

# Assisting With Activities of Daily Living

## Instructor Guide



UPDATED June 22, 2011



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## **INSTRUCTOR GUIDE: ASSISTING WITH ADLS**

<b>Overview</b>	This module will address techniques to promoting resident independence. We will define activities of daily living. When assisting with activities of daily living, only provide resident care you can safely carry out. Always follow your resident specific protocol.
<b>Video(s)</b>	"Assisting with ADLs" (43 minutes)
<b>Special Supplies</b>	This outline offers general information and tips for assisting with ADLs. Detailed instructions for assisting with specific ADLs are covered in the video and should be reinforced by actual hands on training of how to ambulate, transfer, etc. in your community.
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>1. Activities of daily living (ADLs);</li> <li>2. Instrumental activities of daily living;</li> <li>3. Reason for assistance;</li> <li>4. Encouraging independence among residents;</li> <li>5. What is person-centered care;</li> <li>6. Transfer and ambulation;</li> <li>7. Bathing;</li> <li>8. Shaving;</li> <li>9. Dressing;</li> <li>10. Perineal care;</li> <li>11. Toileting;</li> <li>12. Feeding;</li> <li>13. Oral care;</li> <li>14. Skills check list for each type of ADL.</li> </ol>

## QUIZ: ASSISTING WITH ADLS

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Which of the following is not a reason to assist residents with grooming?
  - a. Being well groomed can enhance the resident's medication use
  - b. Being well groomed can enhance the resident's self esteem
  - c. Being well groomed can enhance the resident's feelings of self worth
  - d. Being well groomed can enhance the resident's desire to participate in activities
  
2. Which of the following encourages independence with activities of daily living?
  - a. Adequate lighting
  - b. Putting items within easy reach
  - c. Praising the resident
  - d. All of the above
  
3. ADL is an acronym for:
  - a. Advancing Daily Living
  - b. Activities of Daily Living
  - c. Activity in Declining Life
  - d. Activities Don't Last
  
4. A resident who needs the grooming items set out and partial performance of the task by the caregiver is considered:
  - a. Independent
  - b. Stand by assist
  - c. Total assist
  - d. None of the above

5. Describe two important steps when transferring a resident from a wheelchair to a bed or chair:

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6. When assisting a resident to transfer, you should:

- a. Bend at the waist
- b. Bend at the knees
- c. Always use a mechanical lift
- d. Always get assistance from a second caregiver

7. Name at least two actions you should perform after transferring and before walking away from the resident.

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8. How should the water for the shower be checked?

- a. First by the caregiver, then pointed at the resident so he can feel it on his legs
- b. By the resident, since he is the one taking the shower
- c. By the caregiver, then pointed away from the resident allowing him to feel it with his hand
- d. By the caregiver only

9. When washing the resident's face:

- a. Use soap as this is most hygienic
- b. Use water only, as soap can be drying
- c. Use a combination of soap and water at all times
- d. Use what the resident prefers



10. When assisting the resident to shave with an electric razor, the face should be:

- a. Dry
- b. Wet

11. When assisting the resident to shave with a safety razor, the face should be:

- a. Dry
- b. Wet

12. If a resident has a weakened arm due to a stroke, when dressing you should:

- a. Put the sleeve on the strong side first
- b. Put the sleeve on the weak side first

13. If a resident has a weakened arm due to a stroke, when undressing the resident:

- a. Take off the strong side first
- b. Take off the weak side first

14. When cleaning the resident's genital area:

- a. Wipe from the back to the front
- b. Wipe from the front to the back

15. When assisting a resident to eat who is visually impaired, how can you describe where the food is on his plate?

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17. Describe at least two important steps when assisting a resident to eat:

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18. When cleaning a resident's dentures, what should you do to the sink to help prevent damaging the dentures?

