PROCEDURE #26: TRANSFER TO WHEELCHAIR	
STEP	**RATIONALE**
1. Do initial steps.	
2. Place wheelchair on resident's unaffected side. Brace firmly against side of bed with wheels locked and foot rests out of way.	2. Unaffected side supports weight. Helps stabilize chair and is shortest distance for the resident to turn. Wheel locks prevent chair from moving.
3. Assist resident to sit on edge of bed. Encourage resident to sit for a few seconds to become steady. Check for dizziness.	3. Allows resident to adjust to position change.
4. Stand in front of resident and apply gait belt around the resident's abdomen	4. Gait belts reduce strain on your back and provides for security for the resident.
5. Grasp the gait belt securely on both sides of the resident	5. Provides security for the resident and enables them to turn.
6. Ask resident to place his hands on your upper arms.	6. You may be injured if resident grabs around your neck.
7. On the count of three, help resident into standing position by straightening your knees. Stand toe to toe with resident	7. Allows you and resident to work together. Minimizes strain on your back.
8. Allow resident to gain balance, check for dizziness.	8. Change of position may cause dizziness due to drop in blood pressure.
9. Move your feet to shoulder width apart and slowly turn resident.	9. Improves your base of support and allows space for resident to turn.
10. Lower resident into wheelchair by bending your knees and leaning forward.	10. Minimizes strain on your back.
11. Align resident's body and position foot rests. Remove gait belt.	11. Shoulders and hips should be in straight line to reduce stress on spine and joints.
12. Unlock wheels. Transport resident forward through open doorway after checking for traffic.	12. Provides for safety.
13. Transport resident up to closed door, open door and back wheelchair through doorway.	13. Prevents door from closing on resident.
14. Take resident to destination and lock wheelchair.	14. Prevents wheelchair from rolling if resident attempts to get up.

15. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #27: WALKING	
STEP	**RATIONALE**
1. Do initial steps.	
2. Assist resident to sit on edge of bed. Encourage resident to sit for a few seconds to become steady. Check for dizziness.	2. Allows resident to adjust to position change.
3. Assist resident to stand on count of three.	3. Allows you and resident to work together.
4. Allow resident to gain balance, check for dizziness.	4. Change in position may cause dizziness due to a drop in blood pressure.
5. Stand to side and slightly behind resident.	5. Allows clear path for the resident and puts you in a position to assist resident if needed.
6. Walk at resident's pace.	6. Reduces risk of resident falling.
7. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #28: ASSIST WITH WALKER	
STEP	**RATIONALE**
1. Do initial steps.	
2. Assist resident to sit on edge of bed.	2. Allows resident to adjust to position change.
3. Place walker in front of resident as close to the bed as possible.	
4. Have resident grasp both arms of walker.	4. Helps steady resident.
5. Brace leg of walker with your foot and place your hand on top of walker.	5. Prevents walker from moving.
6. Assist resident to stand on count of three, check for balance and dizziness.	6. Allows you and resident to work together.
7. Stand to side and slightly behind resident.	7. Puts you in a position to assist resident if needed.
8. Have resident move walker ahead 6 to 10 inches, then step up to walker moving the weak or injured leg forward to the middle of the walker while pushing down on the handles of the walker, and then bringing the unaffected leg forward even with the weak/injured leg.	8. Resident may fall forward if he steps too far into walker.
9. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #29: ASSIST WITH CANE	
STEP	**RATIONALE**
1. Do initial steps.	
2. Check the cane for presence of rubber tip(s).	2. Presence of intact rubber tips decrease the risk of falls by improving traction and preventing slipping.
3. Assist resident to sit on edge of bed.	3. Allows resident to adjust to position change.
4. Assist resident to stand on count of three.	4. Allows you and resident to work together.
5. Allow resident to gain balance. Check for dizziness.	5. Change in position may cause dizziness due to a drop in blood pressure.
6. Have resident place cane approximately 4 inches to the side of his/her stronger/ <u>unaffected foot</u>. The height of the cane should be level with resident's hip.	
7. Stand to the affected side and slightly behind resident.	7. Allows clear path for the resident and puts you in a position to assist resident if needed.
