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Dry perineum carefully with towel. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. If indicated, apply barrier lotion or ointment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Reposition or dress client, as appropriate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Dispose of linens and garbage according to hospital policy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Deodorize room, if appropriate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-12 Oral Care

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-12 Oral Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Self-Care Client: Flossing and Brushing 1. Assemble articles for flossing and brushing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Place client in a high Fowler's position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wash hands/hand hygiene, and apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Arrange articles within client's reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Assist client with flossing and brushing, as necessary. Position mirror, emesis basin, and water with straw near client, and place a towel across client's chest. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Assist client with rinsing mouth. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Reposition client, raise side rails, and place call button within reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-12 Oral Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Rinse, dry, and return articles to proper place. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Remove gloves, wash hands/hand hygiene, and document care. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Care Client: Denture Care				
11. Assemble articles for denture cleaning. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Assist client to a high Fowler's position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Wash hands/hands hygiene, and apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Assist client with denture removal of top and bottom dentures. Place in denture cup. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Apply toothpaste to brush, and brush dentures either with cool water in emesis basin or under running water in sink. Pad sink with towel to protect dentures in case dropped. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-12 Oral Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
17. Rinse thoroughly. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Assist client with rinsing mouth and replacing dentures. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Reposition client with side rails up and call button within reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Rinse, dry, and return articles to proper place. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Remove gloves, wash hands/hand hygiene, and document care. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full-Care Client: Brushing and Flossing 22. Assemble articles for flossing and brushing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Wash hands/hand hygiene, and apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Position client as condition allows. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-12 Oral Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
26. Place towel across client's chest or under face and mouth if head is turned to one side. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Moisten toothbrush or toothette, apply small amount of toothpaste, and brush teeth and gums. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Grasp dental floss in both hands or use a floss holder, and floss between all teeth; hold floss against tooth while moving floss up and down sides of teeth. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Assist client in rinsing mouth. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Reapply toothpaste, and brush the teeth and gums using friction in a vertical or circular motion. Brush all surfaces from every angle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Assist client in rinsing and drying mouth. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Apply lip moisturizer, if appropriate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Reposition client, raise side rails, and place call button within reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-12 Oral Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
34. Rinse, dry, and return articles to proper place. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Remove gloves, wash hands/hand hygiene, and document care. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clients at Risk for or with an Alteration of the Oral Cavity				
36. Assemble articles for flossing and brushing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Wash hands/hand hygiene, and apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Bleeding: a. Assess oral cavity for signs of bleeding. b. Proceed with oral care, except: <ul style="list-style-type: none"> • Do not floss. • Use a soft toothbrush, toothette, or tongue blade padded with 3 × 3 gauze sponges to gently swab teeth and gums. • Dispose of padded tongue blade into a biohazard bag, according to institutional policy. • Rinse with tepid water. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-12 Oral Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>40. Infection:</p> <p>a. Assess oral cavity for signs of bleeding.</p> <p>b. Culture lesions, as ordered.</p> <p>c. Proceed with actions for oral care for a full-care client, except:</p> <ul style="list-style-type: none"> • Do not floss. • Use prescribed antiseptic solution. • Use a tongue blade padded with 3 × 3 gauze sponges to gently swab teeth and gums. • Dispose of padded tongue blade into a biohazard bag, according to institutional policy. • Rinse mouth with tepid water. • Apply additional solution as prescribed. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>41. Ulceration:</p> <p>a. Assess oral cavity with a padded tongue blade and flashlight for signs of ulceration.</p> <p>b. Culture lesions, as ordered.</p> <p>c. Proceed with the actions for oral care for a full-care client, except:</p> <ul style="list-style-type: none"> • Do not floss. • Use prescribed antiseptic solution. • Use a tongue blade padded with 3 × 3 gauze sponges to gently swab teeth and gums. • Dispose of padded tongue blade into a biohazard bag, according to institutional policy. • Rinse mouth with tepid water. • Apply additional solution, as prescribed. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Unconscious (Comatose) Client</p> <p>42. Assemble articles for flossing and brushing.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-12 Oral Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
43. Provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Wash hands/hand hygiene, and apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Place client in a lateral position, with head turned toward side. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Using a floss holder, floss between all teeth. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Moisten toothbrush or toothette, and brush teeth and gums using friction in a vertical or circular motion. Do not use toothpaste. All surfaces of teeth should be brushed from every angle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. After flossing and brushing, rinse mouth with an Asepto syringe and perform oral suction. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. Dry client's mouth. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51. Apply lip moisturizer. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-12 Oral Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
52. Leave client in a lateral position with head turned toward side for 30–60 minutes after oral hygiene care. Suction one more time. Remove towel from under client’s mouth and face. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53. Dispose of any contaminated items in a biohazard bag and clean, dry, and return all articles to appropriate place. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. Remove gloves, wash hands/hand hygiene, and document care. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 29-13 Eye Care

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 29-13 Eye Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Artificial Eye Removal 1. Inquire about client's care regimen and gather equipment accordingly. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Wash hands/hand hygiene, and apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Place client in a semi-Fowler's position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Place cotton balls in emesis basin filled halfway with warm tap water. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Place 3 × 3 gauze sponges in bottom of second emesis basin, and fill halfway with mild soap and tepid water. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-13 Eye Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Grasp and squeeze excess water from a cotton ball. Cleanse eyelid with moistened cotton ball, starting at inner canthus and moving outward toward outer canthus. After each use, dispose of cotton ball in biohazard bag. Repeat procedure until eyelid is clean (without dried secretions). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Remove artificial eye: a. Using dominant hand, raise client's upper eyelid with index finger, and depress lower eyelid with thumb. b. Cup nondominant hand under client's lower eyelid. c. Apply slight pressure with index finger between brow and artificial eye, and remove it. Place eye in emesis basin filled with warm, soapy water. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Grasp a moistened cotton ball and cleanse around edge of eye socket. Dispose of soiled cotton ball into biohazard bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Inspect eye socket for any signs of irritation, drainage, or crusting. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Eye socket irrigation (if needed): a. Lower head of bed and place client in supine position. Place protector pad on bed. Turn head toward socket side and slightly extend neck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-13 Eye Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> b. Fill irrigation syringe with prescribed amount and type of irrigating solution. c. With nondominant hand, separate eyelids with forefinger and thumb while resting fingers on the brow and cheekbone. d. Hold irrigating syringe in dominant hand several inches above inner canthus; gently apply pressure on plunger, directing flow of solution from inner canthus along conjunctival sac. e. Irrigate until prescribed amount of solution has been used. f. Wipe eyelids with moistened cotton ball after irrigating. Dispose in biohazard bag. g. Pat skin dry with towel. h. Return client to semi-Fowler's position. i. Remove gloves, wash hands/hand hygiene, and apply clean gloves. <p><i>Comments:</i></p>				
<p>12. Clean artificial eye in basin of warm, soapy water.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Rinse the artificial eye under running water or place in the clean basin of tepid water. Do not dry the prosthesis.</p> <p><i>Note:</i> Either reinsert prosthesis (Action 14) or store in a container (Action 15).</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Reinsert prosthesis:</p> <ul style="list-style-type: none"> a. With the thumb of nondominant hand, raise and hold upper eyelid open. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-13 Eye Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
b. With dominant hand, grasp artificial eye so indented part is facing toward client's nose, and slide it under upper eyelid as far as possible. c. Depress lower lid. d. Pull lower lid forward to cover edge of prosthesis. <i>Comments:</i>				
15. Place cleaned artificial eye in a labeled container with saline or tap water solution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Grasp moistened cotton ball and squeeze out excessive moisture. Wipe eyelid from inner to outer canthus. Dispose in a biohazard bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Clean, dry, and replace equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Reposition client, raise side rails, and place call button within reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Dispose of biohazard bag according to institutional policy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Remove gloves. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-13 Eye Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
21. Document procedure, client's response and participation, and client teaching and level of understanding. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contact Lens Removal				
22. Assemble equipment for lens removal. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Assess level of assistance needed, provide privacy, and explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Assist client to a semi-Fowler's position, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Drape a clean towel over client's chest. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Prepare lens storage case with prescribed solution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Instruct client to look straight ahead. Assess location of lens. If it is not on cornea, either you or client gently move lens toward cornea with pad of index finger. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-13 Eye Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>29. Remove lens.</p> <p>a. Hard lens:</p> <ul style="list-style-type: none"> • Cup nondominant hand under eye. • Gently place index finger on outside corner of eye, pull toward temple, and ask client to blink. Catch lens in nondominant hand. <p>b. Soft lens:</p> <ul style="list-style-type: none"> • With nondominant hand, separate eyelid with thumb and middle finger. • With index finger of dominant hand gently placed on lower edge of lens, slide lens downward onto sclera and gently squeeze the lens. • Release top eyelid (continue holding lower lid down), and remove lens with your index finger and thumb. <p><i>Note:</i> If Action 29 is unsuccessful, secure a suction cup to remove the contact lens. If unable to remove the lens, notify the prescribing practitioner or qualified practitioner.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>30. Store lens in correct compartment of the case (“right” or “left”). Label with client’s name.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>31. Remove and store other lens by repeating Actions 29 and 30.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>32. Assess eyes for irritation or redness.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 29-13 Eye Care	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
33. Store lens case in safe place. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Dispose of soiled articles, and clean and return reusable articles to proper location. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Reposition client, raise side rails, and place call light in reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Remove gloves. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Document procedure, client's response and assessment findings, and lenses' storage place. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-1 Medication Administration: Oral, Sublingual, and Buccal

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-1 Medication Administration: Oral, Sublingual, and Buccal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene, and apply clean gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Arrange medication tray or cart. Follow institutional protocol. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Unlock medication cart, or log on to computer. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Prepare medication for one client at a time following five rights. Select correct drug from medication drawer according to the MAR. Calculate drug dosage, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. To prepare a tablet or capsule: Pour required number of tablets or capsules into bottle cap, and transfer medication to a medication cup without touching. <ul style="list-style-type: none"> • Scored tablets may be broken. • A unit-dose tablet should be placed directly into medicine cup <i>without</i> opening until administered. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-1 Medication Administration: Oral, Sublingual, and Buccal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • For clients with difficulty swallowing, some tablets can be crushed into a powder with a mortar and pestle or by being placed between two paper medication cups and ground with a blunt object, then mixed in a small amount of applesauce or custard. Time-released or specially coated medications must not be crushed. Check with pharmacy if uncertain. <p><i>Comments:</i></p>				
<p>6. To prepare a liquid medication: Remove bottle cap from container and place cap upside down on cart. Hold bottle with label up and medication cup at eye level while pouring. Fill cup to desired level using surface or base of the meniscus as scale, not edge of liquid on cup. Wipe lip of bottle with paper towel.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. To prepare narcotic: Obtain key to narcotic drawer and check narcotic record for drug count when signing out dose. If drug count does not agree with records, report to charge nurse immediately. Institution may require filing of an incident report.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Check expiration date on all medications.</p> <ul style="list-style-type: none"> • Double-check MAR with prepared drugs. • Return stock medications to shelf or drawer. • Place MAR with client’s medications. • Do not leave drugs unattended. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-1 Medication Administration: Oral, Sublingual, and Buccal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>9. Administer medications to client:</p> <ul style="list-style-type: none"> • Observe the correct time to give medication. • Identify client by reading client’s name bracelet, repeating name, and asking client to state name. Additionally, check hospital number if name alert or client is not reliable. • Check drug packaging if present to ensure medication type and dosage. • Assess client’s condition and form of medication. • Perform any assessment, such as pulse or blood pressure, required for specific medications. • Explain purpose of drug and ask if client has any questions. • Assist client to sitting or lateral position. • Allow client to hold tablet or medication cup. • Give glass of water or other liquid, and straw, if needed, to help client swallow medication. • For <i>sublingual</i> medications, instruct client to place medication under tongue and allow to dissolve completely. • For <i>buccal</i> administration of drugs, instruct client to place medication in mouth against cheek until it dissolves completely. • For oral medications given through a <i>nasogastric tube</i>, crush tablets or open capsules and dissolve powder with 20–30 mL of warm water in a cup. Be sure medication will still be properly absorbed if crushed and dissolved. Check placement of feeding tube or nasogastric tube before instilling anything but air into tube. • Remain with client until each medication has been swallowed or dissolved. • Assist client into comfortable position. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-1 Medication Administration: Oral, Sublingual, and Buccal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
10. Dispose of soiled supplies. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Record time and route of administration on MAR, and return it to client's file. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Return cart to medicine room; restock supplies, as needed. Clean work area. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-2 Withdrawing Medication from an Ampule

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-2 Withdrawing Medication from an Ampule	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene, and secure supplies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Select appropriate ampule. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Select syringe with filter needle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Obtain a sterile gauze pad. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Select and set aside appropriate length of safety needle for planned injection. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Clear a work space. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Observe ampule for location of medication. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. If medication is trapped in top, flick neck of ampule repeatedly with fingernail while holding ampule upright. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-2 Withdrawing Medication from an Ampule	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Wrap sterile gauze pad around neck and snap off top in an outward motion directed away from self. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Invert ampule and place needle into liquid. Gently withdraw medication into syringe. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Alternately, place ampule on counter; hold and tilt slightly with nondominant hand. Insert needle below level of liquid and gently draw liquid into syringe, tilting ampule as needed to reach all liquid. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Remove filter needle and replace with safety injection needle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Dispose of filter needle and glass ampule (including lid) in appropriate sharps container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Label syringe with drug, dose, date, and time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-3 Withdrawing Medication from a Vial

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-3 Withdrawing Medication from a Vial	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene; secure supplies and apply gloves (optional). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Select appropriate vial. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Verify prescribing practitioner's orders. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Check expiration date. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Determine route of medication delivery, and select appropriate size syringe and needle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. While holding syringe at eye level, withdraw plunger to desired volume of medication. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Clean rubber top of vial with a 70% alcohol pad. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Using sterile technique, uncap needle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-3 Withdrawing Medication from a Vial	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Lay needle cap on clean surface. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Placing needle in center of vial, inject air slowly. Do not cause turbulence. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Invert vial and slowly, using gentle negative pressure, withdraw medication. Keep needle tip in liquid. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. With syringe at eye level, determine appropriate dose has been reached by volume. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Slowly withdraw needle from vial. Follow institution's policy regarding recapping and changing needles. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Using ink, mark current date and time and initials on vial. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Label syringe with drug, dose, date, and time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-4 Mixing Medications from Two Vials into One Syringe

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-4 Mixing Medications from Two Vials into One Syringe	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Check MAR against prescribing practitioner's written orders. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Check for drug allergies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Gather equipment needed. Prepare medication for one client at a time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Check need for one medication to be drawn up before other. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Determine total medication volume (in milliliters) in syringe after drawing both medications into syringe. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Swab top of each vial with alcohol. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-4 Mixing Medications from Two Vials into One Syringe	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Draw air into syringe equal to amount of medication to be drawn up from second vial. Inject air into second vial, and remove syringe and needle from vial. Some protocols require changing needles. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Draw air into syringe equal to amount of medication to be drawn up from first vial. Inject air into first vial. Keep needle and syringe in vial. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Pulling back on plunger, withdraw correct amount (in milliliters) of medication from first vial. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Remove syringe from first vial and insert it into second vial. Withdraw medication from second vial to volume (in milliliters) total of both medications summed together. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Either leave needle in second vial until just before injecting medication or follow institution's policy regarding recapping needles. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-4 Mixing Medications from Two Vials into One Syringe	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>Mixing Insulin The clear insulin (regular, short-acting) is drawn up first, then the cloudy solution (intermediate or long-acting). Check manufacturer's information regarding types of insulin and carefully assess response of client. Before administering insulin, dosage must be double-checked by two professionals. An inaccurate dose of insulin can be life threatening.</p> <p>14. Check client's most recent blood glucose level, dietary intake, oral intake status (e.g., is NPO), and signs and symptoms related to glucose level. <i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>15. Repeat Actions 1–4. <i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>16. Remove caps from insulin vials (if necessary). Gently rotate (never shake) suspension insulin (e.g., NPH, intermediate, or long-acting insulin) until no sediment is at bottom of vial. <i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>17. Wipe off insulin vial tops with alcohol sponge. <i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>18. Draw back air into syringe equal to total dose of both insulin solutions. Insert needle and syringe into vial with cloudy suspension (intermediate or long-acting insulin), and inject air equal to amount to be given of that insulin. Do not touch solution with needle. <i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-4 Mixing Medications from Two Vials into One Syringe	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
19. Insert needle and syringe into vial of short-acting or regular insulin, and inject air equal to amount to be given. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Keep needle and syringe in solution. Invert vial, and withdraw medication slowly and accurately. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Withdraw needle, expel any air bubbles, and check dose with another nurse. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Invert vial with longer-acting insulin, holding plunger carefully, and withdraw long-acting insulin, being careful not to inject any regular insulin into vial. Check dose with another nurse. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Store insulin properly according to manufacturer's specifications. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Wash hands/hand hygiene; prepare to administer injection. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-5 Medication Administration: Intradermal

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-5 Medication Administration: Intradermal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene; apply clean gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide privacy. Identify client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Select injection site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Select ¼- to ⅝-inch, 25- to 27-gauge needle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Assist client into a comfortable position. Distract client by talking about an interesting subject. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Use antiseptic swab in a circular motion to clean skin at site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. While holding swab between fingers of nondominant hand, pull cap from needle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-5 Medication Administration: Intradermal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Administer injection: <ul style="list-style-type: none"> • With nondominant hand, stretch skin over site with forefinger and thumb. • Insert needle slowly at a 5° to 15° angle, bevel up, until resistance is felt; then advance to no more than 1/8 inch below skin. Needle tip should be seen through skin. • Slowly inject medication. Resistance will be felt. • Note a small bleb forming under skin surface. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Withdraw needle while applying gentle pressure with antiseptic swab. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do not massage site. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Assist client to comfortable position. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Discard uncapped needle and syringe in safe receptacle. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Remove gloves; wash hands/hand hygiene. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-6 Medication Administration: Subcutaneous