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## QUIZ KEY: ASSISTING WITH ADLS

1. Which of the following is not a reason to assist residents with grooming?
  - a. Being well groomed can enhance the resident's medication use
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4. A resident who needs the grooming items set out and partial performance of the task by the caregiver is considered:
  - a. Independent
  - b. Stand by assist
  - c. Total assist
  - d. None of the above
  
5. Describe two important steps when transferring a resident from a wheelchair to a bed or chair:  
  

Lock the wheels  
Disengage the foot rests  
Put the chair at a 45 degree angle

6. When assisting a resident to transfer, you should:

- a. Bend at the waist
- b. Bend at the knees**
- c. Always use a mechanical lift
- d. Always get assistance from a second caregiver

7. Name at least two actions you should perform after transferring and before walking away from the resident.

**Ensure good body alignment**

**Ensure the resident is in a safe position**

**Ensure the resident is comfortable**

**Ensure clothing is not twisted or pulled**

8. How should the water for the shower be checked?

- a. First by the caregiver, then pointed at the resident so he can feel it on his legs
- b. By the resident, since he is the one taking the shower
- c. By the caregiver, then pointed away from the resident allowing him to feel it with his hand**
- d. By the caregiver only

9. When washing the resident's face:

- a. Use soap as this is most hygienic
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- d. Use what the resident prefers**

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- a. Take off the strong side first**
- b. Take off the weak side first

14. When cleaning the resident's genital area:

- a. Wipe from the back to the front
- b. Wipe from the front to the back**

15. When assisting a resident to eat who is visually impaired, how can you describe where the food is on his plate?

**Describe the plate as a face of a clock. For example, "your peas are at two o'clock."**

17. Describe at least two important steps when assisting a resident to eat:

**Make pleasant conversation  
Use appropriate size bites  
Do not rush or hurry the resident  
Ensure safe food temperature  
Monitor for choking or aspiration  
Encourage resident to remain upright for 15-20 minutes after eating**

18. When cleaning a resident's dentures, what should you do to the sink to help prevent damaging the dentures?

**Put a washcloth in the sink and fill it with water**

# Certificate of Completion

THIS IS TO RECOGNIZE

\_\_\_\_\_

FOR DEDICATION TO QUALITY RESIDENT CARE  
THROUGH EDUCATION AND PROFESSIONAL DEVELOPMENT.

ASSISTING WITH ACTIVITIES OF DAILY LIVING

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date





# Assisting with ADLs

## Learner Workbook



UPDATED JUNE 22, 2011



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## ACTIVITIES OF DAILY LIVING

Assisting residents with personal care is a very important task performed by direct care staff. Done properly it can help build the resident's self-esteem and encourage the resident to be as independent as possible for as long as possible.

Direct care staff will frequently be assisting residents with what is called an Activity of Daily Living (ADL). Activities of daily living (ADLs) are what each of us normally does every day including any activity we perform for self-care. ADLs typically include:

- Walking
- Transferring (e.g., bed to chair)
- Bathing
- Dressing
- Grooming
- Eating
- Toileting

The National Center for Assisted Living (NCAL) surveys have found that on the average assisted living residents need assistance with 1.6 ADLs. In addition, 87% need help with meal preparation and 81% need help managing their medications. While these percentages present a picture of the typical assisted living resident, it is important to remember that ***each resident is an individual with different needs.***

### Instrumental Activities of Daily Living (IADLs)

In addition to ADLs, there is another category called Instrumental Activities of Daily Living (IADLs). IADLs are activities that require a higher level of mental and physical functioning. IADLs typically include:

- Driving
- Preparing meals
- Managing medications
- Doing housework and laundry
- Shopping
- Managing finances
- Using the telephone

When a resident's abilities begin to decline the IADLs will become more difficult first, followed by the ADLs.

## **Reasons for Assistance**

There are various reasons resident may require assistance with ADLs. Some residents may have physical impairments; others may have cognitive (mental) impairments.

Examples of physical impairments:

- Weakness or paralysis from a stroke
- Overall muscle weakness
- Limited range of motion
- Arthritis
- Heart problems
- Lung or breathing problems

Examples of cognitive impairments:

- Mild cognitive impairment
- Dementia
- Stroke affecting mental functioning
- Severe mental illness

Caregivers must know the needs and preferences of each resident to know when to provide assistance and know where to encourage a resident to perform tasks that he/she is capable of performing. While one resident may have weakness and trouble walking; another may be strong except in the left arm. One resident may be physically very capable, but needs reminders to accomplish tasks and meet appointments.