8. Have resident move cane forward about 4-6 inches, step forward with weak (affected) leg to a position even with the cane. Then have resident move strong leg forward and beyond the weak leg and cane. Repeat the sequence.	8. Reduces risk of resident falls.
9. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #30: TRANSFER: TO STRETCHER/SHOWER BED	
STEP	**RATIONALE**
1. Do initial steps.	
2. Loosen sheet directly under resident and roll edges close to resident.	2. This sheet will be utilized to slide resident from bed to stretcher.
3. Place stretcher/shower bed at bedside. NOTE: Make certain wheels are locked. After locking wheels, ensure bed and stretcher/shower bed are at the same height. Then lower side rails.	3. Wheels must be locked to prevent stretcher from moving.
4. Staff should be present at the bedside as well as on the opposite side of the stretcher/shower bed. (Requires a minimum of two staff members; however the number of staff required will be depended upon the size of the resident).	4. To prevent resident from falling/rolling off of bed or stretcher.
5. Staff should grasp sheet on each side of resident. On the count of three, slide resident laterally onto stretcher/shower bed.	5. Counting to three enables staff members to work together to distribute weight evenly and prevent injury to resident and/or staff.
6. Center and align resident. Place pillow under his/her head and cover with a blanket and raise the rails of stretcher/ shower bed.	6. Places resident in proper position and alignment. Pillow provides comfort; blanket maintains dignity, provides privacy, and keeps resident warm; raising the rails prevents resident injury.
7. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #31: TRANSFER: TWO PERSON LIFT *ONLY TO BE USED IN AN EMERGENCY	
STEP	**RATIONALE**
1. Do initial steps.	
2. Place chair at bedside. Brace it firmly against side of bed. Lock wheels of wheelchair or Geri chair.	2. Helps stabilize chair and is the shortest distance for staff to turn. Wheel locks prevent chair from moving.
3. Assist resident to sit on edge of bed. Ensure there is staff on each sides of the resident.	3. Allows resident to adjust to position change.
4. Reach around resident's back and grasp other assistant's forearm above wrist. Have resident place arms around your shoulders (not your neck) or on your upper arms.	4. Having resident place arms on your shoulders or upper arms reduces the chance of injury to your neck.
5. Each NA should reach under resident's knees and grasp other assistant's forearm above wrist.	5. Grasping your partner's forearm provides for support and prevents resident from slipping out of your grasp.
6. On the count of three lift resident.	6. Allows you to work together, and allows weight to be distributed evenly to prevent injury to resident or staff.
7. Pivot and lower resident into chair.	
8. Align resident in chair.	8. Shoulders and hips should be in a straight line to reduce stress on spine and joints.
9. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #32: SHOWER/SHAMPOO	
STEP	**RATIONALE**
1. Do initial steps.	
2. Clean/disinfect shower area and shower chair as per facility policy. Prep the bathing area per facility policy. Gather supplies and take them into the shower area.	2. Reduces pathogens and prevents spread of infection. Have the supplies ready when you bring the resident in the shower room to ensure resident safety.
3. Help resident remove clothing. Provide resident privacy	3. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm.
4. Turn on water and have resident check water temperature for comfort, if able.	4. Resident's sense of touch may be different than yours, therefore, resident is best able to identify a comfortable water temperature.
5. Assist resident into shower via wheelchair. Lock wheels of shower chair and transfer resident to shower chair. Use safety belt to secure resident stability, if indicated. Never take your eyes off the resident or turn your back to the resident while in the shower	5. Chair may slide if resident attempts to get up. Ensure resident safety at all times. Never transport resident in shower chair.
<u>SHAMPOO:</u>	
6. Give resident a washcloth to cover his/her eyes during the shampoo, if he/she desires. Place cotton balls in resident's ears if desired.	6. Prevents soap and water from entering into resident's eyes and ears.
7. Wet the resident's hair.	
8. Put a small amount of shampoo into the palm of your hand and work it into the resident's hair and scalp using your fingertips.	8. Utilizing fingertips massages the scalp and decreases the risk of scratching the resident.