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-6 Medication Administration: Subcutaneous	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene; apply clean gloves. Select appropriate syringe for medication being given. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide privacy. Identify client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Select injection site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Select needle size. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Assist client into a comfortable position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Use antiseptic swab to clean skin at site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. While holding swab between fingers of nondominant hand, pull cap from needle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Administer injection: <ul style="list-style-type: none"> • Hold syringe between thumb and forefinger of dominant hand like a dart. • Pinch skin with nondominant hand. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-6 Medication Administration: Subcutaneous	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • Inject needle quickly and firmly (like a dart) at a 45° to 90° angle. • Release skin. • Grasp lower end of syringe with nondominant hand, and position dominant hand to end of plunger. Do not move syringe. • Pull back on plunger to ascertain that needle is not in a vein. If no blood appears, slowly inject medication. (Aspiration is contraindicated with some medications; check with the pharmacy if unclear.) <p><i>Comments:</i></p>				
<p>9. Remove hand from injection site and quickly withdraw needle. Apply pressure with antiseptic swab.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Some medications should not be massaged. Ask pharmacy if unclear.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Assist client to a comfortable position.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Discard uncapped needle and syringe in disposable needle receptacle.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Remove gloves; wash hands/hand hygiene.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-7 Medication Administration: Intramuscular

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-7 Medication Administration: Intramuscular	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene; put on clean gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Close door or curtains around bed, and keep gown or sheet draped over client. Identify client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Select injection site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Select needle size. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Assist client into a comfortable position. Consider injection site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Use antiseptic swab to clean skin at site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. While holding swab between fingers of nondominant hand, pull cap from needle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Administer injection: <ul style="list-style-type: none"> • Hold syringe between thumb and forefinger of dominant hand like a dart. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-7 Medication Administration: Intramuscular	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • Spread skin tightly or pinch a generous section of tissue firmly—for cachectic clients. • Inject needle quickly and firmly (like a dart) at a 90° angle. • Release skin. • Grasp lower end of syringe with nondominant hand, and position dominant hand to end of plunger. Do not move syringe. • Pull back on plunger and aspirate to ascertain if needle is in vein. If no blood appears, slowly inject medication. <p><i>Comments:</i></p>				
<p>9. Remove nondominant hand and quickly withdraw needle. Apply pressure with antiseptic swab.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Apply pressure. Certain protocols suggest gentle massaging action.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Assist client to a comfortable position.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Close the safety cap and discard uncapped needle and syringe in specified biohazard sharps container.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Remove gloves; wash hands/hand hygiene.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-8 Medication Administration via Secondary Administration Sets (Piggyback)

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-8 Medication Administration via Secondary Administration Sets (Piggyback)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Check prescribing practitioner's orders. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene. Gloves are not necessary if adding fluids to an existing infusion line. Secure IV tubing for piggyback administration. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check client's identification bracelet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Explain procedure and reason drug is being given. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Prepare medication bag: <ul style="list-style-type: none"> • Close clamp on tubing of infusion set. • Spike medication bag with infusion tubing. • Open clamp. • Allow tubing to be filled with solution to evacuate air from tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Hang piggyback medication bag above level of primary IV bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-8 Medication Administration via Secondary Administration Sets (Piggyback)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>7. Connect piggyback tubing to primary tubing at Y-port:</p> <ul style="list-style-type: none"> • For needleless system, remove cap on port and connect tubing. • If a needle is used, clean port with antiseptic swab and insert small-gauge needle into center of port. • Secure tubing with adhesive tape. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Administer medication:</p> <ul style="list-style-type: none"> • Check prescribed length of time for infusion. • Regulate flow rate of piggyback by adjusting regulator clamp. • Observe whether backflow valve on piggyback has stopped flow of primary infusion during drug administration. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Check primary infusion line when medication is finished:</p> <ul style="list-style-type: none"> • Regulate primary infusion rate. • Leave secondary bag and tubing in place for next drug administration. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Dispose of all used materials and place needles in needle biohazard sharps container.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Wash hands/hand hygiene.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-9 Medication Administration: Eye and Ear

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-9 Medication Administration: Eye and Ear	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Eye Medication				
1. Check for allergies or contraindications. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Gather necessary equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Follow five rights of drug administration. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Take medication to client's room and place on a clean surface. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Check client's identification armband. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Wash hands/hand hygiene; apply nonsterile, latex-free gloves, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Place client in supine position with head slightly hyperextended. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-9 Medication Administration: Eye and Ear	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Instilling Eye Drops 9. Remove cap from eye bottle and place cap on its side. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Squeeze prescribed amount of medication into eyedropper. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Place a tissue below lower lid. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. With dominant hand, hold eyedropper $\frac{1}{2}$ – $\frac{3}{4}$ inch above eyeball; rest hand on client's forehead to stabilize. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Place hand on cheekbone and expose lower conjunctival sac by pulling down on cheek. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Instruct client to look up, and drop prescribed number of drops into center of conjunctival sac. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Instruct client to gently close eyes and move eyes. Briefly place fingers on either side of client's nose to close tear ducts. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Remove gloves; wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-9 Medication Administration: Eye and Ear	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
17. Record on MAR route, site (which eye), and time administered. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye Ointment Application				
18. Repeat Actions 1–8. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Lower lid: <ul style="list-style-type: none"> • With nondominant hand, gently separate client’s eyelids with thumb and finger, and grasp lower lid near margin immediately below lashes; exert pressure downward over bony prominence of cheek. • Instruct client to look up. • Apply eye ointment along inside edge of entire lower eyelid, from inner to outer canthus. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Upper lid: <ul style="list-style-type: none"> • Instruct client to look down. • With nondominant hand, gently grasp client’s lashes near center of upper lid with thumb and index finger, and draw lid up and away from eyeball. • Squeeze ointment along upper lid, starting at inner canthus. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Repeat Actions 16 and 17. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Disk				
22. Repeat Actions 1–8. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-9 Medication Administration: Eye and Ear	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
23. Open sterile package and press dominant, sterile gloved finger against oval disk so that it lies lengthwise across fingertip. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Instruct client to look up. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. With nondominant hand, gently pull client's lower eyelid down and place disk horizontally in conjunctival sac. <ul style="list-style-type: none"> • Then pull lower eyelid out, up, and over disk. • Instruct client to blink several times. • If disk is still visible, repeat above two steps. • Once disk is in place, instruct client to gently press fingers against closed lids; do not rub eyes or move disk across cornea. • If disk falls out, pick it up, rinse under cool water, and reinsert. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. If disk is prescribed for both eyes, repeat Actions 23–25. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Repeat Actions 15–17. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Removing an Eye Medication Disk 28. Repeat Actions 3 and 5–8. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-9 Medication Administration: Eye and Ear	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
29. Remove disk: <ul style="list-style-type: none"> • With nondominant hand, invert lower eyelid and identify disk. • If disk is located in upper eye, instruct client to close eye, and place your fingers on closed eyelid. Apply gentle, long, circular strokes; instruct client to open eye. Disk should be located in corner of eye. With your fingertip, slide disk to lower lid, and then proceed. • With dominant hand, use forefinger to slide disk onto lid and out of client's eye. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Remove gloves; wash hands/hand hygiene. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Record removal of disk on MAR. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ear Medication 1. Check for allergies. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Check MAR against prescribing practitioner's written orders. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Wash hands/hand hygiene. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Calculate dose. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-9 Medication Administration: Eye and Ear	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
5. Identify client by checking client's armband. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Place client in a side-lying position with affected ear facing up. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Straighten ear canal. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Slowly instill drops into ear canal by holding dropper at least ½ inch above ear canal. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Ask client to maintain position for 2–3 minutes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Place a cotton ball on outermost part of canal. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Document drug, number of drops, time administered, and ear medicated. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-10 Medication Administration: Nasal

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-10 Medication Administration: Nasal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. Wear a mask, if needed. Put on latex-free gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Explain to client the sensation of medication effects. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Explain manufacturer's directions for inhaler use. Follow five rights of drug administration. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have client assume a comfortable position. Have client blow nose. Squeeze nose drops into dropper. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have client exhale and close one nostril. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-10 Medication Administration: Nasal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Ask client to inhale while spray is pumped or sprayed into first nostril. If nose drops are used, insert nasal dropper only about $\frac{3}{8}$ inch into nostril, keeping tip of dropper away from sides of nostril. Insert prescribed dosage of medication into nostril. Discard any unused medication in dropper. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Ask client to blot excess drainage from nostril; do not have client blow nose. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Repeat procedure on other nostril. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Help client resume comfortable position. For nose drops, client stays in position for generally 5 minutes. Instruct client to breathe through nose. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Remove all soiled supplies and dispose according to Standard Precautions. Remove gloves. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Evaluate effect of medication in 15–20 minutes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-11 Medication Administration: Nebulizer

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-11 Medication Administration: Nebulizer	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Handheld Nebulizer 1. Assess client's ability to use nebulizer. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Check MAR against prescribing practitioner's orders. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check for drug allergies and hypersensitivity. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wash hands/hand hygiene before setting up nebulizer. Gather equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Set up medication for one client at a time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Look at medication at eye level if using droppers to dispense solution into nebulizer. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Pour entire amount of drug(s) into nebulizer cup carefully. <ul style="list-style-type: none"> • Avoid touching drug while pouring into nebulizer cup. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-11 Medication Administration: Nebulizer	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Cover cup with cap and fasten. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Fasten T-piece to cap top. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Fasten short length of tubing to one end of T-piece. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Fasten mouthpiece or mask to other end of T-piece. • Avoid touching nebulizer mouthpiece or interior part of mask. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Identify client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Identify medication to client and explain its purpose. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Assist client to upright position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Attach tubing to nebulizer cup bottom and attach other end to air source: • Adjust wall oxygen valve per prescribing practitioner's orders. • Leave air on for about 6–7 minutes, until medications are used up. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-11 Medication Administration: Nebulizer	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
16. Instruct client to breathe in and out slowly and deeply through mouthpiece or mask. <ul style="list-style-type: none"> • Client's lips should be sealed tightly around mouthpiece. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Remain with client long enough to observe proper inhalation-exhalation technique. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Wash hands/hand hygiene. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Record medications administered with date, time, and dosages on chart. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. When nebulizer cup is empty, turn off compressor or wall air. <ul style="list-style-type: none"> • Detach tubing from compressor and nebulizer. • If nebulizer is disposable, dispose of it in appropriate container. • If nebulizer is to be reused for this client, carefully wash, rinse, and dry nebulizer components. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Assess client immediately following treatment for results or adverse effects from treatment. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Reassess client 5–10 minutes following treatment. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-11 Medication Administration: Nebulizer	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
23. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Metered-Dose Nebulizer				
24. Assess client for ability to use metered-dose nebulizer. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Check MAR against prescribing practitioner's orders. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Check for drug allergies and hypersensitivity. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Wash hands/hand hygiene before administering medication; put on latex-free gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Shake prepackaged nebulizer. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Place nebulizer into applicator. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Place aerochamber onto nebulizer, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Have client place mouthpiece in mouth. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-11 Medication Administration: Nebulizer	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
32. Have client press down on prepackaged dispenser as client simultaneously inhales. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. If an aerochamber is attached to nebulizer, have client inhale slowly and deeply. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Observe client for possible adverse effects. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Record medication administration and observations. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-12 Medication Administration: Rectal

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-12 Medication Administration: Rectal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Assess client's need for medication. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Check prescribing practitioner's written order. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check MAR against medication order, verifying correct client, medication, dose, route, and time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Check for drug allergies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Review client's history. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Gather equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Assess client's readiness. Ask visitors to leave. Provide for privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-12 Medication Administration: Rectal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Apply disposable gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Ask client's name and check identification band. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Assist client into correct position: side-lying Sims' position. Place towel or pad under client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Visually assess client's external anus. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Remove suppository from wrapper and lubricate rounded end along with insertion finger. If a medicated enema is used, lubricate enema tip, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Tell client to expect a cool sensation and pressure during administration. Encourage slow, deep breaths. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Retract buttocks with nondominant hand, visualizing anus. Using dominant index finger, slowly and gently insert suppository through anus, past internal sphincter, and against rectal wall. Depth of insertion will differ if client is a child or infant. If instilling a medicated enema, gently insert enema tip past internal sphincter and instill the contents by slowly squeezing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-12 Medication Administration: Rectal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
16. Remove finger or enema tip, and wipe client's anal area with a washcloth or tissue. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Discard gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Discuss with client a 10-minute time frame to remain in bed or on side. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Place call light in client's reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Record administration of medication. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Document treatment results. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 30-13 Medication Administration: Vaginal

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 30-13 Medication Administration: Vaginal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Verify orders. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Assess client's level of knowledge of procedure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ask client to void. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Gather equipment and arrange at client's bedside. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Assist client to a dorsal-recumbent or Sims' position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Drape client as appropriate. Provide towel or protective pad on bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-13 Medication Administration: Vaginal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Position lighting to illuminate vaginal orifice. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Put on latex-free gloves and assess perineal area for redness, inflammation, discharge, or foul odor. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. If using an applicator, fill with medication. If using a suppository, remove suppository from foil and position in applicator (applicator is optional). Discard foil. Apply water-soluble lubricant to suppository or applicator (optional for applicator). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. For suppository, with nondominant hand, retract labia. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. With dominant hand, insert applicator 2–3 inches into vagina, sliding applicator posteriorly. Push plunger to administer medication. With a suppository, insert tapered end first with index finger or applicator along posterior wall of vagina (approximately 3 inches). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Withdraw applicator and place on towel. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-13 Medication Administration: Vaginal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>15. If administering douche or irrigation:</p> <ul style="list-style-type: none"> • Warm solution to slightly above body temperature. Check using back of hand or wrist. • Position client in semirecumbent position on bedpan, on toilet seat, or in tub. • Apply lubricant to irrigation nozzle and insert approximately 3 inches into vagina. • Hang irrigant container approximately 2 feet above client's vaginal area. • Open clamp and allow small amount of solution to flow into vagina. • Move nozzle and rotate around entire vaginal area. If labia are inflamed, allow solution to flow over labia as well. If client is on toilet seat, alternate between closing off labia and allowing solution to be expelled. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>16. Wipe and clean client's perineal area, including labia (from front to back) with toilet tissue or warm cloth and water.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>17. Apply a perineal pad.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>18. Wash applicator (if reusable) with soap and warm water, and store in appropriate container in client's room.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. Remove gloves; wash hands/hand hygiene.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 30-13 Medication Administration: Vaginal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
20. Instruct client to remain flat for at least 30 minutes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Raise side rails and place call light in reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 31-1 Administering Therapeutic Massage

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 31-1 Administering Therapeutic Massage	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Set room temperature at 75°F. Provide low lighting, privacy, and background music. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Prepare table or hospital bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Remove rings and watch. Wash hands. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Assist client to assume either a prone, Sims', or sitting position, depending on client's condition. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Loosen or remove clothing from client's back and arms. Drape client with sheet, as needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Squeeze small amount of lotion or oil into palm of hand to warm. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 31-1 Administering Therapeutic Massage	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Begin with light to medium effleurage at lower back and continue upward following muscle groups, being careful to avoid spine and spinal processes. Move hands up toward base of neck; continue outward over trapezius muscles with circular motions, over and around shoulders and upper arms; and return with lighter downward strokes laterally over latissimus dorsi to upper gluteals. Use slow rhythmic movements, keeping in contact with skin at all times. Check pressure. Continue effleurage for approximately 3 minutes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Continue treatment, if appropriate, with gentle petrissage to major muscle groups in back, shoulders, and upper arms. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Use friction to particular muscle groups where tension is being held. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Use tapotement to stimulate any fatigued muscle groups. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Finish treatment with effleurage. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Wipe any excess lotion or oil from skin, or use warm soap and water to clean client's skin, then dry completely. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 31-1 Administering Therapeutic Massage	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
14. Assist client into comfortable position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Document treatment, client's response, and skin assessment data. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 32-1 Maintaining and Cleaning the Tracheostomy Tube