## ENCOURAGE INDEPENDENCE

Remember, each resident is different and has unique needs. One of the most important concepts presented in this course is to encourage residents to remain independent and perform as many ADLs as possible.

It is important to encourage independence as much as possible and is safe for the resident. Often well-meaning caregivers perform tasks for a resident—such as tying shoe laces—that the resident may still be able to do. Considering the “use it or lose it” concept, unless the resident is encouraged, and the direct care staff allows the time for the resident to complete successfully, then tying his/her own shoelaces will become one more task of independence that the resident will lose.

**Question:** What if a resident has the mobility to brush the front of her hair, but not the back?

**Answer:** The caregiver should encourage the resident to brush the front and as far back as possible. The caregiver can complete brushing the back of the resident’s head after the resident has completed all that he/she is capable of doing.

**What would be faster?** Of course, it would be faster for the caregiver to pick up the brush and do the resident’s hair completely. But, which approach is in the best interest of the resident and encourages independence?

## PERSON-CENTERED CARE

Assisted living/residential care communities support the concept of **person-centered care**. Person-centered care means that services provided revolves around the wishes of the resident, and not the convenience or desires of the staff and administration. The resident is encouraged to remain in control of his or her life and choices

The Community should provide care the way the resident wants to be cared for.

*For example, if a resident wishes to sleep until 8:00 am every morning, the staff should NOT insist that his/her bath be given at 6:30 am because "that is the schedule."*

Person-centered care means treating each resident as an individual and respecting his/her desires and preferences.

Person-centered care means knowing the resident's needs and limitations, and tailoring your approach to provide assistance.

# TRANSFER AND AMBULATION

When assisting with transfer and ambulation:

- Clarify the amount of assistance needed.
- Ask for help from a co-worker when needed. Many residents are assisted with transferring more safely when two people work together.

## Transfer

1. Be sure the resident is wearing shoes.
2. If using an electric or mechanical bed, lower to the lowest possible position.
3. If moving to a chair or wheelchair:
  - a. Position it at a 45-degree angle to the bed, on the resident's strong side.
  - b. Remove footrests.
  - c. Lock the wheels.
4. If the resident is laying flat in bed:
  - a. With one arm behind the resident's back and the other under his/her legs, sit the resident up and swing his/her legs over the edge of the bed.
  - b. Allow the resident to sit at the edge of the bed for a few minutes to prevent orthostatic hypotension.
  - c. With the resident's feet slightly apart on the floor and his/her hands on the bed, take a wide stance straddling the resident's weaker leg.
5. Bend your knees (do not bend at the waist) and grasp the resident at the sides of a gait belt or the waist.
6. Tell the resident that at the count of three you will assist him/her to stand. Instruct the resident to lean forward and push up with his/her hands on the bed or chair.
7. Count "one, two, three" and assist the resident to stand.
8. Pivot to the chair and instruct the resident to place her hands on the armrests of the chair.
9. Lower the resident to the seat.

10. Be sure the resident is in good body alignment and that her clothes have not been pulled or twisted in an uncomfortable manner.

**NEVER:**

- Pull a resident by the hand or arm.
- Lift a resident alone when two people are needed.
- Leave the resident alone before he/she is safely seated or in bed.

## **Ambulation**

1. The accompanying video provides general guidelines. Always follow resident specific protocol. Consult with your supervisor before ambulating any resident for the first time.
2. Know the resident's limitations.
3. Plan resting points in advance.
4. If the resident becomes unsteady, call for help and gently lower the resident to the ground if a chair is not available.
5. Be sure the resident is wearing appropriate footwear and clothing.
6. While ambulating, provide the support necessary for the individual resident.
7. Provide support, but do not allow the resident to put his/her arm around your shoulders, as this could lead to back injury.
  - a. Extend your arm, palm up, and allow the resident to rest a hand on your arm for support.
  - b. Remember, should the resident fall, do not attempt to hold him/her up. Gently and carefully guide him/her to the floor.
8. Be sure to walk slowly with a steady gait. Do not lead or follow the resident. Walk next to the resident using steps of the same size and rate.