9. Rinse the resident's hair thoroughly.	9. Leaving soap in the hair can cause dry scalp.
10. Use a conditioner if the resident desires you to do so.	

11. Let resident wash as much as possible, starting with face. Assist as needed to wash and rinse the entire body going from head to toe. Use a separate washcloth to cleanse the perineal area last.	11. Encourages resident to be independent
12. Turn off the water. Cover resident with bath blanket.	
13. Remove the cotton balls from the resident's ears, if utilized.	
14. Towel dry the resident's hair, neck and ears.	
15. Give resident towel and assist to pat dry. Ensure to thoroughly pat dry under the breasts, between skin folds, in the perineal area and between toes.	15. Patting dry prevents skin tears and reduces chaffing.
16. Ensure floor area is dry and non-slip device is in place. Assist resident out of shower.	
17. Use a dryer on the resident's hair, if desired.	
18. Apply lotion to skin, help resident dress, comb hair and return to room.	19. Combing hair in shower room allows resident to maintain dignity when returning to room.
19. Do final steps. **Report skin abnormalities to the nurse**	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #33: BED BATH/PERINEAL CARE	
STEP	**RATIONALE**
1. Do initial steps.	
2. Offer resident urinal or bedpan.	2. Reduces chance of urination during procedure which may cause discomfort and embarrassment.
3. Provide Resident privacy	3. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm.
4. Fill bath basin with warm water and have resident check water temperature for comfort, if able.	4. Resident's sense of touch may be different than yours; therefore, resident is best able to identify a comfortable water temperature.
5. Put on gloves.	5. Protects you from contamination by body fluids.
6. Fold washcloth and wet.	
7. Gently wash eye from inner corner to outer corner, using a different part of cloth to wash other eye.	7. Helps prevent eye infection. Always wash from clean to dirty. Using separate area of cloth reduces contamination.
8. Wet washcloth and apply soap, if requested. Wash, rinse and pat dry face, neck, ears and behind ears.	8. Patting dry prevents skin tears and reduces chaffing.
9. Remove resident's gown.	
10. Place towel under far arm.	10. Prevents linen from getting wet.
11. Wash, rinse and pat dry hand, arm, shoulders and underarm.	11. Soap left on the skin may cause itching and irritation.
12. Repeat steps with other arm.	
13. Place towel over chest and abdomen. Lower bath blanket to waist.	13. Maintains resident's right to privacy.
14. Lift towel and wash, rinse and pat dry chest and abdomen.	14. Exposing only the area of the body necessary to do the procedure maintains resident's dignity and right to privacy.
15. Pull up bath blanket and remove towel.	
16. Uncover and place towel under far leg.	16. Prevents linen from getting wet.
17. Wash, rinse and pat dry leg and foot.	17. Soap left on the skin may cause itching

Be sure to wash, rinse and dry well between the toes.	and irritation.
18. Repeat with other leg and foot.	
19. Change bath water and gloves, wash hands and use clean gloves and towel.	19. Water is contaminated after washing feet. Clean water should be used for neck and back.
20. Assist resident to spread legs and lift knees, if possible.	20. Exposes perineal area.
21. Wet and soap folded washcloth.	21. Folding creates separate areas on cloth to reduce contamination.
<u>Catheter Care:</u>	
22. If resident has catheter, check for leakage, secretions or irritation. Gently wipe four inches of catheter from meatus out.	22. Washes pathogens away from the meatus.
<u>Perineal Care:</u>	
23. Wipe from front to back and from center of perineum to thighs. If washcloth is visibly soiled, change cloths. **<u>For Females:</u>** • **Separate labia. Wash urethral area first.** • **Wash between and outside labia in downward strokes, alternating from side to side and moving outward to thighs. Use different part of washcloth for each stroke.** **<u>For Males:</u>** **A. Pull back foreskin if male is uncircumcised. Wash and rinse the tip of penis using circular motion beginning with urethra.** **B. Continue washing down the penis to the scrotum and inner thighs. Rinse off soap and dry. Return**	23. Prevents spread of infection. <u>Females</u>: Removes secretions in skin folds which may cause infection or odor. <u>Males</u>: Removes secretions from beneath foreskin which may cause infection and odor.