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 32-1 Maintaining and Cleaning the Tracheostomy Tube	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Cleaning Trach Tube Site 1. Wash hands/hand hygiene, apply gloves, and assemble equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Remove soiled dressing and discard. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Cleanse neck plate of tracheostomy tube with cotton applicators moistened with hydrogen peroxide. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Rinse neck plate of tracheostomy tube with applicators moistened with sterile water or saline. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Cleanse skin under neck plate of tube with cotton applicator moistened with hydrogen peroxide. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Rinse skin under neck plate with applicators moistened with sterile water or saline. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Dry skin under neck plate with cotton applicators. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-1 Maintaining and Cleaning the Tracheostomy Tube	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>8. <i>Using your clean hand</i>, gently loosen inner cannula of tracheostomy tube by twisting outer ring counterclockwise; then withdraw inner cannula in smooth motion. Place inner cannula into basin of peroxide. <i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. <i>Using your sterile hand</i>, pick up cannula. Using your clean hand, pick up nylon brush and scrub to remove any visible crusts or secretions from inside and outside cannula. <i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Place cannula into container of sterile saline. Agitate so all surfaces are bathed in saline. <i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Inspect inner cannula again to ensure it is clean; then remove excess saline from lumen by tapping cannula against a sterile surface. <i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Gently replace inner cannula, following curve of tube. When fully inserted, lock inner cannula in place by rotating external ring clockwise until it clicks into place. <i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-1 Maintaining and Cleaning the Tracheostomy Tube	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
One-Person Technique of Changing Tracheostomy Ties 13. Prepare clean tracheostomy ties. <ul style="list-style-type: none"> • Cut length of twill tape that will fit around client's neck plus 6 inches. Cut ends of twill tape on diagonal. • Open Velcro ties on continuous neckband. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Leaving old tracheostomy ties in place, insert one end of new tracheostomy tie through hole in tracheostomy neck plate from back to front. Pull ends even, and slide ends of tape around back to other side. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Insert one end of tape through opening on other side of tracheostomy tube neck plate from back to front. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Tie two ends of new tape with a square knot. Keep two fingers under tape as the knot is tied. Without putting pressure on neck plate or the tape, pull on knot to make sure it will stay tied. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Untie and remove old tracheostomy tapes and discard. Hold neck plate firmly with one hand while untying old tapes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Place one finger under tracheostomy ties. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-1 Maintaining and Cleaning the Tracheostomy Tube	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Two-Person Technique of Changing Tracheostomy Ties 19. Cut two pieces of twill tape about 12 to 14 inches in length. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Make fold 1 inch below end of each piece of twill tape, and cut ½-inch slit lengthwise in center of fold. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Have second person hold tracheostomy tube with fingers on sides of neck plate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Untie old tracheostomy ties and discard. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Insert split end of tracheostomy tape through opening on one side of tracheostomy tube neck plate. Pull distal end of tracheostomy tie through cut end and pull tightly. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Repeat procedure with second piece of twill tape. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Tie tracheostomy tapes with a double knot at side of neck. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-1 Maintaining and Cleaning the Tracheostomy Tube	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
26. Insert one finger under tracheostomy tapes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Insert tracheostomy gauze under neck plate of tube. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Discard all used materials and hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Checklist for Procedure 32-2 Performing Nasopharyngeal and Oropharyngeal Suctioning

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 32-2 Performing Nasopharyngeal and Oropharyngeal Suctioning	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Assess client's need for suctioning: inability to clear airway by coughing and expectoration; coarse bubbling or gurgling noises with respiration. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Choose appropriate route. If nasopharyngeal approach, inspect nares with penlight to determine patency. Assess patency by occluding each naris, in turn, with finger pressure while asking client to breathe through other naris. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Explain procedure to client. Advise suctioning can cause coughing or gagging but emphasize importance of clearing airway. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Position client in a high Fowler's or semi-Fowler's position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If client unconscious or otherwise unable to protect airway, place in a side-lying position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-2 Performing Nasopharyngeal and Oropharyngeal Suctioning	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Connect extension tubing to suction device and adjust suction control to between 80 and 100 mm Hg. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Put on gown, mask, and goggles or face shield, if indicated. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Using sterile technique, open suction kit. Consider inside wrapper of kit sterile, and spread wrapper out to create a small sterile field. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Open packet of sterile, water-soluble lubricant and squeeze out contents of packet onto sterile field. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. If sterile solution (water or saline) is included in kit, pour about 100 mL of solution into sterile container provided in kit. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Carefully lift wrapped gloves from kit without touching inside of kit or gloves. Lay wrapped gloves next to suction kit and open wrapper. Put on gloves using sterile gloving technique. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Open cup of sterile solution, if included in suction kit. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-2 Performing Nasopharyngeal and Oropharyngeal Suctioning	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
14. Designate one hand as sterile and other as clean. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. <i>Using sterile hand</i> , pick up suction catheter. Grasp plastic connector end between thumb and forefinger, and coil tip around remaining fingers. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. <i>Using clean hand</i> , pick up extension tubing. Connect suction catheter to extension tubing, taking care not to contaminate catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Position clean hand with thumb over catheter's suction port. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Dip catheter tip into sterile solution, and activate suction. Observe as solution is drawn into catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. For oropharyngeal suctioning, ask client to open mouth. Without activating suction, gently insert catheter and advance until pool of secretions is reached or until client coughs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-2 Performing Nasopharyngeal and Oropharyngeal Suctioning	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
20. For nasopharyngeal suctioning, estimate distance from tip of client's nose to earlobe, and grasp catheter between thumb and forefinger at a point equal to this distance from catheter's tip. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Dip tip of suction catheter into water-soluble lubricant. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Insert catheter tip into naris, with suction control port uncovered. Advance catheter gently with slight downward slant. Slight rotation of catheter may ease insertion. Advance catheter to point marked by thumb and forefinger. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. If resistance is met, do not force catheter . Withdraw and attempt insertion via opposite naris. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Apply suction intermittently by occluding suction control port with thumb; at same time, slowly rotate catheter by rolling between thumb and fingers while slowly withdrawing. Apply suction for no longer than 15 seconds at a time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-2 Performing Nasopharyngeal and Oropharyngeal Suctioning	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
25. Repeat Action 24 until secretions are cleared, allowing brief rest periods between suctioning episodes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Withdraw catheter by looping around fingers as removed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Dip catheter tip into sterile solution and apply suction. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Disconnect catheter from extension tubing. Holding coiled catheter in gloved hand, remove glove by pulling over catheter. Discard catheter and gloves in appropriate container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Discard remaining supplies in appropriate container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Provide client with oral hygiene, if needed or desired. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Document procedure, noting amount, color, and odor of secretions and client's response to procedure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 32-3 Suctioning Endotracheal (ET) and Tracheal Tubes

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 32-3 Suctioning Endotracheal (ET) and Tracheal Tubes	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Suctioning a Tracheal Tube 1. Assess depth and rate of respirations; auscultate breath sounds. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Assemble supplies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Connect suction tube to source of negative pressure. Set suction control between 80 and 100 mm Hg. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Administer oxygen or use Ambu® bag before beginning procedure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Remove inner cannula and place in basin of hydrogen peroxide to loosen secretions if reusable, or set aside if disposable. Do not dispose of disposable cannula until new inner cannula is securely in place. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Apply sterile glove to dominant hand. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-3 Suctioning Endotracheal (ET) and Tracheal Tubes	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>8. Open sterile suction catheter or use reusable closed system catheter. Remove sterile suction catheter from package with dominant, sterile hand. Wrap catheter tubing around hand from tip of catheter down to port end. Attach catheter to suction.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Gently insert catheter into trachea during inspiration until resistance is met or until client coughs; then pull catheter back 1 cm (½ in).</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Apply suction intermittently while gently rotating catheter and removing it.</p> <ul style="list-style-type: none"> • In a disposable catheter, suction is applied by placing thumb of dominant hand over open port of catheter connector. • In a closed system catheter, suction is applied by depressing white button at connector end of catheter. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Wrap disposable suction catheter around sterile dominant hand while withdrawing from ET tube.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Suction for no more than 10 seconds.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-3 Suctioning Endotracheal (ET) and Tracheal Tubes	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
13. Administer oxygen using the sigh function on ventilator or an Ambu bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Assess airway and repeat suctioning, as necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Clean inner cannula using tracheostomy brush, and rinse well in sterile water or sterile saline. Dry (or open new disposable inner cannula). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Reinsert inner cannula and lock into place. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Apply humidified oxygen or compressed air. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Remove gloves and discard. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Record procedure and client's tolerance of procedure, including amount and consistency of secretions. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-3 Suctioning Endotracheal (ET) and Tracheal Tubes	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Suctioning an ET Tube 21. Repeat Actions 1–14. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Remove gloves and discard. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Record procedure and client's tolerance of procedure, including amount and consistency of secretions. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 32-4 Administering Oxygen Therapy

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 32-4 Administering Oxygen Therapy	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Nasal Cannula 1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Verify prescribing practitioner's order. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Explain procedure and hazards to client. Remind clients who smoke of reasons for not smoking while O ₂ is in use. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If using humidity, fill humidifier to fill line with distilled water and close container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Attach humidifier to oxygen flow meter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Insert humidifier and flow meter into oxygen source in wall or portable unit. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Attach oxygen tubing and nasal cannula to flow meter and turn it on to prescribed flow rate. Use extension tubing for ambulatory clients. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-4 Administering Oxygen Therapy	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Check for bubbling in humidifier. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Place nasal prongs in client's nostrils. Secure cannula in place by adjusting tubing around client's ears and using slip ring to stabilize under client's chin. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Check for proper flow rate every 4 hours and when client returns from procedures. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Assess client's nostrils every 8 hours. If client complains of dryness or has signs of irritation, use sterile lubricant to keep mucous membranes moist. Add humidifier, if not already in place. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Monitor vital signs, oxygen saturation, and client's condition every 4–8 hours (or as indicated or ordered) for signs and symptoms of hypoxia. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Wean client from oxygen as soon as possible, using standard protocols. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mask: Venturi Mask (High-Flow Device), Simple Mask (Low Flow), Partial Rebreather Mask, Nonrebreather Mask, and Face Tent				
14. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-4 Administering Oxygen Therapy	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
15. Repeat Actions 2–6. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Attach appropriately sized mask or face tent to oxygen tubing and turn on flow meter to prescribed flow rate. Allow reservoir bag of nonrebreathing or partial rebreathing mask to fill completely. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Check for bubbling in humidifier. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Place mask or tent on client’s face; fasten elastic band around client’s ears and tighten until mask fits snugly. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Check for proper flow rate every 4 hours. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Ensure that ports of Venturi mask are not under covers or impeded by any other source. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Assess client’s face and ears for pressure from mask, and use padding as needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Wean client to nasal cannula and then wean off oxygen per protocol. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-4 Administering Oxygen Therapy	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Oxygen Via an Artificial Airway (Tracheostomy or Endotracheal Tube) 23. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Verify the prescribing practitioner's order. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Fill humidifier with sterile water and close container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Attach humidifier and warmer to oxygen flow meter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Attach wide-bore oxygen tubing and T-tube adapter or tracheostomy mask to flow meter, and turn meter to flow rate needed to achieve prescribed oxygen concentration. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Check for bubbling in humidifier and fine mist from the adapter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Attach T-piece to client's artificial airway or place mask over client's airway. Be sure T-piece is firmly attached to airway. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Position tubing so that it is not pulling client's airway. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-4 Administering Oxygen Therapy	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
31. Check for proper flow rate and patency of system every 1–2 hours, depending on client acuity. Suction as needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Monitor airway patency, vital signs, oxygen saturation, and signs and symptoms of hypoxia every 2 hours or as needed. Additionally, monitor breath sounds and tube position every 4 hours. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Wean client from therapy as directed by prescribing practitioner. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 32-5 Performing the Heimlich Maneuver

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 32-5 Performing the Heimlich Maneuver	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Foreign Body Obstruction—All Clients 1. Assess airway for complete or partial blockage. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Activate emergency response assistance if respiratory distress or complete blockage; for example, ask bystander to call 911. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conscious Adult Client—Sitting or Standing 3. Stand behind client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wrap both arms around client's waist. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Make fist with one hand and grasp fist with other hand, placing thumb side of fist against client's abdomen. Place fist midline, below xiphoid process and lower margins of rib cage, above navel. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Perform a quick upward thrust into client's abdomen. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-5 Performing the Heimlich Maneuver	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Repeat process 6–10 times until client either expels foreign body or loses consciousness. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unconscious Adult Client or Adult Client Who Becomes Unconscious				
8. Repeat Actions 1 and 2. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Position client supine; kneel astride client’s abdomen. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Place heel of one hand midline, below xiphoid process and lower margin of rib cage, above navel. Place second hand directly on top of first hand. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Perform quick upward thrust into diaphragm, repeating 6–10 times. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Perform a finger sweep: <ol style="list-style-type: none"> a. Use one hand to grasp lower jaw and tongue between thumb and fingers, and lift. b. Using index finger of other hand, insert finger into client’s mouth next to cheek, and using a hooking motion, dislodge any foreign body. Use caution to prevent pushing foreign body farther down into airway. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-5 Performing the Heimlich Maneuver	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
13. Open client's airway and attempt ventilation. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Continue sequence of Heimlich maneuver, finger sweep, and rescue breathing as long as necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conscious Adult Sitting or Standing—Chest Thrusts				
15. Repeat Actions 1 and 2. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Stand behind client and wrap arms around client's waist. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Make a fist and place thumb side of fist against client's abdomen. Grasp fist with other hand upward. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Perform backward thrusts until client either becomes unconscious or foreign body is expelled. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unconscious Adult—Chest Thrusts				
19. Repeat Actions 1 and 2. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Place client in supine position and kneel astride client's thighs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-5 Performing the Heimlich Maneuver	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
21. Place heel of one hand against client's abdomen, slightly above navel but below xiphoid process. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Perform each thrust in slow, separate, and distinct manner. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Follow Actions 9–12 for adult Heimlich maneuver, unconscious client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Airway Obstruction—Infants and Small Children				
24. Differentiate between infection and airway obstruction. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infant Airway Obstruction				
25. Straddle infant over forearm in prone position with head lower than trunk. Support infant's head, positioning a hand around jaws and chest. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Deliver 5 back blows between infant's shoulder blades. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Keeping infant's head down, place free hand on infant's back and turn infant over, supporting infant's back with hand and thigh. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-5 Performing the Heimlich Maneuver	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
28. With free hand, deliver 5 thrusts in same manner as infant external cardiac compressions. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Assess for a foreign body in mouth of an unconscious infant and utilize finger sweep only if foreign body is visualized. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Open airway and assess for respiration. If respirations are absent, attempt rescue breathing. Assess for rise and fall of chest; if not seen, reposition infant and attempt rescue breathing again. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Repeat entire sequence again: 5 back blows, 5 chest thrusts, assessment for foreign body in oral cavity, and rescue breathing as long as necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Small Child—Airway Obstruction (Conscious, Standing or Sitting) 32. Assess air exchange, and encourage coughing and breathing. Provide reassurance to child that you are there to help. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Ask child if choking. If response is yes, follow steps outlined below: a. Stand behind child with arms wrapped around waist and administer 6–10 subdiaphragmatic abdominal thrusts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-5 Performing the Heimlich Maneuver	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
b. Continue until foreign object is expelled or child becomes unconscious. <i>Comments:</i>				
Small Child—Airway Obstruction (Unconscious) 34. Position child supine, kneel at child’s feet, and gently deliver 5 subdiaphragmatic abdominal thrusts. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Open airway by lifting lower jaw and tongue forward. Perform finger sweep only if foreign body is visualized. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. If breathing is absent, begin rescue breathing. If chest does not rise, reposition child and attempt rescue breathing again. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Repeat this sequence as long as necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 32-6 Administering Cardiopulmonary Resuscitation (CPR)