**NEVER:**

- Leave a resident to walk alone when the resident cannot safely ambulate.
- Take a resident on a walk without his/her mobility device (if applicable).

## BATHING

1. Determine the resident's abilities and the amount of assistance he/she will require. If unsure of your physical ability to assist the resident, get help.
2. Determine the resident's preferences. Encourage the resident to have a shower or bath rather than a bed bath, but do allow him/her to make the decision.
3. Ensure privacy. Place a non-skid mat. Ensure that the bathroom is warm enough.
4. Wash your hands, and apply gloves.
5. Prepare the materials you will need:
  - 2 Towels
  - 2 Washcloths
  - Mild soap
  - "No tear" shampoo, or shampoo of the resident's choice
  - Lotion
  - Clean clothing
  - Gloves (2 pairs)
6. Adjust the water to an appropriate temperature.
7. Using transfer and ambulation techniques previously outlined, assist the resident to the shower or bath.
8. Carefully assist the resident into the bath or onto the shower chair.
9. Assist with bathing. Some residents will be able to do all or part of the bathing on her own. If this is the case allow him/her to do so. The caregiver should encourage independence whenever possible.
10. If you will be bathing the resident, begin with the face. Wash in a circular motion, beginning at the inside of the eye, near the nose, and working outward. Don't forget to wash behind the ears. Determine whether the resident prefers you to use soap when washing his/her face.
11. Apply soap to the washcloth. Next, wash the resident's chest and back, again using circular motions.
12. Then, wash the arms and legs, beginning at the fingers/toes and washing upward. This motion encourages blood flow back to the heart.



13. Finally, using the second washcloth, cleanse the genitals, perineal area, and buttocks.
  - a. Many residents will prefer to do this on their own.
  - b. If you will be assisting, begin at the genitals cleansing in all skin folds, and work back towards the buttocks.
  - c. Cleansing from "front to back" prevents the spread of microorganisms from the anus to the genitals, which could cause a urinary tract infection.
14. Be sure to rinse the skin completely, removing all soap.
15. Assist the resident to wash his/her hair using a "no tears" shampoo, if desired.
16. The resident may wish to sit in the warm water for several minutes. Be sure to allow him/her this valuable relaxation opportunity.
17. Using a clean towel, carefully pat the resident dry. Be sure to dry well in all skin folds and between the toes.

## SHAVING

1. Explain to the resident you will be assisting him to shave.
2. Wash your hands.
3. Make sure that these items are within easy reach:
  - Bath towel
  - Face towel
  - Washcloth
  - Disposable razor or electric razor
  - Mirror
  - Shaving cream (if not using electric)
  - After shave lotion
  - Disposable gloves
4. Help the resident to a safe standing position, or if they prefer, allow them to be seated and provide a hand mirror, if necessary.
5. Fill the sink with a small amount of warm, not hot, water.
6. Place a towel around the resident's chest.
7. Put on your gloves.
8. Ask the resident to wash, but not dry his face. Assist as necessary.

### **If the resident is using a safety razor**

1. Apply shaving cream. (If the resident prefers, a shaving brush and soap may be used).
2. Hold the resident's skin taut.
3. Shave the resident's face in the direction the hair grows.
4. Rinse the razor frequently in the sink to make shaving easier.
5. Use small careful strokes around the lips and indentations on the chin.
6. Rinse face carefully and gently pat dry.

### **If the resident is using an electric razor**

1. Dry face thoroughly.
2. Gently glide the razor over the facing while holding the skin taut.
3. Trim carefully around the mouth.
4. The resident may use after-shave lotion. Assist as required.

## DRESSING

1. Allow residents to choose their clothes.
2. Provide privacy.
3. Offer a suggestion that the resident may want to use the toilet first.
4. Wear gloves as appropriate.
5. Inspect the resident's skin when assisting with dressing.
6. Work smart! For example, if the resident is wearing trousers, pull the underwear and trousers up at the same time.
7. Put clothes on the weak side first (if applicable).
8. Encourage the resident to do as much as he/she is safely able to do.