foreskin over the tip of the penis.	
24. Change water in basin. Wash hands and change gloves. With a clean washcloth, rinse area thoroughly in the same direction as when washing.	24. Water used during washing contains soap and pathogens. Soap left on the body can cause irritation and discomfort.
25. Gently pat area dry with towel in same direction as when washing.	25. If area is left wet, pathogens can grow more quickly. Patting dry prevents skin tears and reduces chaffing.
26. Assist resident to lateral position, facing away from you.	
27. Wet and soap washcloth.	
28. Clean anal area from front to back. Rinse and pat dry thoroughly.	28. Prevents spread of infection.
29. Change bath water and gloves. Use clean washcloth and towel.	29. Water and linen are contaminated after washing anal area.
30. Wash, rinse and pat dry from neck to buttocks.	30. Always wash from clean to dirty.
31. Return to supine position.	
32. Wash hands and change gloves	
33. Help resident put on clean gown.	
34. Do Final Steps	
35. Report any reddened areas, abrasions or bruises to the nurse.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #34 : BACK RUB	
STEP	**RATIONALE**
1. Do initial steps.	
2. Place resident in lateral position with neck/back toward you.	
3. Expose back and shoulders.	
4. Rub lotion between your hands.	4.Warms lotion and increases resident's comfort.
5. Make long, firm strokes along spine from buttocks to shoulders. Make circular strokes down on shoulders, upper arms and back to buttocks.	5. Long upward strokes releases muscle tension. Circular strokes increase circulation in muscle area.
6. Repeat for at least 3-5 minutes.	
7. Gently pat off excess lotion with towel. Cover and position as resident requests.	7. Provides for resident's comfort.
8.Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #35: BED SHAMPOO	
STEP	**RATIONALE**
1. Do initial steps.	
2. Gently comb and brush resident's hair.	2. Reduces hair breakage, scalp pain, and irritation.
3. Provide the resident privacy.	3. Maintains resident's dignity and right to privacy by not exposing body.
4. Remove resident's gown or pajama top. Place a towel around resident's neck and shoulders. Lower head of bed.	4. Decreases the chance of resident getting wet.
5. Have resident check temperature of water to be used for comfort, if able.	5. Resident's sense of touch may be different than yours, therefore, resident is best able to identify a comfortable water temperature
6. Place bed shampoo basin under resident's head according to manufacturer's instructions.	6. If equipment is not applied according to manufacturer's instruction, discomfort or injury could result.
7. Place wash basin on chair to catch water flowing from shampoo basin.	
8. Pour water carefully over resident's hair.	
9. Lather hair with shampoo using fingertips. Rinse thoroughly. Apply conditioner to resident's hair if requested. Rinse thoroughly.	9. Utilizing fingertips massages the scalp and decreases the risk of scratching resident.
10. Squeeze excess water from hair. Towel dry hair.	
11. Replace gown or pajama top.	
12. Comb and brush resident's hair. Dry hair with dryer if resident wishes.	12. Helps maintain resident's dignity and self-esteem.
13. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature	Date
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Instructor Signature	Date

PROCEDURE #36: ORAL CARE FOR THE ALERT AND ORIENTED RESIDENT	
STEP	**RATIONALE**
1. Do initial steps. Check with nurse if the resident is on swallowing precautions.	
2. Raise head of bed so resident is sitting up.	2. Prevents fluids from running down resident's throat, causing choking.
3. Put on gloves.	3. Brushing may cause gums to bleed. Protects you from potential contamination.
4. Drape towel under resident's chin.	4. Protects resident's clothing and bed linen.
5. Wet toothbrush and put on apply small amount of toothpaste.	5. Water helps distribute toothpaste.
6. First brush upper teeth and then lower teeth.	6. Brushing upper teeth minimizes production of saliva in lower part of mouth.
7. Hold emesis basin under resident's chin.	
8. Ask resident to rinse mouth with water and spit into emesis basin.	8. Removes food particles and toothpaste.
9. If requested, give resident mouthwash diluted with half water.	9. Full strength mouthwash may irritate resident's mouth.