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 32-6 Administering Cardiopulmonary Resuscitation (CPR)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
CPR: One Rescuer—Adult, Adolescent 1. Assess responsiveness by tapping or gently shaking client while shouting, “Are you OK?” <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Activate emergency medical system (EMS): <ul style="list-style-type: none"> • In clinical setting, follow institutional protocol. • In community or home environment, activate local emergency response system (e.g., 911). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Position client in a supine position on hard, flat surface. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Apply gloves or face shield, if available. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Position self. Face client on knees, parallel to client and next to head, to begin to assess airway and breathing status. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Open airway. <ul style="list-style-type: none"> • If head or neck injury suspected, use jaw thrust method. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-6 Administering Cardiopulmonary Resuscitation (CPR)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Assess for respirations. Look, listen, and feel for air movement (3–5 seconds). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. If respirations are absent: <ul style="list-style-type: none"> • Occlude nostrils with thumb and index finger of hand that is on forehead and tilt head back. • Form a seal over the client’s mouth using either your mouth or the appropriate respiratory assist device (e.g., Ambu bag and mask), and give two full breaths of approximately 1 second, allowing time for both inspiration and expiration. • In serious mouth or jaw injury that prevents mouth-to-mouth ventilation, use mouth-to-nose ventilation. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Assess for rise and fall of chest: <ul style="list-style-type: none"> • If chest rises and falls, continue to Action 10. • If chest does not move, assess for excessive oral secretions, vomit, airway obstruction, or improper positioning. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Palpate carotid pulse (5–10 seconds): <ul style="list-style-type: none"> • If present, continue rescue breathing at rate of 12 breaths/min, for 1 second each breath. • If absent, begin external cardiac compressions. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Perform cardiac compressions as follows: <ul style="list-style-type: none"> • Maintain position on knees parallel to sternum. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-6 Administering Cardiopulmonary Resuscitation (CPR)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • Position hands for compressions. <ul style="list-style-type: none"> a. With hand nearest to legs, use index finger to locate lower rib margin and quickly move fingers up to location where ribs connect to sternum. b. Place middle finger of this hand on notch where ribs meet sternum and index finger next to it. c. Place heel of opposite hand next to index finger on sternum. d. Remove first hand from notch and place on top of hand that is on sternum so that they are on top of each other. e. Extend or interface fingers and do not allow them to touch chest. f. Keep arms straight, with shoulders directly over hands on sternum, and lock elbows. g. Compress adult chest 3.89–5.0 cm (1 ½–2 in) at the rate of approximately 100 compressions/min. h. Heel of hand must completely release pressure between compressions but should remain in constant contact with client’s skin. i. Use the mnemonic “one and, two and, three and…” to keep rhythm and timing. j. Ventilate client as described in Action 8. <p><i>Comments:</i></p>				
<p>12. Maintain compression rate for approximately 100 times/min, interjecting 2 ventilations after every 30 compressions (compression:ventilation rate of 30:2). <i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-6 Administering Cardiopulmonary Resuscitation (CPR)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
13. Reassess client after 4 cycles. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CPR: Two Rescuers—Adult, Adolescent 14. Follow steps above, with the following changes: <ul style="list-style-type: none"> • One rescuer is positioned facing client parallel to head while other rescuer is positioned on opposite side facing client parallel to sternum next to trunk. • Rescuer positioned at client’s trunk is responsible for performing cardiac compressions and maintaining verbal mnemonic count. This is Rescuer 1. • Rescuer 2, positioned at client’s head, is responsible for monitoring respirations, assessing carotid pulse, establishing an open airway, and performing rescue breathing. • Maintain compression rate for approximately 100 times/min, interjecting 2 ventilations after every 30 compressions (30:2 ratio). • Rescuer 2 palpates carotid pulse with each chest compression during first full minute. • Rescuer 2 is responsible for calling for a change when fatigued, following this protocol. • Rescuer 1 calls for a change and completes 30 chest compressions. • Rescuer 2 administers 2 breaths and then moves to a position parallel to client’s sternum and assumes proper hand position. • Rescuer 1 moves to rescue breathing position and checks carotid pulse for 5 seconds. If cardiac arrest persists, Rescuer 1 says, “continue CPR” and delivers 1 breath. Rescuer 2 resumes cardiac compressions immediately after breath. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-6 Administering Cardiopulmonary Resuscitation (CPR)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
CPR: One Rescuer—Child (1–7 years) 15. Assess responsiveness, activate EMS, position child, apply appropriate body substance isolation, position self, open airway, and assess for respirations as described in Actions 1–7. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. If respirations are absent, begin rescue breathing: <ul style="list-style-type: none"> • Give 2 slow breaths (1 sec/breath), pausing to take a breath in between. • Use only amount of air needed to make chest rise. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Palpate carotid pulse (5–10 seconds). If present, ventilate at a rate of once every 4 seconds or 15 times/min. If absent, begin cardiac compressions. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Cardiac compressions (child 1–7 years): <ul style="list-style-type: none"> • Maintain position on knees parallel to child’s sternum. • Position hands for compressions. <ol style="list-style-type: none"> a. Locate lower margin of rib cage using hand closest to feet, and find notch where ribs and sternum meet. b. Place middle finger of this hand on notch and then place index finger next to middle finger. c. Place heel of other hand next to index finger of first hand on sternum, with heel parallel to sternum (1 cm above the xiphoid process). d. Keeping elbows locked and shoulders over child, compress sternum 2.5–3.8 cm (1–1 ½ in) at approximate rate of 100 times/min. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-6 Administering Cardiopulmonary Resuscitation (CPR)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>e. Keep other hand on child's forehead.</p> <p>f. Compression-ventilation ratio of 30:2; administer a ventilation of 1 second for each breath.</p> <p>g. Reevaluate child after 20 cycles.</p> <p>h. A 1-minute CPR should be performed for infants and children up to age 8 before calling 911. In institutions, follow hospital protocol.</p> <p><i>Comments:</i></p>				
<p>CPR: One Rescuer—Infant (1–12 months)</p> <p>19. Assess responsiveness, activate EMS, position child, apply appropriate body substance isolation, position self, open airway, and assess for respirations as described in Actions 1–7.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>20. If respirations are absent, begin rescue breathing:</p> <ul style="list-style-type: none"> • Avoid overextension of infant's neck. • Place a small towel or diaper under infant's shoulders or use a hand to support neck. • Make a tight seal over both infant's nose and mouth, and gently administer artificial respirations. • Give 2 slow breaths (1–1 ½ sec/ breath), pausing to take a breath in between. • Use only amount of air needed to make chest rise. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-6 Administering Cardiopulmonary Resuscitation (CPR)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>21. Assess circulatory status using brachial pulse:</p> <ul style="list-style-type: none"> • Locate brachial pulse on inside of upper arm between elbow and shoulder by placing thumb on outside of arm and palpating proximal side of arm with index and middle fingers. • If pulse is palpated, continue rescue breathing 20 times/min or once every 3 seconds. • If pulse is absent, begin cardiac compressions. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>22. Cardiac compressions:</p> <ul style="list-style-type: none"> • Maintain position parallel to infant. • Place a small towel or other support under infant's shoulders and neck. • Position hands for compressions: <ol style="list-style-type: none"> a. Using hand closest to infant's feet, locate intermammary line where it intersects sternum. b. Place index finger 1 cm below this location on sternum and place middle finger next to index finger. c. Using these two fingers, compress in a downward motion 1.3–2.5 cm (½–1 in) at rate of 100 times/min. d. Keep other hand on infant's forehead. e. At end of every fifth compression, administer a ventilation (1–1 ½ seconds). f. Reevaluate infant after 20 cycles. g. A 1-minute CPR should be performed for infants and children up to age 8 before calling 911. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 32-6 Administering Cardiopulmonary Resuscitation (CPR)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>CPR: Two Rescuers—Child (1–7 years) and Infant (1–12 months)</p> <p>23. Follow Action 14 for two-rescuer CPR for adults with the following changes:</p> <ul style="list-style-type: none"> • Utilize child or infant procedure for chest compressions. • Change ratio of compressions to ventilation to 5:1. • Deliver ventilation on upstroke of third compression. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>CPR—Neonate or Premature Infant</p> <p>24. Follow infant guidelines with the following changes for chest compressions:</p> <ul style="list-style-type: none"> • Encircle chest with both hands. • Position thumbs over midsternum. • Compress midsternum with both thumbs. • Compress 1.3–1.8 cm ($\frac{1}{2}$–$\frac{3}{4}$ in) at a rate of 100–120 times/min. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>25. If properly trained, use an automated external defibrillator (AED). AEDs are not recommended for children under 8 years of age. In hospital setting, use defibrillator as specified by institution protocol.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 33-1 Measuring Intake and Output

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 33-1 Measuring Intake and Output	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Explain rules of I&O record. All fluids taken orally must be recorded on client's I&O form. <ul style="list-style-type: none"> • Client must void into bedpan or urinal, not into toilet. • Toilet tissue should be disposed of in plastic-lined container, not in bedpan. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Measure all oral fluids in accord with institution policy. Record all IV fluids as they are infused. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Record time and amount of all fluid intake in designated space on bedside form (oral, tube feedings, IV fluids). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Transfer 8-hour total fluid intake to graphic sheet or 24-hour I&O record on client's chart. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Record all fluid intake in appropriate column of 24-hour record. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-1 Measuring Intake and Output	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Complete 24-hour intake record by adding all 8-hour totals. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Output				
8. Apply nonsterile gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Empty urinal, bedpan, or Foley drainage bag into graduated container or commode hat. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Remove gloves. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Record time and amount of output (urine, drainage from nasogastric tube, drainage tube) on I&O record. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Transfer 8-hour output totals to graphic sheet or 24-hour I&O record on client's chart. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Complete 24-hour output record by totaling all 8-hour totals. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 33-2 Preparing an IV Solution

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 33-2 Preparing an IV Solution	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Check prescribing practitioner's order. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene. Apply gloves, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Prepare new bag by removing protective cover from bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Inspect bag for leaks, tears, or cracks. Inspect fluid for clarity, particulate matter, and color. Check expiration date. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Prepare label for IV bag: <ul style="list-style-type: none"> • On label, note date, time, and your initials. • Attach label to bag. Keep in mind bag will be inverted when hanging. Make sure label can be read when IV is hanging. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Store prepared IV solution in area assigned by institution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-2 Preparing an IV Solution	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Remove gloves and dispose with all used materials. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Document procedure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hanging the Prepared IV				
10. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Obtain IV solution for client. Check label on IV bag to ensure matches order. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Inspect bag for leaks, tears, and cracks. Inspect fluid for clarity, particulate matter, and color. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Check client's identification bracelet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Prepare IV time label for IV bag: <ul style="list-style-type: none"> • On time label, note rate solution is to infuse. • Mark approximate infusion intervals. • Attach time label to bag. Because bag is inverted, place time label so it can be read when IV is hanging. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-2 Preparing an IV Solution	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
15. Make sure clamp on tubing is closed. Grasp port of IV bag with nondominant hand, remove plastic tab covering the port, and insert full length of spike into bag's port. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Compress drip chamber to fill halfway. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Loosen protective cap from needle or end of IV tubing; open roller clamp and flush tubing with solution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Close roller clamp and replace cap protector. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. When ready to initiate infusion, remove cap protector from tubing. Attach IV tubing to venipuncture catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Open clamp and regulate flow or, if applicable, attach tubing to infusion device or rate controller, if used. Turn on pump and set flow rate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 33-3 Preparing the IV Bag and Tubing

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 33-3 Preparing the IV Bag and Tubing	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Check prescribing practitioner's order for IV solution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check client's identification bracelet. Gather equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Prepare new bag by removing protective cover. Check expiration date on bag and assess for cloudiness or leakage. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Open new infusion set. Unroll tubing and close roller clamp. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Spike bag with tip of new tubing and compress drip chamber to fill halfway. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Open roller clamp, remove protective cap from end of tubing, and slowly flush solution completely through tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-3 Preparing the IV Bag and Tubing	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Close roller clamp and replace cap protector. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Apply clean gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Remove old tubing and replace with new tubing: <ul style="list-style-type: none"> • Place sterile 2 × 2 gauze under IV catheter or heparin lock. • Stabilize hub of catheter or needle, and gently pull out old tubing. • Quickly insert new tubing into catheter hub or needle. • Open roller clamp to establish flow of IV solution. • Reestablish drip rate. • Apply new dressing to IV site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Discard old tubing and IV bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Remove gloves and dispose with all used materials. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Apply a label with date and time of change to tubing. Calculate IV drip rates and begin infusion at prescribed rate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 33-4 Assessing and Maintaining an IV Insertion Site

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 33-4 Assessing and Maintaining an IV Insertion Site	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Review prescribing practitioner's order for IV therapy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Review client's history for medical conditions or allergies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Review client's IV site record and intake and output record. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Assemble equipment and obtain client's vital signs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Check IV fluid for correct fluid, additives, rate, and volume at beginning of shift. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Check IV tubing for tight connections every 4 hours. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-4 Assessing and Maintaining an IV Insertion Site	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Check gauze IV dressing hourly to be sure it is dry and intact. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. If gauze is not dry and intact, remove dressing and observe site for redness, swelling, or drainage. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. If occlusive dressing is used, do not remove dressing when assessing site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Observe vein track for redness, swelling, warmth, or pain hourly. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Document IV site findings in nursing record or flow sheet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 33-5 Changing the IV Solution

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 33-5 Changing the IV Solution	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Check prescribing practitioner's order for the IV solution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene. Don clean gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check client's identification bracelet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Prepare new bag with additives as ordered by prescribing practitioner. <ul style="list-style-type: none"> • Prepare bag at least 1 hour before needed. • Change solution when IV bag is empty but there is still solution in drip chamber. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Be sure drip chamber is at least half full. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Change IV solution: <ul style="list-style-type: none"> • Move roller clamp to stop flow of fluid. • Remove old IV bag from IV pole and hang new bag. • Spike new bag with tubing. • Reestablish flow rate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-5 Changing the IV Solution	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Check for air in tubing. <ul style="list-style-type: none"> • If air is present, close roller clamp. While stretching tubing, flick tubing with finger and watch bubbles rise to drip chamber. • If large amount of air is in tubing, insert needle with empty syringe into port below air and allow air to enter syringe as it flows to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Empty remaining fluid from old IV, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Remove gloves and dispose of all used materials. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Apply label with date, time, and type of solution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 33-6 Flushing a Central Venous Catheter

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 33-6 Flushing a Central Venous Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. Apply gloves, gown, and other protective equipment, as needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Prepare two syringes: one with 10 mL normal saline and one with 5 mL heparin solution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Swab injection cap or catheter hub with alcohol or chlorhexidine. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Clamp catheter and remove cap. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Check catheter for patency: <ul style="list-style-type: none"> • Attach syringe with normal saline. • Release clamp. • Aspirate heparin solution from catheter. • Observe blood return. • Flush quickly with normal saline. • Reclamp. • Remove empty syringe. • Attach heparin syringe to catheter. • Release clamp. • Flush quickly. • Reclamp. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-6 Flushing a Central Venous Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
6. Place new cap on end of catheter, tape all tubing connections, and attach tubing to client's clothing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Dispose of soiled equipment and used supplies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 33-7 Setting the IV Flow Rate

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 33-7 Setting the IV Flow Rate	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Check prescribing practitioner's order for IV solution and rate of infusion. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check client's identification bracelet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Prepare to set flow rate: <ul style="list-style-type: none"> • Have paper and pencil ready to calculate flow rate. • Review calibration in drops per milliliter of each infusion set. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Determine hourly rate by dividing total volume by total hours. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Apply time label to IV bag with hourly time periods, according to rate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Calculate minute rate based on drop factor of infusion set. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-7 Setting the IV Flow Rate	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>8. Set flow rate using appropriate device:</p> <ul style="list-style-type: none"> • For regular tubing without a device: Count drops in drip chamber for 1 minute while watching second hand of watch, and adjust the roller clamp as necessary. • For an infusion pump: Insert tubing into flow control chamber, select desired rate (generally calibrated in cc/min), open roller clamp, and push start button. • For a controller: Place IV bag 36 inches above IV site, select desired drops/min, open roller clamp, and count drops for 1 minute to verify rate. • For volume control device: Place device between IV bag and insertion spike of IV tubing, fill with 1–2 hours amount of IV fluid, and count drops for 1 minute. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Monitor infusion rates and IV site for infiltration.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Assess infusion when alarm sounds.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Wash hands/hand hygiene.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 33-8 Changing the Central Venous Dressing

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 33-8 Changing the Central Venous Dressing	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene; don clean gloves. Open dressing tray. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Remove old dressing carefully, being careful not to dislodge central catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Note drainage on dressing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Inspect skin at insertion site for redness, tenderness, or swelling. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Palpate tunneled catheter for presence of Dacron cuff, being careful not to palpate close to exit site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Visually inspect catheter from hub to skin. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Remove gloves and put on sterile gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-8 Changing the Central Venous Dressing	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Clean exit site according to institution protocol. Most use chlorhexidine 2%, beginning at the catheter and moving out in a circular manner for 3 cm to maintain aseptic technique. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Apply a skin protectant solution (check agency policy). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Apply transparent dressing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Label with date and time of dressing change. Gauze dressings are changed every 48 hours on peripheral and central catheters. Semipermeable membrane dressings are changed at time of access site rotation or every 3–7 days. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Secure tubing to client's clothing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Remove gloves and dispose of all used materials. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 33-9 Discontinuing the IV and Changing to a Saline or Heparin Lock

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 33-9 Discontinuing the IV and Changing to a Saline or Heparin Lock	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Check prescribing practitioner's order to discontinue IV and insert saline lock. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene; don clean gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check client's identification bracelet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Explain procedure and reason for discontinuing IV to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Prepare supplies at bedside: <ul style="list-style-type: none"> • Syringe with saline • Syringe with heparin • Saline lock <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-9 Discontinuing the IV and Changing to a Saline or Heparin Lock	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>6. If inserting a new saline lock: Prime extension tubing with saline and place saline lock on it. Follow procedures for starting IV, including assessing and preparing site, inserting over-the-needle-catheter (ONC) or butterfly needle, and obtaining a blood return. Do not attach needle or ONC to IV tubing. Instead, attach ONC to extension tubing. Dress site per policy. Prime extension tubing with solution and place connector in hub of angiocatheter. For needleless systems, follow steps of manufacturer. In a spring-loaded, retractable needle system, press button after a flashback of blood is observed. To ensure needle separation, turn angiocatheter 360° at hub before inserting the catheter into vein. Advance catheter and attach to extension tubing with addition of a one-way needleless safety valve that has been flushed with solution. Secure with dressing per institution protocol.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. If discontinuing an IV and converting to a saline lock:</p> <ul style="list-style-type: none"> • Stop IV infusion. • For IV tubing, roll clamp to close IV tubing. • For infusion pump, turn switch to off. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Place saline lock:</p> <ul style="list-style-type: none"> • Open sterile package with needleless adapter saline lock. • For existing IV, loosen IV tubing and remove. • Screw saline lock into hub of tubing. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-9 Discontinuing the IV and Changing to a Saline or Heparin Lock	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • To check for patency, remove cap from one-way valve following vigorous scrubbing with alcohol at connection site. Connect needleless Luer-Lok syringe to valve. Inject solution into IV site per protocol, using gentle pulsating motions to create turbulence. Remove syringe and replace sterile cap at end of tubing. <p><i>Comments:</i></p>				
<p>9. Check for patency of IV:</p> <ul style="list-style-type: none"> • Clean saline lock with antiseptic solution (usually alcohol wipe). • Insert saline syringe with 25-gauge needle into center of diaphragm. (Needleless system will not require needle.) • Pull back gently on syringe and watch for blood return. • Inject saline <i>slowly</i> into lock. • Assess client's pain at site. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Keep lock patent with heparin or normal saline. Every 8 hours:</p> <ul style="list-style-type: none"> • Clean rubber diaphragm with antiseptic swab (not applicable if needleless system). • Insert syringe or needleless adapter with heparin or saline into diaphragm. • Inject heparin or saline slowly into lock. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Remove syringe or needleless adapter from diaphragm, and swab with antiseptic swab. Discard needle or adapter in sharps container.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-9 Discontinuing the IV and Changing to a Saline or Heparin Lock	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
12. Assess site for any signs of leakage, irritation, or infiltration. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Remove gloves and dispose with all used materials. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 33-10 Administering a Blood Transfusion