## PERINEAL CARE

1. Determine the amount of assistance necessary.
2. Gather necessary supplies:
  - Basin for water
  - Waterproof pad or several towels
  - Warm water
  - Washcloth and towel (if not using wipes)
  - Mild soap
  - Clean gloves
  - Wipes, if needed
3. Wash your hands and put on gloves.
4. Provide privacy.
5. Place the waterproof pad (or several towels) under the resident's buttocks.
6. Gently wash the perineum with warm water and soap. Always clean from the urethra (opening where urine flows out) downward.
7. With a female resident, gently separate the labia and clean between all skin folds.
8. With a male resident, clean beginning at the head of the penis and clean down the shaft.
9. Rinse and dry thoroughly.
10. Remove damp pads and any linen that may have gotten wet.
11. Replace incontinent brief (if appropriate) and clothing.
12. Dispose of soiled linens in hamper.
13. Remove gloves and wash hands.

## TOILETING

1. Escort the resident to the toilet. Provide transfer assistance as necessary. Provide privacy.
2. If appropriate and safe, step out of the bathroom.
  - a. If your community uses call lights be sure it is within the resident's reach.
  - b. If not, stay nearby so the resident may call out to you when he/she is finished.
  - c. Never leave a resident alone on the toilet for a long period of time.
3. If assistance with perineal care is needed, put on gloves and assist the resident.
4. Assist the resident to put undergarments and clothes back on.
5. Examine contents in toilet or commode.
  - a. Looking for things such as blood, loose stools, or cloudy urine.
  - b. Report changes or concerns to your supervisor.
6. If using a commode, put on gloves, remove the sliding container and dispose of contents in a toilet.
  - a. Clean and deodorize the container.
7. Remove gloves and wash your hands.

## FEEDING

1. Seat the resident.
2. Describe the foods to the resident.
  - a. Ensure the food is a safe temperature.
3. If the resident is using dentures, make sure they are in place and comfortable.
4. Make pleasant conversation.
5. Use appropriate size bites.
6. Do not rush or hurry the resident.
7. Encourage the resident to do as much on his/her own as safely possible. For example, some resident may simply need you to cut their food, while others may need you to put it in their mouth.
8. Monitor for the following:
  - a. Choking
  - b. Aspiration (inhaling food or liquids into the lungs, often displayed as frequent coughing)
  - c. Pocketing food between the cheek and gums.
9. Encourage the resident to remain upright (sitting or standing) for at least 15-20 minutes following a meal.

## **ORAL CARE**

### **Assisting the resident to brush teeth**

1. Determine the amount of assistance needed.
2. Gather necessary supplies:
  - The resident's toothbrush
  - Toothpaste
  - Mouthwash
  - Towel
  - Gloves
3. Wash your hands and put on gloves.
4. Whenever possible, bring the resident to the bathroom sink when performing oral care.
  - a. If it is necessary (for safety reasons or resident preference) for the resident to remain in bed or in a chair during oral care, be sure to place a towel across the resident's chest and under the chin to protect their clothing and dignity.
5. Moisten the toothbrush with cool water and apply toothpaste.
6. Brush the teeth using circular motions. Be sure to clean all surfaces of the teeth.

### **If the resident wears dentures**

1. Wash hands and put on gloves.
2. Remove dentures by pushing downward with the index fingers from above the upper denture. The lower denture lifts out easily. It may help to grasp the dentures with gauze (4x4) to prevent them from slipping out of the caregiver's hands.
3. Place the dentures in a denture cup and take them to the sink.
4. Place a washcloth in the sink and fill with water.
5. Hold the dentures close to the filled sink and cleanse them.
  - a. If using a denture brush, the long side is to be used on the tooth surfaces and the shorter side is for the inner surfaces of the dentures.



6. Rinse thoroughly with clean water.
7. If reinserting the dentures, place the top one in first, followed by the lower. Ensure proper fit and ask the resident if the dentures are comfortably placed.
8. If the dentures will be stored (such as overnight), they are to be placed into a covered container.
  - a. Be sure the cup is carefully labeled with the resident's name.
  - b. If the dentures are to be stored in water, use cool water with a few drops of mouthwash to prevent odor from building up on them.
  - c. Place the dentures in an area where they are not likely to be knocked onto the floor (e.g. in a drawer).
9. Remove gloves and wash hands.