10. Check teeth, mouth, tongue and lips for odor, cracking, sores, bleeding and discoloration. Check for loose teeth. Report unusual findings to nurse.	10. Provides nurse with necessary information to properly assess resident's condition and needs.
11. Remove towel and wipe resident's mouth.	
12. Remove gloves.	
13. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #37: ORAL CARE FOR AN UNCONSCIOUS RESIDENT	
STEP	**RATIONALE**
1. Do initial steps.	
2. Drape towel over pillow and a towel under resident's chin.	2. Protects linen.
3. Turn resident onto unaffected side.	3. Prevents fluids from running down resident's throat, causing choking.
4. Put on gloves.	4. Protects you from contamination by bodily fluids.
5. Place an emesis basin under resident's chin.	5. Protects resident's clothing and bed linen.
6. Dip swab in cleaning solution of ½ mouthwash and ½ water and wipe teeth, gums, tongue and inside surfaces of mouth, changing swab frequently.	7. Stimulates gums and removes mucous.
7. Rinse with clean swab dipped in water.	8. Removes solution from mouth.
8. Check teeth, mouth, tongue and lips for odor, cracking, sores, bleeding and discoloration. Check for loose teeth. Report unusual findings to nurse.	9. Provides nurse with necessary information to properly assess resident's condition and needs.
9. Cover lips with thin layer of lip moisturizer.	10. Prevents lips from drying and cracking. Improves resident's comfort.
10. Remove gloves.	
11. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #38: DENTURE CARE	
STEP	**RATIONALE**
1. Do initial steps.	
2. **Raise head of bed so resident is sitting up**.	2. Prevents fluids from running down resident's throat, causing choking.
3. Put on gloves.	3. Protects you from contamination by bodily fluids.
4. Drape towel under resident's chin.	4. Protects resident's clothing and bed linen.
5. Remind resident that you are going to remove their dentures. Remove upper dentures by placing your index finger at the ridge on top of the right upper denture and gently moving them up and down to release suction. Turn lower denture slightly to lift out of mouth.	5. Prevents injury or discomfort to resident. And reduces chances of bite for staff. Removing upper dentures first is more comfortable for the resident and placing your finger at the ridge decreases the chance of stimulating the gag reflex.
6. Put dentures in denture cup marked with resident's name and take to sink.	
7. Line sink with towel and fill halfway with water.	7. Prevents dentures from breaking if dropped.
8. Apply denture cleaner to toothbrush	
9. Hold dentures over sink and brush all surfaces.	
10. Rinse dentures under warm water, place in a clean cup and fill with cool water.	10. Hot water may damage dentures.
11. Clean resident's mouth with swab if necessary. Help resident rinse mouth with water or mouthwash diluted with half water, if requested.	11. Removes food particles. Full strength mouthwash may irritate resident's mouth.
12. Check teeth, mouth, tongue and lips for odor, cracking, sores, bleeding and discoloration. Check for loose teeth. Report unusual findings to nurse.	12. Provides nurse with necessary information to properly assess resident's condition and needs.
13. Help resident place dentures in mouth, if requested. Moisturize the lips	13. Restores resident's dignity and keeps lips from drying and cracking. Improves

	resident comfort.
14. Remove gloves.	
15. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #39: ELECTRIC RAZOR	
STEP	**RATIONALE**
1. Do initial steps.	
2. Raise head of bed so resident is sitting up.	2. Places resident in more natural position.
3. Do not use electric razor near any water source, when oxygen is in use or if resident has pacemaker.	3. Electricity near water may cause electrocution. Electricity near oxygen may cause explosion. Electricity near some pacemakers may cause an irregular heartbeat.
4. Drape towel under resident's chin.	4. Protects resident's clothing and bed linen.
5. Put on gloves.	5. Shaving may cause bleeding. Protects you from potential contamination.
6. Apply pre-shave lotion as resident requests.	
7. Hold skin taut and shave resident's face and neck according to manufacturer's guidelines.	7. Smoothes out skin. Shave beard with back and forth motion in direction of beard growth with foil (oscillating blades) shaver. Shave beard in circular motion with three head (rotary, circular blades) shaver.