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 33-10 Administering a Blood Transfusion	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Verify prescribing practitioner's order for transfusion. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If a venipuncture is necessary, refer to Procedure 28-1. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Review side effects (dyspnea, chills, headache, chest pain, itching) with client, and ask client to report these to nurse. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have client sign consent form. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Obtain baseline vital signs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Obtain blood product from blood bank within 30 minutes of initiation. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-10 Administering a Blood Transfusion	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Verify and record blood product, and identify client with another nurse. <ul style="list-style-type: none"> • Client’s name, blood group, Rh type • Cross match compatibility • Donor blood group and Rh type • Unit and hospital number • Expiration date and time on blood bag • Type of blood product compared with prescribing practitioner’s order • Presence of clots in blood <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have client empty bladder. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Wash hands/hand hygiene; put on gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Open blood administration kit and move roller clamps to “off” position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. For Y-tubing set: <ul style="list-style-type: none"> • Spike the 0.9% sodium chloride bag, and open roller clamp on Y-tubing connected to bag and roller clamp on unused inlet tube until tubing from 0.9% sodium chloride bag is filled. Close clamp on unused tubing. • Squeeze sides of drip chamber and allow filter to partially fill. • Open lower roller clamp and allow tubing to fill with 0.9% sodium chloride. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-10 Administering a Blood Transfusion	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • Close lower clamp. • Invert blood bag once or twice. Spike blood bag and open clamps on inlet tube to allow blood to cover filter completely. • Close lower clamp. <p><i>Comments:</i></p>				
<p>13. For single-tubing set:</p> <ul style="list-style-type: none"> • Spike blood unit. • Squeeze drip chamber and allow filter to fill with blood. • Open roller clamp and allow tubing to fill with blood to hub. • Prime another IV tubing with 0.9% sodium chloride and piggyback it to blood administration set with a needle; secure all connections with tape. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Attach tubing to venous catheter using sterile precautions and open lower clamp.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>15. Infuse blood at rate of 2–5 mL/min, according to prescribing practitioner’s order.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>16. Remain with client for first 15–30 minutes, monitoring vital signs every 5 minutes for 15 minutes, then every 15 minutes for 1 hour, then hourly until 1 hour after infusion is completed, or per institution policy.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 33-10 Administering a Blood Transfusion	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
17. After blood has infused, allow tubing to clear with 0.9% sodium chloride. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Appropriately dispose of bloodbag, tubing, and gloves in a biohazard bag and follow policy regarding disposition. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Document procedure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 34-1 Inserting a Nasogastric or Nasointestinal Tube for Suction and Enteral Feedings

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 34-1 Inserting a Nasogastric or Nasointestinal Tube for Suction and Enteral Feedings	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Review client's medical record. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nasogastric Tube Insertion				
2. Gather equipment. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check client's armband; explain procedure, showing items. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Place client in Fowler's position, at least a 45° angle, with pillow behind shoulders; provide for privacy. <i>Place comatose clients in semi-Fowler's position.</i> <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Place towel over chest, with tissues in reach. Don gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Examine nostrils and assess as client breathes through each nostril. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 34-1 Inserting a Nasogastric or Nasointestinal Tube for Suction and Enteral Feedings	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Measure length of tubing needed, using tube as a tape measure: <ul style="list-style-type: none"> • Measure from bridge of client's nose to earlobe to xiphoid process of sternum. • If tube is to go below stomach, add an additional 15–20 cm. • Place a small piece of tape on tube to mark length. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have client blow nose; encourage swallowing of water if level of consciousness and treatment plan permit. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Lubricate first 4 inch of tube with water-soluble lubricant. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Insert tube as follows: <ul style="list-style-type: none"> • Gently pass tube into nostril to back of throat (client may gag); aim tube toward back of throat and down. • When client feels tube in back of throat, use flashlight or penlight to locate tip of tube. • Instruct client to flex head toward chest. • Instruct client to swallow, offer ice chips or water, and advance tube as client swallows. • If resistance is met, rotate tube slowly with downward advancement toward client's closest ear; do not force tube. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Withdraw tube immediately if changes occur in respiratory status. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 34-1 Inserting a Nasogastric or Nasointestinal Tube for Suction and Enteral Feedings	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
12. Advance tube, giving client sips of water, until taped mark is reached. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Check placement of tube: <ul style="list-style-type: none"> • Attach syringe to free end of tube, and aspirate sample of gastric contents. Measure with chemstrip pH. • Leave syringe attached to free end of tube. • If prescribed, obtain x-ray; keep client on right side until x-ray is taken. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Secure tube with tape or use a commercially prepared tube holder. <ul style="list-style-type: none"> • Split 4-inch piece of tape to length of 2 inch, and secure tube with tape by placing intact end of tape over bridge of nose. Wrap split ends around tube as it exits nose. • Place rubber band, using a slip knot, around exposed tube (12–18 inch from nose toward chest); after x-ray, pin rubber band to client’s gown. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Instruct client about movements that dislodge tube. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Gastric decompression: <ul style="list-style-type: none"> • Remove syringe from free end of tube and connect tube to suction tubing; set machine on type of suction and pressure as prescribed. • Levine tubes are connected to intermittent low pressure. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 34-1 Inserting a Nasogastric or Nasointestinal Tube for Suction and Enteral Feedings	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • Salem sump or Anderson’s tube is connected to continuous low suction. • Observe nature and amount of gastric tube drainage. • Assess client for nausea, vomiting, and abdominal distention. <p><i>Comments:</i></p>				
<p>17. Provide oral hygiene and cleanse nares with a tissue.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>18. Remove gloves, dispose of contaminated materials in proper container, and wash hands/hand hygiene.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. Position client for comfort, and place call light within easy reach.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>20. Document:</p> <ul style="list-style-type: none"> • Reason for tube insertion • Type of tube inserted • Type of suctioning and pressure setting • Nature and amount of aspirate and drainage • Client’s tolerance of procedure • Effectiveness of intervention <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Insertion of a Small-Bore Feeding Tube</p> <p>21. Repeat Actions 1–8.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 34-1 Inserting a Nasogastric or Nasointestinal Tube for Suction and Enteral Feedings	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
22. Open adapter cap on tube, snap off end of water vial, and inject water into feeding tube adapter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Close adapter cap. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Check that stylet does not protrude through holes in feeding tube; adjust as necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Repeat Actions 9–12. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Check placement of tube: <ul style="list-style-type: none"> • Aspirate gastric contents with Luer-Lok syringe. • Measure pH of aspirate with chemstrip pH. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Leave stylet in place until x-ray confirms placement in case tube needs to be advanced into duodenum or jejunum. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Obtain x-ray. Remove stylet from feeding tube after x-ray, and plug open end of tube until feeding. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 34-1 Inserting a Nasogastric or Nasointestinal Tube for Suction and Enteral Feedings	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
29. Repeat Actions 17–20. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Replace small-bore tube every 3–4 weeks. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 34-2 Administering Enteral Tube Feedings

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 34-2 Administering Enteral Tube Feedings	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Identify client. Review medical record for formula type, amount, and time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene. Gather equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check client's armband. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Assemble equipment. Add color to formula per institutional policy. If using bag, fill with prescribed amount of formula. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Place client on right side in high Fowler's position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Wash hands/hand hygiene; don nonsterile gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Provide for privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 34-2 Administering Enteral Tube Feedings	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Observe for abdominal distention; auscultate for bowel sounds. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Check feeding tube. Insert syringe into adapter port, aspirate stomach contents, and check amount of residue. If residue is greater than 50–100 mL (or according to protocol), hold feeding until residue diminishes. Instill aspirated contents back into feeding tube. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Administer tube feeding. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intermittent Bolus 12. Pinch tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Remove plunger from barrel of syringe and attach to adapter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Fill syringe with formula. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Allow formula to infuse slowly; continue adding formula to syringe until prescribed amount infused. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Flush tubing with 30–60 mL or prescribed amount of water. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 34-2 Administering Enteral Tube Feedings	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Intermittent Gavage Feeding 17. Hang bag on IV pole 18 inches above client's head. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Remove air from bag's tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Attach distal end of tubing to feeding tube adapter; adjust drip to infuse over prescribed time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. When bag empties of formula, add 30–60 mL or prescribed amount of water; close clamp. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Change bags every 24 hours. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Continuous Gavage 22. Check tube placement at least every 4 hours. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Check residual at least every 8 hours. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. If residual is above 100 mL, stop feeding. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 34-2 Administering Enteral Tube Feedings	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
25. Add prescribed amount of formula to bag for a 4-hour period; dilute with water, if prescribed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Hang gavage bag on IV pole. Prime tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Thread tubing through feeding pump and attach distal end of tubing to feeding tube adapter; keep tubing straight between bag and pump. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Adjust drip rate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Monitor infusion rate and signs of respiratory distress or diarrhea. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Flush tube with water every 4 hours, as prescribed, or following administration of medications. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Replace disposable feeding bag at least every 24 hours, in accordance with institution's protocol. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Elevate head of bed at least 30° at all times and turn client every 2 hours. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 34-2 Administering Enteral Tube Feedings	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
33. Provide oral hygiene every 2–4 hours. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Administer water, as prescribed, with and between feedings. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Remove gloves. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Record total amount of formula and water administered on I&O form and client’s response to feeding. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 35-1 Administering Patient-Controlled Analgesia (PCA)

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 35-1 Administering Patient-Controlled Analgesia (PCA)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Assess client's comfort level: pain location, intensity, characteristics, pattern, and factors that increase or decrease pain. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assess client's consciousness level and ability to understand. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Check PCA order for drug, concentration, route, basal infusion rate, bolus dose, lockout interval, maximal dose, and any loading dose. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Check PCA medication label against prescribing practitioner's order and follow "five rights" principle. Medication usually has been placed in PCA syringe in pharmacy. Second nurse co-signs when therapy is initiated and when all dosages change. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Read manufacturer's instructions before assembling and programming PCA pump. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 35-1 Administering Patient-Controlled Analgesia (PCA)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Place filled PCA syringe into chamber in PCA pump, and detect any leaking or damage to system. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Program pump according to prescribed parameters, usually including basal infusion rate (mg/h), bolus dose (mg), lockout interval (min), and maximal dose limit (mg/h). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Wear gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Inspect existing infusion line and puncture site for any inflammation sign. Check for occlusion or leakage of infusion line. Check IV catheterization or epidural catheter placement if client needs infusion line. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Prime PCA pump tubing. Connect pump tubing with infusion line, using aseptic technique, and secure with adhesive tape. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Give client control button. Instruct how and when to press button. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 35-1 Administering Patient-Controlled Analgesia (PCA)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
13. Record procedure, including start time, type of medication, route, concentration and volume prepared, dosage, loading dose, basal rate, lock-out interval, and maximal dose. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 36-1 Body Mechanics, Lifting, and Transferring

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 36-1 Body Mechanics, Lifting, and Transferring	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Assess for obstacles, heavy clients, poor handholds, and equipment or objects in the way. Reduce or remove hazards before lifting client or object. Assess for tubing or equipment connected to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assess for slippery surfaces, including wet floors; slippery shoes on client, helper, or nurse; and towels, linen, or paper on floor. Resolve slippery surface before lifting the client or object. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Assess for hidden risks, including client confusion, combativeness, orthostatic hypotension, medication effects, pain, or fear. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Maintain low center of gravity by bending at hips and knees. Squat down rather than bend over to lift and lower the client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Establish a wide support base with feet spread apart. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-1 Body Mechanics, Lifting, and Transferring	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Use feet to move, avoid twisting or bending from the waist. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. When pushing or pulling: <ul style="list-style-type: none"> • Stand near object. • Place one foot partially ahead of the other. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. When pushing: <ul style="list-style-type: none"> • Lean into the client or object and apply continuous light pressure. • Lean away and grasp with light pressure. • Never jerk or twist your body to move weight. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. When stooping to move an object: <ul style="list-style-type: none"> • Maintain a wide base of support with feet. • Flex knees to lower body. • Maintain straight upper body. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. When lifting or carrying an object: <ul style="list-style-type: none"> • Bend the knees in front of the object. • Take a firm hold, and assume a standing position by using leg muscles and keeping back straight. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. When rising up from a squatting position: <ul style="list-style-type: none"> • Arch your back slightly. • Keep the buttocks and abdomen tucked in. • Rise up with your head first. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-1 Body Mechanics, Lifting, and Transferring	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
13. When lifting or carrying heavy objects, keep weight as close to your center of gravity as possible. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. When reaching for a client or an object: <ul style="list-style-type: none"> • Keep the back straight. • If client or object is heavy, do not try to lift without repositioning yourself closer to the weight. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Use safety aids and equipment. <ul style="list-style-type: none"> • Use gait belts, lifts, drawsheets, and other transfer assistance devices. • Encourage clients to use handrails and grab bars. • Wheelchair, cart, and stretcher wheels should be locked when they are stationary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 36-2 Administering Passive Range-of-Motion (ROM) Exercises

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 36-2 Administering Passive Range-of-Motion (ROM) Exercises	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. Wear gloves if contact with body fluids is possible. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Explain procedure to client and estimated duration. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Provide for privacy by exposing only the extremity to be exercised. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Adjust bed to comfortable height for performing ROM. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Lower bed rail only on side where you are working. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Describe passive ROM exercises, or verbally cue client to perform ROM exercises with assistance. Demonstrate movement. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Start at client's head and perform ROM exercises down each side of body. Begin on stronger side. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-2 Administering Passive Range-of-Motion (ROM) Exercises	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>8. Repeat each ROM exercise as client tolerates, to maximum of five times. Perform each motion in slow, firm manner. Encourage full joint movement, but do not go beyond point of pain, resistance, or fatigue.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Head:</p> <p>Perform with client in sitting position, if possible.</p> <ul style="list-style-type: none"> • Rotation: Turn the head from side to side. • Flexion and extension: Tilt the head toward chest and then tilt slightly upward. • Lateral flexion: Tilt head to each side to almost touch ear to shoulder. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Neck:</p> <p>Perform with client in sitting position, if possible.</p> <ul style="list-style-type: none"> • Rotation: Rotate neck in semicircle while supporting head. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Trunk:</p> <p>Perform with client in sitting position, if possible.</p> <ul style="list-style-type: none"> • Flexion and extension: Bend trunk forward, straighten trunk, and then extend slightly backward. • Rotation: Turn shoulders forward and return to normal position. • Lateral flexion: Tilt trunk to left side, straighten trunk, and tilt to right side. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-2 Administering Passive Range-of-Motion (ROM) Exercises	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
12. Arm: <ul style="list-style-type: none"> • Flexion and extension: Extend client's arm in straight position upward toward head, then downward along side. • Adduction and abduction: Extend arm in straight position toward midline (adduction) and away from midline (abduction). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Shoulder: <ul style="list-style-type: none"> • Internal and external rotation: Bend client's elbow at 90° angle with upper arm parallel to shoulder; rotate shoulder by moving lower arm upward and downward. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Elbow: <ul style="list-style-type: none"> • Flexion and extension: Supporting arm; flex and extend client's elbow. • Pronation and supination: Extend elbow; move hand in palm-up and palm-down positions. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Wrist: <ul style="list-style-type: none"> • Flexion and extension: Supporting client's wrist, flex and extend wrist. • Adduction and abduction: Supporting lower arm, turn wrist right to left, turn left to right, then rotate wrist in circular motion. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Hand: <ul style="list-style-type: none"> • Flexion and extension: Supporting client's wrist, flex and extend fingers. • Adduction and abduction: Supporting wrist, spread fingers apart and then bring them close together. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-2 Administering Passive Range-of-Motion (ROM) Exercises	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • Opposition: Supporting wrist, touch each finger with tip of thumb. • Thumb rotation: Supporting wrist, rotate thumb in circular manner. <p><i>Comments:</i></p>				
<p>17. Hip and leg: Perform with client in supine position, if possible.</p> <ul style="list-style-type: none"> • Flexion and extension: Supporting lower leg, flex leg toward chest and then extend leg. • Internal and external rotation: Supporting lower leg, angle foot inward and outward. • Adduction and abduction: Slide the leg away from the client's midline and then back to the midline. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>18. Knee:</p> <ul style="list-style-type: none"> • Flexion and extension: Supporting client's lower leg, flex and extend knee. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. Ankle:</p> <ul style="list-style-type: none"> • Flexion and extension: Supporting client's lower leg, flex and extend ankle. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>20. Foot:</p> <ul style="list-style-type: none"> • Adduction and abduction: Supporting client's ankle, spread toes apart and then bring toes close together. • Flexion and extension: Supporting ankle, extend toes upward and then flex toes downward. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-2 Administering Passive Range-of-Motion (ROM) Exercises	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
21. Observe client for signs of exertion, pain, or fatigue during movement. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Replace covers and position client in proper body alignment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Place side rails in upright position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Place call light within reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 36-3 Turning and Positioning a Client