## SKILLS CHECKLISTS

The following skills must be demonstrated in the presence of a qualified instructor. All critical steps must be completed successfully.

HANDWASHING	
1) Wet hands and wrists under running water to begin cleansing	
2) Apply soap to hands to begin washing	
3) Use friction rubbing soapy hands together for a minimum of 20 seconds	
4) Rinse hands and wrists under running water to remove soap	
5) Keep hands pointed downward while washing and rinsing	
6) Use clean dry paper towel to dry hands and wrists	
7) Confine drying to areas washed	
8) Use paper towel to turn water off after hands cleansed	
9) Dispose of used paper towel in trash	
10) End procedure with clean hands avoiding contamination (e.g., direct contact with faucet controls, paper towel dispenser, sink or trash can)	
<b>Procedure completed successfully:</b>	
Instructor	Date

## COMMON CARE PRACTICES

Common Care Practices are behaviors or actions that are part of all care the home care aide (HCA) provides to the resident. Common Care Practices are evaluated as a part of every skill the candidate performs.

1) Identify self to the resident when beginning care	
2) Use infection control measures and Standard Precautions to protect the resident and the HCA throughout procedure	
3) Promote resident's social and human needs throughout procedure	
4) Promote resident's rights throughout procedure	
5) Promote resident's safety throughout procedure	
6) Promote resident's comfort throughout procedure	
7) Leave common use items within resident's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)	

**Procedure completed successfully:**

Instructor \_\_\_\_\_

Date \_\_\_\_\_

## FEED A RESIDENT

The client is sitting at a table when care begins for this skill. The client is unable to feed him/herself.

1) Identify self to the resident when beginning care	
2) Ensure resident is sitting upright in chair before begins feeding	
3) Sit to feed the resident	
4) Offer the resident fluid to drink during the meal	
5) Talk to resident during the meal	
6) Wait to offer another bite of food or fluid to drink until resident swallowed or resident's mouth is ensured empty	
7) Alternate the type of food offered with bites or ask about resident's preference for each bite	
8) Limit the amount of food on fork or spoon to provide as bite-size	
9) Leave the resident with a clean mouth area at the end of the skill	
10) Offer or apply clothing protector before beginning skill and remove before completing procedure	
11) Leave overbed table clean and dry and cleared of meal items (e.g., food, dishes, tableware) at end of the procedure	
12) Dispose of clothing protector (if used) and trash appropriately	
13) Use infection control measures and Standard Precautions to protect the resident and the HCA throughout procedure	
14) Promote resident's social and human needs throughout procedure	
15) Promote resident's rights throughout procedure	
16) Promote resident's safety throughout procedure	
17) Promote resident's comfort throughout procedure	
18) Leave common use items within resident's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)	
<b>Procedure completed successfully:</b> _____	
Instructor	Date

## HELP A CLIENT TO WALK

The client is seated in a chair when care begins for this skill. The client requires stand-by assistance and does not use assistive devices to walk. The role of the client is played by another candidate.

1) Identify self to the client when beginning care	
2) Explain walking destination before the client begins walking	
3) Have client lean forward on the seat of the chair before standing	
4) Cue client to push up with arms from chair to stand	
5) Prepare client for standing by positioning knees at 90 degree angle with feet flat on the floor	
6) Place hand on client's arm, back or waist when client stands	
7) Cue client to stand	
8) Walk slightly behind and to one side of client while walking	
9) Ambulate client the required distance	
10) Ask how client feels after standing or while walking	
11) Cue positioning before client sits, with legs centered against seat of chair for safe seating	
12) Cue client to reach for chair before sitting	
13) Place hand on client's arm, back or waist when client sits	
14) Leave client sitting safely in chair with hips against the back of seat	
15) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedures	
16) Promote client's social and human needs throughout procedure	
17) Promote client's rights throughout procedure	
18) Promote client's safety throughout procedure	
19) Promote client's comfort throughout procedure	
20) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)	
<b>Procedure completed successfully:</b> _____	
Instructor	Date

## HELP A CLIENT TO TAKE MEDICATION

The client is sitting at a table while this care is provided. The client is unable to open the medication bottle or pour his/her medication. The medication bottles contain candies that the candidate will pretend are medication pills for the test. The role of the client is played by another candidate.