8. Check for any breaks in the skin. Apply after-shave lotion as resident requests.	8. Decreases risk of pain from aftershave getting into any breaks in the skin. Improves resident's self-esteem.
9. Remove towel from resident.	9. Restores resident's dignity.
10. Remove gloves.	
11. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #40: SAFETY RAZOR	
STEP	**RATIONALE**
1. Do initial steps.	
2. Raise head of bed so resident is sitting up.	2. Places resident in more natural position.
3. Fill bath basin halfway with warm water.	3. Hot water opens pores and causes irritation.
4. Drape towel under resident's chin.	4. Protects resident's clothing and bed linen.
5. Put on gloves.	5. Shaving may cause bleeding. Protects you from potential contamination.
6. Moisten beard with washcloth and spread shaving cream over area.	6. Softens skin and hair.
7. Hold skin taut and shave beard in downward strokes on face and upward strokes on neck.	7. Maximizes hair removal by shaving in the direction of hair growth.
8. Rinse resident's face and neck with washcloth.	8. Removes soap which may cause irritation.
9. Pat dry with towel.	
10. Apply after-shave lotion, as requested.	10. Improves resident's self-esteem.
11. Remove towel.	
12. Remove gloves.	
13. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #41: COMB/BRUSH HAIR	
STEP	**RATIONALE**
1. Do initial steps.	
2. Raise head of bed so resident is sitting up.	2. Places resident in position to access hair.
3. Drape towel over pillow.	3. Protects resident's clothing and bed linen.
4. Remove resident's glasses and any hairpins or clips.	
5. Remove tangles by dividing hair into small sections and gently combing out from the ends of hair to scalp.	
6. Use hair products, as resident requests.	
7. Style hair as resident requests.	7. Improves resident's self-esteem.
8. Offer mirror.	
9. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #42: FINGERNAIL CARE	
STEP	**RATIONALE**
1. Do initial steps.	
2. Check fingers and nails for color, swelling, cuts or splits. Check hands for extreme heat or cold. Report any unusual findings to nurse before continuing procedure.	2. Provides nurse with information to properly assess resident's condition and needs.
3. Raise head of bed so resident is sitting up.	3. Places resident in more natural position.
4. Fill bath basin halfway with warm water and have resident check water temperature for comfort.	4. Resident's sense of touch may be different than yours, therefore, resident is best able to identify a comfortable water temperature.
5. Soak resident's hands and pat dry.	5. Nail care is easier if nails are softened.
6. Put on gloves.	6. Nail care may cause bleeding. Protects you from potential contamination.
7. Clean under nails with orange stick.	7. Pathogens can be harbored beneath the nails.
8. Clip fingernails straight across, then file in a curve.	8. Clipping nails straight across prevents damage to skin. Filing in a curve creates smooth nails and eliminates edge which may catch on clothes or cause skin tear.
9. Remove gloves.	
10. Do final Steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #43: FOOT CARE (BASIN)	
STEP	**RATIONALE**
1. Do initial steps.	
2. Fill the basin halfway with warm water. Have resident check the water temperature	2. To prevent resident from scalding or burning his/her feet.
3. Place basin on towel or bathmat.	
4. Remove resident's socks. Completely submerge resident's feet in water and soak for five to ten minutes.	
5. Put on gloves.	
6. Remove one foot from water. Wash entire foot, including between the toes and around the nail beds using a soapy washcloth.	
7. Rinse entire foot, including between the toes.	7. Soap left on the skin may cause itching and irritation.
8. Dry entire foot, including between the toes.	8. Thoroughly drying skin reduces irritation and chaffing.
9. Repeat steps with the other foot.	
10. Place lotion in hand, warm lotion by rubbing hands together, and then massage lotion into entire foot (top and bottom) except between toes, removing excess with a towel.	
11. Assist resident to replace socks.	
12. Do final steps.	
13. Report any cuts, sores, or other findings to the nurse	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #44: CHANGING RESIDENT'S GOWN	
STEP	**RATIONALE**
1. Do initial steps.	
2. Untie soiled gown.	2. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm.
3. Raise top sheet over resident's chest.	
4. Remove resident's arms from gown, unaffected arm first.	4. Undressing unaffected arm first requires less movement.
5. Roll soiled gown from neck down and remove from beneath top sheet. Place soiled gown in dirty linen bag.	5. Rolling reduces spread of infection.