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 36-3 Turning and Positioning a Client	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. Don gloves if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Gather all necessary equipment. Provide for client privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Secure adequate assistance to complete task safely. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Adjust bed to comfortable working height. Lower side rail on side of bed closest to you. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Follow proper body mechanics guidelines: <ul style="list-style-type: none"> • When moving client in bed, position bed so that your legs are slightly bent at knees and hips. • Maintain natural curves in your back while lifting. • Position one foot slightly in front of other and spread feet apart to create a wide base for balance. • With your arms placed under client, slowly lean backward onto your back leg, using your body weight to help you lift client to one side of bed. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-3 Turning and Positioning a Client	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • Do not extend or rotate your back to move a client in bed. • If you cannot move client easily, always ask for and obtain assistance. • Be sure floor is not slippery and bed is locked. • Always use a turning sheet when moving a client. • Use of a turning (draw) sheet promotes support and control of the client. <p><i>Comments:</i></p>				
<p>7. Position drains, tubes, and IVs to accommodate client’s new position.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Place or assist client into appropriate starting position. Monitor client status, and provide adequate rest breaks or support as necessary.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Moving from Supine to Side-Lying Position</p> <p>9. To move client from supine to side-lying position:</p> <ul style="list-style-type: none"> • Slide your hands underneath client. • Move client to one side of bed by lifting client’s body toward you in stages: <ul style="list-style-type: none"> • First, the upper trunk • Then, the lower trunk • Finally, the legs • Lift client’s body; do not drag client across sheets. • Roll client to side-lying position by placing client’s inside arm next to client’s body with palm of hand against hip. • Cross client’s outside arm and leg toward midline, and logroll client toward you. • Use client’s outside shoulder and hip for leverage while maintaining stability and control of top arm and leg. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-3 Turning and Positioning a Client	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Maintaining Side-Lying Position 10. Repeat Actions 1–8. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Use pillows to support client: <ul style="list-style-type: none"> • Place to support client’s head and arms. • Can be used under topside leg, thigh, knee, ankle, and foot. • Move lower arm forward slightly at shoulder and bend elbow for comfort. • If client is unstable, placing a pillow against the back will provide additional support and keep the client from rolling to supine position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving from Side-Lying to Prone Position 12. Repeat Actions 1–8. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. To move client to prone position: <ul style="list-style-type: none"> • Remove positioning towels, pillows, or other support devices. • Assess if client’s position needs to be adjusted to accommodate continued movement into prone position. • Move client’s inside arm next to client’s body with palm against hip. • Roll client onto stomach using shoulder and hip as key points of control. • Place the head in a comfortable position to one side without excessive pressure to sensitive areas. • Place pillows under trunk, as needed, to relieve pressure and increase comfort. • Place arms comfortably at client’s side and uncross legs, with feet approximately a foot apart. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-3 Turning and Positioning a Client	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Maintaining Prone Position 14. To maintain prone: <ul style="list-style-type: none"> • Use a shallow pillow or folded towel to support client's head comfortably. • Place pillow under abdomen to support back. • Place an additional pillow under lower leg to reduce pressure of toes and forefoot against bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving from Prone to Supine Position 15. Repeat Actions 1–8. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. To move client from prone to supine: <ul style="list-style-type: none"> • Remove positioning towels or pillows. • Slide your hands underneath client. • Move client segmentally to one side of the bed to accommodate the new position. • Position inside arm next to client's body with client's palm next to hip. • Roll client to supine position by logrolling the client toward you, using the client's outside shoulder and hip for leverage. • Position client to face away from direction of roll to prevent undue pressure to face or neck. • When client reaches supine, uncross the arms and legs and place in comfortable position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintaining Supine Position 17. To maintain supine position: <ul style="list-style-type: none"> • Use a footboard to support the foot. • Use heel protectors, or place a pillow between the heel and gastrocnemius muscle to reduce the pressure on the heels. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-3 Turning and Positioning a Client	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • Assess and compare warmth, sensation, color, and movement of feet. • Use a trochanter roll to prevent excessive external rotation of the lower extremity. • For comfort, place additional pillows to support client's head, arms, or lower back. <p><i>Comments:</i></p>				
<p>18. Place side rails in upright position. Return bed to low position.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. Place call light within reach.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>20. Move bedside table close. Place items of frequent use within reach.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>21. Wash hands/hand hygiene.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 36-4 Moving a Client in Bed

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 36-4 Moving a Client in Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Moving a Client Up in Bed with One Nurse 1. Wash hands/hand hygiene. Wear gloves if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Inform client of reason for the move and how to assist. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Raise bed to just below waist height. Lower head of bed, if tolerated. Lower side rails on your side. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Remove the pillow. Place against headboard. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have client fold arms across chest. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have client hold on to overhead trapeze, if available. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have client bend knees and place feet flat on bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-4 Moving a Client in Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Stand at an angle to head of bed with feet apart, facing head of bed, and knees bent. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Slide one hand and arm under client's shoulder, the other under client's thigh. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Rock forward toward head of bed, lifting client with you. Have client push with legs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. If client has trapeze, have client pull up while holding onto trapeze as you move client upward. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Repeat these steps until client is moved up high enough in bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Return client's pillow under the head. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Elevate head of bed, if tolerated by client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Assess client for comfort. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-4 Moving a Client in Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
16. Adjust the client's bedclothes as needed for comfort. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Lower bed and elevate side rails. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving a Client Up in Bed with Two or More Nurses				
19. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Inform client of reason for the move and how to assist. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Raise bed to just below waist height. Lower head of bed if tolerated by client. Lower side rails. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. With two nurses, place turn sheet or drawsheet under client's back and head. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Roll up drawsheet on each side until it is next to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Follow Actions 4–7. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-4 Moving a Client in Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
25. The nurses stand on either side of bed, at an angle to head of bed, with knees flexed and feet apart in wide stance. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. The nurses hold their elbows as close as possible to their bodies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. The lead nurse will give signal to move: 1-2-3 go. The nurses will lift up (off of bed) on turn sheet or drawsheet and forward (toward head of bed) in one smooth motion. The move is coordinated to transfer client toward head of bed. Simultaneously, have client push with legs or pull using trapeze. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Repeat until client is moved upright enough in bed to be comfortable. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Return client's pillow under head. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Elevate head of bed, if tolerated by client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Assess client for comfort. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-4 Moving a Client in Bed	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
32. Adjust client's bedclothes for comfort. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Lower bed and elevate side rails. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 36-5 Assisting from Bed to Wheelchair, Commode, or Chair

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 36-5 Assisting from Bed to Wheelchair, Commode, or Chair	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Inform client about desired purpose and destination. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Assess client for ability to assist with transfer and presence of cognitive or sensory deficits. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Lock bed in position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Place any splints, braces, or other devices on client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Place shoes or slippers on client's feet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Lower height of bed to lowest possible position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Slowly raise head of bed if not contraindicated by client's condition. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-5 Assisting from Bed to Wheelchair, Commode, or Chair	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Place one arm under client's legs and one arm behind client's back. Slowly pivot client so client's legs are dangling over edge of bed and client is in a sitting position on edge of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Allow client to dangle the legs for 2 to 5 minutes. Help support client, if necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Bring chair or wheelchair close to side of bed. Place at a 45° angle to bed. If client has a weaker side, place chair or wheelchair on client's strong side. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Lock wheelchair brakes and elevate foot pedals. For chairs, lock brakes, if available. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. If using a gait belt to assist client, place it around client's waist. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Assist client to side of bed until feet are firmly on floor and slightly apart. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Grasp sides of gait belt or place your hands just below client's axillae. Using a wide stance, bend your knees and assist client to standing position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-5 Assisting from Bed to Wheelchair, Commode, or Chair	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
16. Stand close to client; pivot until client's back is toward chair. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Instruct client to place hands on arm supports, or place client's hands on arm supports of chair. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Bend at knees and ease client into a sitting position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Assist client to maintain proper posture. Support weak side with pillow, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Secure safety belt, place client's feet on foot pedals, and release brakes if moving client immediately. Make sure tubes and lines, arms, and hands are not pinched or caught between client and chair. If client is sitting in chair, offer a footstool, if available. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 36-6 Assisting from Bed to Stretcher

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 36-6 Assisting from Bed to Stretcher	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Transferring a Client with Minimum Assistance 1. Inform client about desired purpose and destination. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Raise the height of bed to 1 inch higher than the stretcher and lock brakes of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Instruct client to move to side of bed close to stretcher. Lower side rails of bed and stretcher. Leave side rails on opposite side up. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Stand at outer side of stretcher and push it toward bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Instruct client to move onto stretcher, providing assistance as needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Cover client with sheet or bath blanket. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-6 Assisting from Bed to Stretcher	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Elevate side rails on stretcher and secure safety belts about client. Release brakes of stretcher. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Stand at head of stretcher to guide it when pushing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transferring a Client with Maximum Assistance				
11. Repeat Actions 1–3. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Assess amount of assistance required for transfer. Usually two to four staff members are required for maximally assisted transfer. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Lock wheels of bed and stretcher. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Have one nurse stand close to client’s head. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Logroll client (keep in straight alignment) and place a lift sheet under client’s back, trunk, and upper legs. The lift sheet can extend under head if client lacks head control abilities. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-6 Assisting from Bed to Stretcher	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
16. Empty all drainage bags (e.g., T-tube, Hemovac, Jackson-Pratt). Record amounts. Secure drainage system to client's gown before transfer. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Move client to edge of bed near stretcher. Lift client up and over to avoid dragging. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Because client is now on side of bed with side rail down, the nurse on nonstretcher side of bed holds stretcher side of lift sheet up (by reaching across the client's chest) to prevent client from falling onto stretcher or off bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Place pillow or slider board to overlap bed and stretcher. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Have staff members grasp edges of lift sheet. Be sure to use good body mechanics. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. On count of 3, have staff members pull lift sheet and client onto stretcher. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Position client on stretcher, place pillow under head, and cover with a sheet. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-6 Assisting from Bed to Stretcher	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
23. Secure safety belts and elevate side rails of stretcher. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. If IV is present, move it from bed IV pole to stretcher IV pole after client transfer. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 36-7 Using a Hydraulic Lift

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 36-7 Using a Hydraulic Lift	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. Wear gloves if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Check the order to determine the time client may sit. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check the client's medical history. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ask client when last sat. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Lock wheels of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Position chair close to bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Position urine drainage and NG and IV tubing on side of bed where chair will be placed. Allow slack in tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Clamp and disconnect any tubing if condition allows. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-7 Using a Hydraulic Lift	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Roll client on side and place sling on bed behind client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Roll client on opposite side, pull sling through, and position it smoothly on bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Roll client back onto sling and fold arms over chest. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Make sure sling is centered under client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Lower side rail and position lift on side of bed with chair. Spread base of hydraulic lift, as indicated in manufacturer's instructions, to provide stability. Protect from falls while side rail is down. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Lift frame and pass over client. Carefully lower frame and attach hooks to sling. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Raise client from bed by pumping handle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Secure client with safety belt and cover client with blanket. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-7 Using a Hydraulic Lift	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
17. Steer client away from bed and slide chair through base of lift. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. The sling can be disconnected and lift can be moved out of way while client is sitting. If lift to be used to return client to bed, sling can be left in place beneath client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Reposition and reconnect tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Assess how client tolerated moving and sitting. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Place call light, appropriate covers, and padding as needed after transfer. Place protective restraints as needed. Cover feet with slippers if in sitting position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Reverse the procedure to return client to bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Lower the bed, and place the call light within reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 36-8 Assisting with Ambulation and Safe Walking

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 36-8 Assisting with Ambulation and Safe Walking	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Ambulation Safety 1. Wash hands/hand hygiene. Wear gloves if necessary. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Encourage the client to void before ambulating, especially with elderly clients. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ambulating with IV: <ul style="list-style-type: none"> • Place IV pole with wheels at head of bed before having client dangle legs. • If possible, place a saline lock on IV. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Transfer IV from bed IV pole to portable IV pole. Client or nurse can guide portable IV pole during ambulation. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Ambulating with urinary drainage bags: <ul style="list-style-type: none"> • Empty bag before ambulation. • Have client sit on side of bed with legs dangling. • Remove urinary drainage bag from bed. • The nurse or client can hold the urinary drainage bag during ambulation. • Make sure drainage bag remains below level of bladder. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-8 Assisting with Ambulation and Safe Walking	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<p>6. Ambulating with drainage tubes:</p> <ul style="list-style-type: none"> • Secure tube and bag before ambulation. • Place rubber band around drainage tube near drainage bag. • Secure drainage tube and bag with safety pin through rubber band. • Allow slack. • The safety pin can be secured to client's gown or robe. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Ambulating with a chest tube drainage system:</p> <ul style="list-style-type: none"> • Often requires two nurses, one assisting client and one managing closed chest tube drainage system. • While client is sitting on edge of bed with feet dangling, remove hangers from drainage system. • Hold closed chest tube drainage system upright at all times to maintain water seal. • Do not pull or tug on chest tubes because they may not be sutured into place. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Ambulating a client who is weak:</p> <ul style="list-style-type: none"> • Use a transfer belt or gait belt. • For additional safety, a wheelchair can be pushed alongside client for ready access if client feels tired or faint. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. If a client feels faint or dizzy during dangling, return client to supine position in bed and lower head of bed. Monitor client's blood pressure and pulse.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-8 Assisting with Ambulation and Safe Walking	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
10. If client feels faint or dizzy during ambulation, allow client to sit in chair. Stay with client for safety. Request another person to secure a wheelchair, if not already available, to return client to bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. If the client starts to fall, ease client to floor while supporting and protecting client's head. Position yourself next to and slightly behind the client, and safely ease the client to the floor. Ask other personnel to assist you in returning client to bed. Assess orthostatic blood pressures. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Walking 12. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Inform client of the purposes and distance of the walking exercise. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Elevate the head of the bed and wait several minutes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Lower the bed height. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-8 Assisting with Ambulation and Safe Walking	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
16. With one arm on the client's back and one arm under the client's upper legs, move the client into position with legs dangling. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Encourage client to sit with legs dangling at side of bed for several minutes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Place gait belt around client's waist and secure the buckle in front. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Stand in front of client with knees touching client's knees. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Place arms under client's axillae. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Assist client to a standing position, allowing client time to balance. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Help client ambulate the desired distance or distance of tolerance. Place your hand under client's forearm and ambulate close to client. Alternatively, place gait belt around client's waist, and walk at client's side and slightly behind, with one hand grasping the belt at center back. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-8 Assisting with Ambulation and Safe Walking	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
23. Help client back to bed or chair. Make client comfortable, and make sure all lines and tubes are secure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Checklist for Procedure 36-9 Assisting with Crutches, Cane, or Walker

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 36-9 Assisting with Crutches, Cane, or Walker	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Crutch Walking 1. Inform client that you will be assisting with ambulation using the device chosen. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assess client for strength, mobility, ROM, visual acuity, perceptual difficulties, and balance. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Measure client for size of crutches and adjust crutches to fit. While client is supine, measure from heel to axilla. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Provide a robe or other covering and nonslip foot coverings or shoes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Lower the height of the bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have client sit at side of bed with legs dangling for several minutes. Assess for vertigo or nausea. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-9 Assisting with Crutches, Cane, or Walker	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Apply gait belt around client's waist if balance is not steady. Good practice requires the use of a gait belt the first time client is out of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Holding crutches: <ul style="list-style-type: none"> • Instruct client on method of holding crutches while client remains seated. • Elbows bent 30° while hands are on handgrips and pads 1.5 to 2 inches below axillae. • Instruct client to position crutches 4 to 5 inches laterally and 4 to 6 inches in front of feet. • Demonstrate this skill on yourself to increase client understanding. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Ambulating with crutches: <ul style="list-style-type: none"> • Assist client to standing position by placing both crutches in nondominant hand. • Have client use dominant hand to push off from bed while using crutches for balance. • Once erect, extra crutch can be moved into dominant hand. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Ambulating with crutches: <ul style="list-style-type: none"> • Instruct client to remain still for a few seconds while assessing for vertigo or nausea. • Stand close to client to support, as needed. • While client remains standing, check for correct fit of crutches. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-9 Assisting with Crutches, Cane, or Walker	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Four-Point Gait 12. Position crutches 4.5 to 6 inches to side and in front of each foot. Move right crutch forward 4 to 6 inches and move left foot forward, even with left crutch. Move left crutch forward 4 to 6 inches and move right foot forward, even with right crutch. Repeat four-point gait. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Three-Point Gait 13. Advance both crutches and the weaker leg forward together 4 to 6 inches. Move the stronger leg forward, even with the crutches. Repeat the three-point gate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Two-Point Gait 14. Move the left crutch and right leg forward 4 to 6 inches. Move the right crutch and left leg forward 4 to 6 inches. Repeat the two-point gait. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swing-Through Gait 15. This step is basically the same as the three-point gait. The difference is on the swing; whichever leg is moving will go past the stationary point and set down in front. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Walking Upstairs <ul style="list-style-type: none"> • Stand beside and slightly behind client. • Instruct client to position the crutches as if walking. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-9 Assisting with Crutches, Cane, or Walker	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • Place body weight on hands. Place the strong leg on the first step. • Pull the weak leg up and move the crutches up to the first step. • Repeat for all steps. <p><i>Comments:</i></p>				
<p>17. Walking Downstairs</p> <ul style="list-style-type: none"> • Position crutches as if walking. • Place weight on strong leg. • Move crutches down to next lower step. • Place partial weight on hands and crutches. • Move weak leg down to step with crutches. • Put total weight on arms and crutches. • Move strong leg to same step as weak leg and crutches. • Repeat for all steps. • A second caregiver standing behind client holding on to gait belt will further decrease risk of falling. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>18. Set realistic goals and opportunities for progressive ambulation using crutches.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. Consult with a physical therapist for clients learning to walk with crutches.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>20. Wash hands/hand hygiene.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-9 Assisting with Crutches, Cane, or Walker	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Sitting with Crutches 21. Instruct client to back up to chair until chair is felt with back of legs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Place both crutches in nondominant hand and have client use dominant hand to reach back to chair. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Instruct client to lower slowly into chair. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking with a Cane 24. Repeat Actions 1–10. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Have client hold cane in hand opposite affected leg. Explain safety and body mechanics underlying use of a cane on the strong side. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Have client push up from sitting position while pushing down on bed with arms. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Have client stand at bedside for few moments. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-9 Assisting with Crutches, Cane, or Walker	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
28. Assess height of cane. With cane placed 6 inches ahead of client's body, top of cane should be at wrist level with the arm bent 25% to 30% at the elbow. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Walk to side and slightly behind client, holding gait belt, if needed, for stability. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Cane Gait				
30. Have client move cane and weaker leg forward at same time for same distance. Have client place weight on weaker leg and cane, move the strong leg forward, and place weight on the strong leg. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting with a Cane				
31. Have client turn around and back up to chair. Have client grasp arm of chair with free hand and lower self into chair. Be sure to place cane out of way but within reach. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Set realistic goals and opportunities for progressive ambulation using a cane. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Consult with a physical therapist for clients learning to walk with a cane. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-9 Assisting with Crutches, Cane, or Walker	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
34. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking with a Walker 35. Repeat Actions 1–10. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Place walker in front of client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have client put nondominant hand on front bar of walker or on handgrip for nondominant hand, whichever is more comfortable. Then, with client using dominant hand to push off from bed and nondominant hand for stabilization, help client to an erect position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have client transfer hand to the walker handgrips. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Be sure the walker is adjusted so the handgrips are just below waist level and client's arms are slightly bent at elbow. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Walk to side and slightly behind client, holding gait belt, if needed, for stability. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 36-9 Assisting with Crutches, Cane, or Walker	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Walker Gait 41. Have client move the walker and the weaker leg forward at the same time. Have client place as much weight as possible or as allowed on the weaker leg, using the arms for supporting the rest of the weight. Have client move the strong leg forward and shift the weight to the strong leg. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting with a Walker 42. Have the client turn around in front of the chair and back up until the back of the legs touch the chair. Have client place hands on the chair armrests, one hand at a time, then lower self into the chair using the armrests for support. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Set realistic goals and opportunities for progressive ambulation using a walker. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Consult with a physical therapist for clients learning to walk with a walker. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 37-1 Irrigating a Wound