1) Identify self to the client when beginning care	
2) Check client's medication schedule	
3) Advise client it is time to take medicine	
4) Select the medication labeled with the client's name	
5) Select the correct medication bottle	
6) Review the medication label before removing medication from bottle	
7) Pour pill(s) into cap of medicine bottle without touching medication	
8) Give client correct medication dose placed into hand from the cap of the medicine bottle without the candidate touching the medication	
9) Cue client to take medication	
10) Assist client to take medication without having the candidate's hand over the client's hand, or tipping client's hand to place pill(s) into mouth, or placing the pill(s) directly into the client's mouth	
11) Provide client cup of water to use for swallowing medication	
12) Cue client to drink full cup of water	
13) Ask client or check if medication is swallowed or check that swallowed	
14) Close medication bottle and return to box before ending procedure	
15) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	
16) Promote client's social and human needs throughout procedure	
17) Promote client's rights throughout procedure	
18) Promote client's safety throughout procedure	
19) Promote client's comfort throughout procedure	
20) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass or water)	
<b>Procedure completed successfully:</b> _____	
Instructor	Date

## PROVIDE MOUTH CARE TO A CLIENT

The client is sitting at a table while this care is provided. The client is unable to brush his/her own teeth. The role of the client is played by another candidate.

1) Identify self to the client when beginning care	
2) Apply clean gloves before brushing teeth	
3) Wet toothbrush with water before brushing client's teeth	
4) Apply toothpaste to toothbrush before brushing client's teeth	
5) Brush tops and side surfaces of client's teeth	
6) Use gentle circular motions when brushing side surfaces of client's teeth and gums	
7) Brush, or offer to brush, the client's tongue	
8) Provide client clean water in cup to rinse mouth	
9) Hold basin or a cup (separate cup) near client's chin to collect rinse water and spit	
10) Leave client's mouth area clean and dry at completion of mouth care	
11) Use barrier (e.g., towel) to protect client's clothing while providing mouth care and remove at completion of procedure	
12) Rinse and dry basin and rinse toothbrush before storing	
13) Dispose of used linen(s) and trash appropriately and leave overbed table dry at completion of procedure	
14) Remove gloves without contaminating self after rinsing and storing equipment	
15) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	
16) Promote client's social and human needs throughout procedure	
17) Promote client's rights throughout procedure	
18) Promote client's safety throughout procedure	
19) Promote client's comfort throughout procedure	
20) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)	

Procedure completed successfully: \_\_\_\_\_

Instructor

Date

## CLEAN AND STORE A CLIENT'S DENTURE

The client is sitting at a table or lying in bed while this care is provided. The client will hand the candidate a denture cup containing the denture. The role of the client is played by another candidate.

1) Identify self to the client when beginning care	
2) Apply gloves before handling denture	
3) Use cool or tepid water when cleaning and rinsing denture	
4) Use toothpaste to cleanse denture	
5) Brush inner and outer surfaces of denture	
6) Rinse denture in water to remove toothpaste after brushing	
7) Place clean denture in denture cup filled with clean, cool or tepid clean water or denture solution	
8) Prevent contamination of denture throughout procedure( e.g., floating in sink water or setting denture directly on unprotected surface)	
9) Use technique to reduce the risk of denture breakage if dropped during cleaning (e.g., brushing denture directly over sink lined with washcloth/paper towel/towel, filled with water, inside basin)	
10) Drain sink and remove liner (if used) at the end of skill	
11) Rinse toothbrush, store equipment, and dispose of trash and used linens appropriately	
12) Remove gloves without contaminating self after rinsing and storing equipment	
13) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	
14) Promote client's social and human needs throughout procedure	
15) Promote client's rights throughout procedure	
16) Promote client's safety throughout procedure	
17) Promote client's comfort throughout procedure	
18) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissue, glass or water)	

Procedure completed successfully: \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