6. Slide resident's arms into clean gown, affected arm first.	6. Dressing affected side first requires less movement and reduces stress to joints.
7. Tie gown.	
8. Remove top sheet from beneath clean gown and cover resident.	8. Maintains resident's dignity and right to privacy.
9. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #45: DRESSING A DEPENDENT RESIDENT	
STEP	**RATIONALE**
1. Do initial steps.	
2. Assist resident to choose clothing.	2. Allows resident as much choice as possible to improve self-esteem.
3. Move resident onto back.	
4. Provide privacy.	4. Maintains resident's dignity and right to privacy by not exposing body. Keeps resident warm.
5. Guide feet through leg openings of underwear and pants, affected leg first. Pull garments up legs to buttocks.	5. Dressing affected side first requires less movement and reduces stress to joints.
6. Slide arm into shirt sleeve, affected side first.	6. Dressing lower and upper body together reduces number of times resident needs to be turned.
7. Turn resident onto unaffected side. Pull lower garments over buttocks and hip. Tuck shirt under resident.	
8. Turn resident onto affected side. Pull lower garments over buttocks and hip and straighten shirt.	
9. Turn resident onto back and slide arm into shirt sleeve, align and fasten garments.	
10. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #46: ASSIST TO BATHROOM	
STEP	**RATIONALE**
1. Do initial steps.	
2. Assist resident to put on non-skid socks/ footwear.	
3. Walk with resident into bathroom.	
4. Assist resident to lower garments and sit.	4. Allows resident to do as much as possible to help promote independence.
5. Provide resident with call light and toilet tissue if resident has been identified as safe to be provided privacy and not mandated to remain attended by staff.	5. Ensures ability to communicate need for assistance; Provides for resident's right to privacy.
6. Put on gloves.	6. Protects you from contamination by bodily fluids.
7. **Assist resident to wipe area from front to back**.	7. Prevents spread of pathogens toward meatus which may cause urinary tract infection.
8. Remove gloves. Wash hands	
9. Assist resident to raise garments.	
10. Assist resident to wash hands.	10. Hand washing is the best way to prevent the spread of infection.
11. Walk with resident back to bed or chair.	
12. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #47: BEDSIDE COMMODE	
STEP	**RATIONALE**
1. Do initial steps.	
2. Assist resident to put on non-skid socks/ footwear.	
3. Place commode next to bed on resident's unaffected side.	3. Helps stabilize commode and is the shortest distance for resident to turn.
4. Assist resident to transfer to commode by transferring the safest way the resident is able.	
5. Give resident call light and toilet tissue if resident has been identified as safe to be provided privacy and not attended by staff.	5. Ensure ability to communicate need for assistance. Provides resident's right to privacy.
6. Put on gloves.	6. Protects you from contamination by bodily fluids.
7. Assist resident to wipe from front to back.	7. Prevents spread of pathogens toward meatus which may cause urinary tract infection.
8. Wash hands and change gloves	8. Infection control
9. Assist resident to bed or chair.	
10. **Remove and cover pan and take to bathroom.**	9. Pan should be covered to prevent the spread of infection.
11. **Prior to disposal, observe urine and/or feces for color, odor, amount & characteristics and report unusual findings to nurse**.	10. Changes may be the first sign of a medical problem. By alerting the nurse, you ensure that the resident receives prompt attention.
12. **Dispose of urine and/or feces, sanitize pan and return pan according to facility policy.**	11. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility.
13. **Remove gloves. Wash hands**	
14**. Assist resident to wash hands.**	13. Hand washing is the best way to prevent the spread of infection.
15. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature	Date
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Instructor Signature	Date

PROCEDURE #48: BEDPAN/FRACTURE PAN	
STEP	**RATIONALE**
1. Do initial steps.	
2. Lower head of bed.	2. When bed is flat, resident can be moved without working against gravity.
3. Put on gloves.	3. Protects you from contamination by bodily fluids.
4. Turn resident away from you.	
5. Place bedpan or fracture pan under buttocks according to manufacturer directions.	5. Equipment used incorrectly may cause discomfort and injury to resident.