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 37-1 Irrigating a Wound	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Confirm the prescribing practitioner's order. Note type and strength of ordered irrigation solution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Assess client's pain level, and medicate if needed with analgesic 30 minutes before procedure if PO or IM pain medication. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Explain procedure to client. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Place waterproof pad on bed. Assist client onto pad. Then assist client into a position that will allow irrigant to flow through wound and into basin from cleanest to dirtiest area of wound. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Wash hands/hand hygiene. Apply disposable gloves. Remove and discard old dressing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Assess wound's appearance and note quality, quantity, color, and odor of drainage. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 37-1 Irrigating a Wound	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Remove and discard disposable gloves. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Prepare sterile irrigation tray and dressing supplies. Pour room-temperature irrigation solution into solution container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Apply sterile gloves (and goggles if needed). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Position sterile basin below wound so irrigant will flow from cleanest area to dirtiest area and into basin. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Fill piston or bulb syringe with irrigant, and gently flush wound. Hold syringe approximately 1 inch above wound bed to irrigate. Refill syringe, and continue to flush wound until solution returns clear and no exudate is noted or until prescribed amount of fluid has been used. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Dry edges of wound with sterile gauze. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Assess wound's appearance and drainage. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 37-1 Irrigating a Wound	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
14. Apply sterile dressing. Remove sterile gloves and dispose of properly. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Document all assessment findings and actions taken. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 37-2 Obtaining a Wound Drainage Specimen for Culturing

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 37-2 Obtaining a Wound Drainage Specimen for Culturing	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. Apply disposable gloves. Remove old dressing. Place in moisture-proof container, and remove and discard gloves. Wash hands again. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Open dressing supplies using sterile technique, and apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assess wound's appearance; note quality, quantity, color, and odor of discharge. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Irrigate wound with normal saline prior to culturing; do not irrigate with antiseptic. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Using a sterile gauze pad, absorb the excess saline; discard pad. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Remove culture tube from packaging. Remove culture swab from culture tube and gently roll swab over granulation tissue. Avoid eschar and wound edges. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 37-2 Obtaining a Wound Drainage Specimen for Culturing	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Replace swab into culture tube, being careful not to touch the swab to outside of tube. Recap tube. Crush ampule of medium located in bottom or cap of tube. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Remove gloves, wash hands, and apply sterile gloves. Dress wound with sterile dressing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Label specimen, place in biohazard transport bag, and arrange to transport specimen to laboratory according to institutional policy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Remove gloves. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Document all assessment findings and actions taken. Document that a specimen was obtained. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 37-3 Applying a Dry Dressing

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 37-3 Applying a Dry Dressing	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Gather supplies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide privacy; draw curtains; close door. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Apply clean exam gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Remove dressing and place in biohazard bag. Remove soiled gloves, with contaminated surfaces inward, and discard; apply clean gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Assess appearance of wound bed for healing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 37-3 Applying a Dry Dressing	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Cleanse skin around incision if necessary with a clean, warm, wet washcloth. a. If suture line requires cleansing, cleanse gently. Use normal saline, half-strength hydrogen peroxide, or Betadine swab (consult orders of prescribing practitioner and/or institution policy) and cotton-tip applicators using a rolling motion. b. Used applicators should not be reintroduced into sterile solution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Remove used exam gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Set up supplies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Apply a new pair of clean exam gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Grasping edges, apply a new dressing using 4 × 4 gauze pads folded to 2 × 4 size. Place folded gauze pad lengthwise on wound and tape lightly, or apply tubular mesh for those with sensitive skin. Initial dressing; cite date and time it was changed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 37-3 Applying a Dry Dressing	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
14. Remove gloves and dispose of appropriately. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Instruct client/family about the dressing, including care and changing of dressing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 37-4 Applying a Wet-to-Damp Dressing (Wet-to-Moist Dressing)

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 37-4 Applying a Wet-to-Damp Dressing (Wet-to-Moist Dressing)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Review order of prescribing practitioner for wound care. Gather supplies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide privacy; draw curtains; close door. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Apply clean exam gloves, a moisture-proof gown, a mask, and eye protection as appropriate. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Assess need for pain medication based on quality, pain pattern, location, and last pain medication received. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Inform client that the dressing is going to be removed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 37-4 Applying a Wet-to-Damp Dressing (Wet-to-Moist Dressing)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Remove wet-to-damp dressing, noting number of gauze pads used, and place in appropriate receptacle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Observe the undressed wound for healing (granulation and approximation of edges), signs of infection (inflammation, edema, warmth, pain), and drainage. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Cleanse skin around incision if necessary with a clean, warm, wet washcloth. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Remove used exam gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Set up supplies in a sterile field, including pouring ordered solutions into appropriate containers if indicated for dressing change. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Apply sterile gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 37-4 Applying a Wet-to-Damp Dressing (Wet-to-Moist Dressing)	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
15. Place gauze or packing material to be moistened in the bowl with the normal saline or other solution. a. Wring gauze or packing of saline until damp. b. Gently place damp gauze over the area. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Apply external dressing of dry 4 × 4 gauze pads, cover sponges, fluffs, or ABD pads. a. Secure dressing in place with tape, Montgomery straps, or tubular mesh as shown. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Remove gloves and wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Mark dressing with date and time changed. Initial dressing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Conduct client/family education about dressing, including teaching the dressing technique to the client/family. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 37-5 Preventing and Managing the Pressure Ulcer

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 37-5 Preventing and Managing the Pressure Ulcer	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Check prescribing practitioner orders. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Gather equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Identify client. Explain procedure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Provide privacy. Apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Adjust bed to proper level and lower nearest side rail without leaving client unattended. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Assess client's risk for pressure ulcers by using the Braden scale or similar chart. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Assess client's skin over all pressure points. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 37-5 Preventing and Managing the Pressure Ulcer	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. Assess other sites for potential areas of pressure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Change client's position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Keep client's position at 30° or less. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Provide skin care if area soiled or sweaty, but do not massage pressure points. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Use support devices to support the body. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Perform dressing change to a pressure ulcer as ordered or per agency policy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Return side rail to upright position and lower bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Remove gloves. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 37-5 Preventing and Managing the Pressure Ulcer	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
17. Document appearance of pressure points and/or ulcers, skin care, wound care provided, and position changes. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Create an every-2-hours turning schedule if one is not in use. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 39-1 Assisting with a Bedpan or Urinal

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 39-1 Assisting with a Bedpan or Urinal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Positioning a Bedpan 1. Close curtain or door. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Wash hands/hand hygiene; apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Lower head of bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Elevate bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Assist client to side-lying position using side rail for support. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Place bedpan under buttocks. Place a fracture pan with lower end near client's lower back region. Place large bedpans with opening near client's thighs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. While holding bedpan with one hand, help client roll onto back as you push against bedpan (toward center of bed) to hold in place. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-1 Assisting with a Bedpan or Urinal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Alternative: Help client raise hips using overbed trapeze, and slide pan in place. Alternative: If client is unable to turn or raise hips, use a fracture pan instead of a bedpan. With fracture pan, flat side is placed toward client's head. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Check placement of bedpan between client's legs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. If indicated, elevate head of bed to 45° angle or higher for comfort. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Place call light within reach of client, place side rails in upright position, lower bed, and provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Remove gloves; wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Positioning a Urinal				
13. Repeat Actions 1 and 2. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Lift covers and place urinal so client can grasp handle and position it. If client cannot do this, you must position urinal and place penis into opening. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-1 Assisting with a Bedpan or Urinal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
15. Remove gloves; wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Removing a Bedpan 16. Wash hands/hand hygiene; apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Gather toilet paper and washing supplies. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Lower head of bed to supine position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. While holding bedpan with one hand, roll client to side and remove pan, being careful not to pull or shear skin sticking to pan or to spill contents. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Assist with cleaning or wiping; always wipe with front to back motion. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Empty bedpan (observe and measure urine output and check for occult blood, if ordered), clean bedpan, and store in proper place; if bedpan is emptied outside client's room, cover during transport. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Remove soiled gloves. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-1 Assisting with a Bedpan or Urinal	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
23. Allow client to wash hands. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Place call light within reach; recheck that side rails are in upright position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Removing a Urinal				
26. Wash hands/hand hygiene; apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Empty urinal, measuring urine output if ordered; rinse urinal and replace within client's reach. Observe odor and color of urine before discarding. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Remove soiled gloves; wash hands. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Allow client to wash hands. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Place call light within reach; recheck that side rails are in upright position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 39-2 Applying a Condom Catheter

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 39-2 Applying a Condom Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Protect client's privacy by closing door and pulling curtains around bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Position client in comfortable position, preferably supine, if tolerated. Raise bed to a comfortable height for nurse. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Apply latex-free gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Fold client's gown across abdomen and pull sheet up over client's legs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Assess client's penis for any signs of redness, irritation, or skin breakdown. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Clean client's penis with warm soapy water. Retract foreskin on uncircumcised male and clean thoroughly in folds. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-2 Applying a Condom Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Return client's foreskin to its normal position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Shave any excess hair around base of penis, if required by institutional policy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Rinse and dry area. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. If condom kit is used, open package containing skin preparation. Wipe and apply skin preparation solution to penis shaft. If client has an erection, wait for termination of erection before applying catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Apply double-sided adhesive strip around base of penis in spiral fashion, 1 inch from proximal end of penis. Do not completely encircle penis or tightly encompass penis. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Position rolled condom at distal portion of penis and unroll it, covering penis and double-sided strip of adhesive. Leave a 1- to 2-inch space between penis tip and condom end. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Gently press condom to adhesive strip. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-2 Applying a Condom Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
15. Attach drainage bag tubing to catheter tubing. Make sure tubing lies over client's legs, not under. Secure drainage bag to side of bed below level of client's bladder or to client's leg. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Determine that condom and tubing are not twisted. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Cover client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Dispose of used equipment in appropriate receptacle; wash hands. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Return bed to lowest position and reposition client to comfortable or appropriate position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Empty bag, measure urinary output, and record every 4 hours. After procedure, remove gloves; wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Remove condom once a day to clean area and assess skin for signs of impaired skin integrity. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 39-3 Inserting an Indwelling Catheter: Male

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 39-3 Inserting an Indwelling Catheter: Male	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Performing Urinary Catheterization: Male Client 1. Gather equipment and any supplies not in the prepackaged kit. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide for privacy and explain procedure to client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Set bed to comfortable height to work and raise side rail on side opposite you. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Assist client to supine position with legs slightly spread. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Drape client's abdomen and thighs, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Ensure adequate lighting of penis and perineal area. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Wash hands/hand hygiene; apply latex-free disposable gloves; wash perineal area. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-3 Inserting an Indwelling Catheter: Male	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Remove gloves; wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Open catheterization kit, using aseptic technique. Use wrapper to establish sterile field. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. If catheter is not included in kit, carefully drop sterile catheter onto field using aseptic technique. Add any other items needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Apply sterile gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Place fenestrated drape from catheterization kit over client's perineal area with penis extending through opening. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. If inserting retention catheter, attach syringe filled with sterile water to Luer-Lok tail of catheter. Inflate and deflate retention balloon. Detach water-filled syringe. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Attach catheter to urine drainage bag if not preconnected. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-3 Inserting an Indwelling Catheter: Male	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
15. Generously coat distal portion of catheter with water-soluble, sterile lubricant and place nearby on sterile field. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. With nondominant hand, gently grasp penis and retract foreskin (if present). With dominant hand, cleanse glans penis with povidone-iodine solution or other antimicrobial cleanser. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Hold penis perpendicular to body and pull up gently. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Insert 10 mL sterile, water-soluble lubricant (use a 2% Xylocaine lubricant, whenever feasible) into urethra. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Holding catheter in dominant hand, steadily insert catheter about 8 inches, until urine is noted in drainage bag or tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. If catheter will be removed when client's bladder is empty, insert catheter another inch, place penis in comfortable position, and hold catheter in place as bladder drains. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-3 Inserting an Indwelling Catheter: Male	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
21. If catheter will be indwelling with retention balloon, continue inserting until hub of catheter (bifurcation between drainage port and retention balloon arm) is met. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Reattach water-filled syringe to inflation port. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Inflate retention balloon with sterile water, per manufacturer's recommendations or prescribing practitioner's orders. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Instruct client to immediately report discomfort or pressure during balloon inflation; if pain occurs, discontinue procedure, deflate balloon, and insert catheter farther into bladder. If client continues to complain of pain with balloon inflation, remove catheter and notify client's prescribing practitioner. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Once balloon is inflated, gently pull catheter until retention balloon rests snugly against bladder neck (resistance will be felt when balloon is properly seated). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Secure catheter according to institutional policy. Securing to either client's thigh or abdomen is generally acceptable. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-3 Inserting an Indwelling Catheter: Male	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
27. Place drainage bag below level of bladder. Do not let rest on floor. Secure drainage tubing to prevent pulling on tubing and catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Remove gloves; dispose of equipment. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Help client adjust position. Lower bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Assess and document amount, color, odor, and quality of urine. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 39-4 Inserting an Indwelling Catheter: Female

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 39-4 Inserting an Indwelling Catheter: Female	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Performing Urinary Catheterization: Female Client 1. Gather equipment. Read label on catheterization kit. Gather supplies needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide for privacy and explain procedure to client. Assess for allergy to povidone-iodine. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Set bed to comfortable height to work, and raise side rail on side opposite you. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Assist client to supine position with legs spread and feet together or to a side-lying position with upper leg flexed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Drape client's abdomen and thighs for warmth, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Ensure adequate lighting of perineal area. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-4 Inserting an Indwelling Catheter: Female	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Wash hands/hand hygiene; apply disposable gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Wash perineal area. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Remove gloves and wash hands. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Open catheterization kit, using aseptic technique. Use wrapper for sterile field. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. If catheter is not included in kit, drop sterile catheter onto field using aseptic technique. Add any other items needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Apply sterile gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. If inserting a retention catheter, attach syringe filled with sterile water to Luer-Lok tail of catheter. Inflate and deflate retention balloon. Detach water-filled syringe. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Attach catheter to urine drainage bag if not preconnected. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-4 Inserting an Indwelling Catheter: Female	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
15. Generously coat distal portion of catheter with water-soluble, sterile lubricant and place nearby on sterile field. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Place fenestrated drape from catheterization kit over client's perineal area with labia visible through opening. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Gently spread labia minora with fingers of nondominant hand and visualize urinary meatus. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Holding labia apart with nondominant hand, use forceps to pick up cotton ball soaked in povidone-iodine, and cleanse periurethral mucosa. Use one downward stroke for each cotton ball and dispose. Keep labia separated with nondominant hand until catheter inserted. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Holding catheter in dominant hand, steadily insert it into meatus until urine is noted in drainage bag or tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. If catheter will be removed as soon as client's bladder is empty, insert catheter another inch and hold catheter in place as bladder drains. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-4 Inserting an Indwelling Catheter: Female	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
21. If catheter will be indwelling with retention balloon, continue inserting another 1–3 inches. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Reattach water-filled syringe to inflation port. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Inflate retention balloon using manufacturer's recommendations or according to prescribing practitioner's orders. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Instruct client to immediately report discomfort or pressure during balloon inflation; if pain occurs, discontinue procedure, deflate balloon, and insert catheter farther into bladder. If client continues to complain of pain with balloon inflation, remove catheter and notify client's prescribing practitioner. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Once balloon has been inflated, gently pull catheter until retention balloon is resting snugly against bladder neck (resistance will be felt when balloon is properly seated). <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Tape catheter to abdomen or thigh snugly, with enough slack not to pull on bladder. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-4 Inserting an Indwelling Catheter: Female	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
27. Place drainage bag below level of bladder. Do not let rest on floor. Make sure tubing lies over, not under, the leg. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Remove gloves; dispose of equipment. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Help client adjust position. Lower bed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Assess and document amount, color, odor, and quality of urine. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 39-5 Irrigating an Open Urinary Catheter