6. Gently roll resident back onto pan and check for correct placement.	6. Prevents linen from being soiled.
7. Cover resident with sheet/blanket.	7. Provides for resident's privacy.
8. Raise head of bed to comfortable position for resident.	8. Increases pressure on bladder to encourage with elimination.
9. Give resident call light and toilet paper.	9. Ensures ability to communicate need for assistance.
10. Leave resident and return when called.	10. Provides for resident's privacy.
11. Lower head of bed.	11. Places resident in proper position to remove pan.
12. Press bedpan flat on bed and turn resident.	12. Prevents bedpan from spilling.
13. Wipe resident from front to back. Wash hands and change gloves.	13. Prevents spread of pathogens toward meatus which may cause urinary tract infection.
14. Provide perineal care, if necessary.	
15. Cover bedpan and take to bathroom.	15. Pan should be covered to prevent the spread of infection.
16. Check urine and/or feces for color, odor, amount and characteristics and report unusual findings to nurse.	16. Changes may be first sign of medical problem. By alerting the nurse you ensure that the resident receives prompt attention.
17. Dispose of urine and/or feces, sanitize pan and return pan according to facility policies.	17. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility.
18. Remove gloves. Wash hands	
19. Assist resident to wash hands.	19. Hand washing is the best way to

	prevent the spread of infection.
20. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #49: URINAL	
STEP	**RATIONALE**
1. Do initial steps.	
2. Raise head of bed to sitting position.	2. Increases gravity on top of bladder to encourage urination.
3. **Put on gloves**.	3. Protects you from contamination by bodily fluids.
4. Offer urinal to resident or place urinal between his legs and insert penis into opening.	4. Allows resident to do as much as possible to help promote independence.
5. Cover resident.	5. Maintains resident's right to privacy.
6. Give resident call light and toilet paper.	6. Ensures ability to communicate need for assistance.
7. Leave resident and return when called.	7. Provides for resident's privacy.
8. Remove and cover urinal.	8. Urinal should be covered to prevent the spread of infection.
9. Take urinal to bathroom, check urine for color, odor, amount and characteristics and report unusual findings to nurse.	9. Changes may be first sign of medical problems. By alerting the nurse you ensure that the resident receives prompt attention.
10. Dispose of urine, rinse urinal, sanitize and return urinal according to facility policies.	10. Facilities have different methods of disposal and sanitation. You need to carry out the policies of your facility.
11. Remove gloves. Wash hands	
21. Assist resident to wash hands.	12. Hand washing is the best way to prevent the spread of infection.
22. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date

PROCEDURE #50: EMPTY URINARY DRAINAGE BAG	
STEP	**RATIONALE**
1. Do initial steps.	
2. Put on gloves.	2. Protects you from contamination by bodily fluids.
3. Place paper towel on floor beneath bag and place graduated cylinder on paper towel.	3. Reduces contamination of graduate cylinder and protects floor from spillage.
4. Detach spout (if bag has one) and point the drainage tube into center of graduated cylinder without letting tube touch sides.	4. Prevents contamination of tubing.
5. Unclamp spout and drain urine.	
6. Clamp spout.	
7. Replace spout in holder.	
8. Check urine for color, odor, amount and characteristics and report unusual findings to nurse.	8. Changes may be first signs of medical problem. By alerting the nurse you ensure that the resident receives prompt attention.
9. Measure and accurately record amount of urine.	9. Accuracy is necessary because decisions regarding resident's care may be based on your report. What you write is a legal record of what you did. If you don't document it, legally it didn't happen.
10. Dispose of urine, rinse, sanitize and return graduated cylinder according to facility policies.	10. Facilities have different methods of disposal and sanitation. Follow facility policy and procedures.
11. Remove gloves.	
23. Do final steps.	

I verify that this procedure was taught and successfully demonstrated according to ISDH Standards.

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Student Signature Date

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Instructor Signature Date