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 39-5 Irrigating an Open Urinary Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Verify need for bladder or catheter irrigation. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. For PRN catheter irrigation, palpate for full bladder and check current output against previous totals. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Verify prescribing practitioner's orders for type of irrigation and irrigant as well as amount. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If repeat procedure, read previous documentation in record. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Assemble supplies. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Premedicate client if ordered or needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Provide teaching to client as needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-5 Irrigating an Open Urinary Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Assist client to dorsal recumbent position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Provide for client privacy with a closed door or curtain. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Empty urine collection bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Expose retention catheter and place water-resistant drape underneath it. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Open sterile syringe and container. Stand it up carefully in or on the wrapper, and add 100–200 cc sterile diluent without touching or contaminating syringe tip or inside of receptacle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Open end of antiseptic swab package, exposing swab sticks. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Open sterile cover for drainage tube. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-5 Irrigating an Open Urinary Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
16. Apply sterile gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Disinfect connection between catheter and drainage tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. After disinfectant dries, loosen connection ends. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Grasp catheter and tubing 1–2 inches from ends, with catheter in nondominant hand. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Fold catheter to pinch it closed between palm and last three fingers; use thumb and first finger to hold sterile cap for drainage tube. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Separate catheter and tube, covering tube tightly with sterile cap. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Fill syringe with 30 cc for catheter irrigation or 60 cc for bladder irrigation. Insert tip of syringe into catheter and gently instill solution into catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-5 Irrigating an Open Urinary Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
23. Clamp catheter if ordered (medicated solution); if not, clamped irrigant may be released into a collection container or aspirated back into syringe. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. If bladder or catheter is being irrigated to clear solid material, repeat irrigation until return is clear. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Reconnect system and remove sterile gloves. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. When irrigation is finished, record type of returns and total amount of irrigation fluid used. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Monitor client for pain, urine color and clarity, any solid material passed, and total intake and output. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 39-6 Irrigating the Bladder Using a Closed-System Catheter

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 39-6 Irrigating the Bladder Using a Closed-System Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Intermittent Bladder Irrigation Using a Standard Retention Catheter and a Y Adapter 1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Hang prescribed irrigation solution from IV pole. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Insert clamped irrigation tubing into bottle of irrigant, prime tubing with fluid, expel air, and reclamp tube. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Prepare sterile antiseptic swabs and sterile Y connector, if used. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Apply sterile gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Clamp urinary catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Unhook drainage bag from retention catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-6 Irrigating the Bladder Using a Closed-System Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
9. While holding drainage tubing and drainage port of catheter in nondominant hand, cleanse both tubing and port with antiseptic swabs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Connect one port of Y connector to drainage port of retention catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Connect another port of Y adapter to drainage tubing and bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Attach third port of Y adapter to irrigant tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Unclamp urinary catheter and establish that urine is draining through catheter into drainage bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. To irrigate catheter and bladder, clamp drainage tubing distal to Y adapter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Instill prescribed amount of irrigant. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Clamp irrigant tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-6 Irrigating the Bladder Using a Closed-System Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
17. If prescribing practitioner has ordered irrigant to remain in bladder for a measured length of time, wait prescribed time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Unclamp drainage tubing and monitor drainage as it flows into drainage bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Closed Bladder Irrigation Using a Three-Way Catheter				
19. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Explain procedure to client. Provide support. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Hang prescribed irrigation solution from IV pole. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Insert clamped irrigation tubing into bottle of irrigant, prime tubing with fluid, expel air, and reclamp tube. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Prepare sterile antiseptic swabs and any other sterile equipment needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-6 Irrigating the Bladder Using a Closed-System Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
25. Apply sterile gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Clamp urinary catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Remove cap from irrigation port of three-way catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Cleanse irrigation port with sterile antiseptic swabs. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Attach irrigation tubing to irrigation port of three-way catheter. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Remove clamp from catheter and observe for urine drainage. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If Intermittent Irrigation Has Been Ordered:				
31. Instill prescribed amount of irrigant. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Clamp irrigant tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. If prescribing practitioner has ordered irrigant to remain in bladder for a measured length of time, clamp drainage tube before instilling irrigant and wait prescribed length of time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-6 Irrigating the Bladder Using a Closed-System Catheter	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
34. Monitor drainage as it flows into drainage bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If Continuous Bladder Irrigation Has Been Ordered:				
35. Adjust clamp on irrigation tubing to allow prescribed rate of irrigant to flow into catheter and bladder. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Monitor drainage for color, clarity, debris, and volume as it flows into drainage bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Tape catheter securely to thigh. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 39-7 Administering an Enema

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 39-7 Administering an Enema	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
Large-Volume Cleansing Enema 1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Assess client's understanding of procedure and provide privacy. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Prepare equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Place absorbent pad on bed under client. Assist client into left lateral position with right leg flexed. If needed, place a bedpan on bed nearby. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If specified, heat solution to desired temperature using thermometer to measure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Pour solution into bag or bucket; add water, if needed. Open clamp and allow solution to prime tubing. Clamp tubing when primed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-7 Administering an Enema	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Lubricate 5 cm (2 inches) of rectal tube unless it is prelubricated. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Holding enema container level with rectum, have client take deep breath. Slowly and smoothly insert rectal tube into rectum, beyond the internal sphincter, approximately 7–10 cm in an adult. Aim rectal tube toward client's umbilicus. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Raise container holding solution 12–18 inches for an adult, and open clamp. Solution can be placed on IV pole at proper height. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Slowly administer fluid. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. When solution is completely administered or when client cannot hold any more fluid, clamp tubing; remove rectal tube and dispose properly. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Clean lubricant, solution, and any feces from anus with toilet tissue. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Have client continue to lie on left side for prescribed time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-7 Administering an Enema	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
15. When client has retained enema for prescribed time, assist to bedside commode, to toilet, or onto bedpan. If client is using bathroom, instruct not to flush toilet when finished. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. When client is finished expelling enema, assist to clean perineal area, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Return client to comfortable position. Place clean, dry protective pad under client to catch any solution or feces. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Observe feces and document data. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Remove gloves; wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Small-Volume Prepackaged Enema 20. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Remove enema from packaging. Review instructions. Packaged enema can be placed in basin of warm water to warm fluid before use. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-7 Administering an Enema	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
23. Place absorbent pad on bed under client. Assist client into left lateral position with right leg flexed sharply, or use knee-chest position. If needed, place a bedpan nearby. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Remove protective cap from nozzle and inspect nozzle for lubrication. If needed, add more. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Squeeze container gently to remove air, and prime nozzle. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Have client take deep breath. Simultaneously, gently insert enema nozzle into anus, pointing nozzle toward umbilicus. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Squeeze container until all solution instilled. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Remove nozzle from anus and dispose of empty container. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Clean lubricant, solution, and any feces from anus with tissue. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-7 Administering an Enema	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
30. Have client continue to lie on left side for prescribed time. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. When client has retained enema for prescribed time, assist to bedside commode, to toilet, or onto bedpan. If client using bathroom, instruct not to flush when finished. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. When client has finished expelling enema, assist to clean perineal area, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Return client to comfortable position. Place clean, dry protective pad under client to catch any solution or feces that may continue to be expelled. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Observe feces and document data. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Remove gloves; wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Return-Flow Enema 36. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Assess if client understands procedure. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-7 Administering an Enema	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
38. Apply gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Place absorbent pad on bed under client. Assist client into left lateral position with right leg sharply flexed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. If specified, heat solution to desired temperature using thermometer to measure. Solution should be at least body temperature to prevent cramping and discomfort. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Pour solution into bag or bucket, open clamp, and allow solution to prime tubing. Clamp tubing when primed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Lubricate 5 cm of rectal tube unless tube is prelubricated. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Holding enema container level with rectum, have client take a deep breath. Simultaneously, slowly and smoothly insert rectal tube into rectum, beyond the internal sphincter, approximately 7–10 cm in an adult. Aim rectal tube toward the client's umbilicus. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Raise container holding solution, and open clamp. Solution should be 30–45 cm (12–18 inches) above rectum for an adult. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-7 Administering an Enema	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
45. Slowly administer approximately 200 cc of solution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Clamp tubing, and lower enema container 12–18 inches below client’s rectum. Open clamp. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Observe solution container for air bubbles as solution returns. Note any fecal particles. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. When no further solution is returned, clamp tubing and raise enema container 12–18 inches above client’s rectum. Open clamp; instill approximately 200 cc of fluid. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Repeat raising and lowering solution container until no further flatus is seen. A good rule of thumb is not more than three times. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. After final return of fluid, clamp tubing and gently remove it from client’s anus. Clean anus with tissue to remove any lubricant or solution. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51. If client feels need to empty rectum, assist onto bedpan or up to bathroom or commode. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-7 Administering an Enema	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
52. When client has finished expelling any retained solution, assist to clean perineal area, if needed. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53. Return client to comfortable position. Place clean, dry protective pad under client. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. Observe any expelled solution, and document results. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55. Remove gloves; wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 39-8 Irrigating and Cleaning a Stoma

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 39-8 Irrigating and Cleaning a Stoma	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Apply clean gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assemble irrigation kit. Attach cone or catheter to irrigation bag tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Fill irrigation bag with 1000 cc tepid tap water. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Open clamp and let water from irrigation bag fill tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Hang bottom of irrigation bag at height of client's shoulder, or 18 inches above stoma if client supine. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Check direction of intestine by inserting a gloved finger into orifice of stoma. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-8 Irrigating and Cleaning a Stoma	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
8. Place irrigation sleeve over stoma; hold in place with belt. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Spray inside of irrigation sleeve and bathroom with odor eliminator. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Cuff end of irrigation sleeve and place into toilet bowl or bedpan. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Lubricate cone end of irrigation tubing, and insert into stoma orifice through top opening of irrigation sleeve. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Close top of irrigation sleeve over tubing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Slowly run water through tubing into colon. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Remove cone after all water has emptied out of irrigation bag. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Close end of irrigation sleeve by attaching it to top of sleeve. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 39-8 Irrigating and Cleaning a Stoma	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
16. Encourage client to ambulate to facilitate emptying remaining stool from colon. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Remove irrigation sleeve after 20–30 minutes or when stool is no longer emptying from colon. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Cleanse stoma and skin with warm tap water. Pat dry. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Place gauze pad over stoma to absorb mucus from stoma. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Secure gauze with hypoallergenic tape. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Remove gloves; wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 39-9 Changing a Colostomy Pouch

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 39-9 Changing a Colostomy Pouch	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ol style="list-style-type: none"> 1. Gather equipment. Explain procedure to client. Include caregivers in instruction if indicated. 2. Assist client to a standing or sitting position. Standing is preferred. 3. Wash hands/hand hygiene. Apply gloves. 4. Remove soiled pouch by gently pressing on the skin while pulling the pouch. 5. Dispose of the pouch in a plastic bag after removing the clip used to seal the pouch. 6. Cleanse the skin with soap and water. 7. Inspect the peristomal skin for redness or altered skin integrity. Consult with enterostomal nurse if lesions observed. 8. Remove excess hair with safety razor or electric razor. 9. Inspect pouch opening and ensure it fits the stoma. Use a pouch pattern to customize fit if indicated. 10. Apply a skin sealant or skin paste if indicated. Apply skin barrier. 11. Gently apply pouch and press into place. Seal inferior opening with the clip or rubber band. 12. Remove gloves and discard. Wash hands/hand hygiene. 13. Note type and size of pouch; condition of stoma; any drainage, amount, and odor; condition of surrounding skin; and client response. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 40-1 Postoperative Exercise Instruction

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 40-1 Postoperative Exercise Instruction	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene; organize equipment. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Check client's identification band. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Place client in sitting position. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Demonstrate deep breathing exercise. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have client return demonstrate deep breathing: <ul style="list-style-type: none"> • Place one hand on abdomen during inhalation. • Expand abdomen and rib cage on inspiration. • Inhale slowly and evenly through nose until maximal chest expansion achieved. • Hold breath for 2–3 seconds. • Slowly exhale through mouth until maximal chest contraction achieved. • Repeat exercise three or four times; allow client to rest. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Demonstrate splinting and coughing. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 40-1 Postoperative Exercise Instruction	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Don gloves. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Keep client in sitting position, head slightly flexed, shoulders relaxed and slightly forward, and feet supported on floor. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Teach and return demonstrate splinting and coughing. Have client: <ul style="list-style-type: none"> • Slowly raise head and sniff air. • Bend forward and exhale slowly through pursed lips. • Repeat breathing two or three times. • Place a folded pillow against abdomen when ready to cough; grasp pillow against abdomen with clasped hands. • Take deep breath and begin coughing immediately after completing inspiration by bending forward slightly and producing a series of soft, staccato coughs. • Have tissue ready. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Instruct client on use of an incentive spirometer. Have client: <ul style="list-style-type: none"> • Hold a volume-oriented incentive spirometer upright. • Take a normal breath and exhale, then seal lips tightly around mouthpiece; take slow, deep breath to elevate the balls in plastic tube; hold inspiration for at least 3 seconds. • Simultaneously, client measures amount of inspired air volume on calibrated plastic tube. • Remove mouthpiece; exhale normally. • Take several normal breaths. • Repeat procedure four or five times. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 40-1 Postoperative Exercise Instruction	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • Cough after incentive effort; repeat Action 9. Have a tissue ready. • Clean mouthpiece under running water and place in clean container. <p><i>Comments:</i></p>				
<p>11. Explain leg and foot exercises to client.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Instruct client to return demonstrate in bed. Have client:</p> <ul style="list-style-type: none"> • With heels on bed, push toes of both feet toward foot of bed until calf muscles tighten; then relax feet. Pull toes toward chin until calf muscles tighten; then relax feet. • With heels on bed, lift and circle both ankles, first to right and then to left; repeat three times; relax. • Flex and extend each knee alternatively, sliding foot up along bed; relax. <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Show client how to turn in bed and get out of bed.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Instruct client who will have a left-sided abdominal or chest incision to turn to right side of bed and sit up as follows:</p> <ul style="list-style-type: none"> • Flex knees. • Splint incision with right hand or small pillow. • Turn toward right side by pushing with left foot and grasping shoulder of nurse or foot rail with left hand. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 40-1 Postoperative Exercise Instruction	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
<ul style="list-style-type: none"> • Raise up to sitting position on side of bed by using left arm and hand to push down against mattress. <p><i>Comments:</i></p>				
<p>15. Reverse instructions (use left side instead of right) for client with a right-sided incision according to Action 14.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>16. Instruct clients recovering from orthopedic surgery how to use a trapeze bar.</p> <p><i>Comments:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist for Procedure 40-2 Administering Pulse Oximetry

Name _____ Date _____

School _____

Instructor _____

Course _____

Procedure 40-2 Administering Pulse Oximetry	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
1. Wash hands/hand hygiene. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Select an appropriate sensor, usually fingertip. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Select an appropriate site for sensor. Assess for capillary refill and proximal pulse. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Clean site with alcohol wipe. Remove artificial nails or nail polish, if present, or select another site. Clean any tape adhesive. Use soap and water, if necessary, to clean site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Apply sensor. Make sure detectors are aligned on opposite sides of selected site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Connect sensor to oximeter with sensor cable. Turn on machine. Keep plugged in. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continued on the following page

continued from the previous page

Procedure 40-2 Administering Pulse Oximetry	Able to Perform	Able to Perform with Assistance	Unable to Perform	Initials/Date
7. Adjust alarm limits for high and low O ₂ saturation levels, according to manufacturer's directions. Adjust volume. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. If taking a reading, note results. If continuous monitoring, move site of spring sensors every 2 hours and adhesive sensors every 4 hours. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Cover sensor with a sheet or towel to protect from exposure to bright light. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Notify prescribing practitioner of abnormal results. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Record results of O ₂ saturation measurements, according to prescribing practitioner's order or protocol. Document type of sensor used, application site, hemoglobin levels, and assessment of client's skin at sensor site. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Skills Checklist to Accompany Fundamentals of Nursing Standards and Practice Fourth Edition

Sue C. DeLaune and Patricia K. Ladner

Prepared by Dawna Martich

This clinical learning tool contains the step-by-step actions for every procedure found in *Fundamentals of Nursing: Standards and Practice*, Fourth Edition by Sue C. DeLaune and Patricia K. Ladner.

Key Features

- Three categories to document performance: Able to perform, Able to perform with assistance, Unable to perform.
- Comment section is included with each step for constructive feedback and notes.
- Step-by-step approach allows the student to easily find the corresponding actions in the core text.

Also available

Fundamentals of Nursing: Standards and Practice, Fourth Edition

ISBN 10: 1-4354-8067-8

ISBN 13: 978-1-4354-8067-4

Study Guide to Accompany Fundamentals of Nursing: Standards and Practice, Fourth Edition

ISBN 10: 1-4354-8068-6

ISBN 13: 978-1-4354-8068-1



DELMAR
CENGAGE Learning

To learn more about Delmar, visit www.cengage.com/delmar
To learn more about Cengage Learning, visit www.cengage.com
Purchase any of our products at your local bookstore or at our
preferred online store www.cengagebrain.com

ISBN-13: 978-1-4354-8067-8

ISBN-10: 1-4354-8067-4



9 781435 480698