**PROVIDE FINGERNAIL AND HAND CARE TO A CLIENT**



The client is sitting at a table while this care is provided. For the test, the candidate is asked to provide care to only one hand. The role of the client is played by another candidate.	
1) Identify self to the client when beginning care	
2) Use water to safe temperature for soaking hand	
3) Ask client if water temperature is comfortable	
4) Soak client's fingers in basin of water before cleaning or shaping nails	
5) Dry client's hand, including between fingers, after removing from water and before cleaning under or shaping fingernails	
6) Dry client's hand by patting with towel, not rubbing	
7) Use orange stick to clean under fingernails and remove residue	
8) Wipe orange stick on towel to remove residue before cleaning under another fingernail	
9) Use emery board to file fingernails	
10) Leave fingernail tips smooth and free of rough edges	
11) Offer or apply hand lotion to hand after fingernail care is completed	
12) Wear gloves when providing fingernail care and while rinsing and drying equipment	
13) Store equipment, dispose of used linen(s) and trash appropriately and leave overbed table dry at completion of procedure	
14) Remove gloves without contaminating self after rinsing and storing equipment	
15) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	
16) Promote client's social and human needs throughout procedure	
17) Promote client's rights throughout procedure	
18) Promote client's safety throughout procedure	
19) Promote client's comfort throughout procedure	
20) Leave common use items within client's reach at end of care (e.g., phones, glasses, remote, tissues, glass of water)	
<b>Procedure completed successfully:</b> _____	
Instructor	Date
<b>PROVIDE FOOT CARE TO A CLIENT</b>	

The client is sitting in a chair while this care is provided. For the test, the candidate is asked to provide care to only one foot. The role of the client is played by another candidate.

1) Identify self to the client when beginning care	
2) Observe condition of skin on foot separating toes to check between toes and turns foot to look at heels before beginning foot cleansing	
3) Soak client's foot in water contained in basin before cleaning or shaping toe nails	
4) Use water of safe temperature for soaking foot	
5) Ask client if water temperature is comfortable before foot completely submerged	
6) Submerge foot in water with basin filled to level sufficient to cover foot completely	
7) Keep water in basin soap-free for use as rinse water by: (1) washing foot with washcloth with soap applied directly to the washcloth instead of adding soap into basin of water; or (2) using two separate basins of water: one for washing and one rinsing	
8) Wash client's entire foot, including between toes with soapy washcloth after soaking	
9) Rinse to remove soap from foot and in between toes	
10) Dry client's foot, including between toes, after removing from water and before cleaning under or shaping toenails	
11) Dry client's foot by patting with towel, not rubbing	
12) Use orange stick to clean under nails and remove residue	
13) Wipe orange stick on towel to remove residue before cleaning under another toenail	
14) Use emery board to file toenails straight across	
15) Leave top edge of toenails smooth and free of rough edges	
16) Apply lotion to foot after nail care, avoiding lotion in between toes	
17) Wear gloves when providing foot care and while rinsing and drying equipment	
18) Store equipment, dispose of used linen(s) and trash appropriately and leave floor dry at completion of procedure	
19) Remove gloves without contaminating self after rinsing and storing equipment	
20) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	
21) Promote client's social and human needs throughout procedure	

22) Promote client's rights throughout procedure	
23) Promote client's safety throughout procedure	
24) Promote client's comfort throughout procedure	
25) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)	
<b>Procedure completed successfully:</b> _____	
Instructor	Date

## HELP DRESS A CLIENT WHO HAS A WEAK ARM

The client is sitting in a chair when care begins for this skill. The client is able to stand. The client is already wearing a clean T-shirt and underwear, and needs to be dressed in a shirt, pants, socks and shoes. The role of the client is played by another candidate, and for the test, will be dressed over his/her own clothing.

1) Identify self to the client when beginning care	
2) Include client in choice about what to wear	
3) Place shirt sleeve over weak arm before putting on non-affected arm	
4) Cue client to assist with dressing	
5) Have client seated when putting feet and legs into pants	
6) Provide support to client when pulling up and securing pants	
7) Provide assistance to put socks and shoes on client while seated	
8) Leave socks smooth and shoes secured properly	
9) Move client's extremities gently and naturally, avoiding overextension when dressing	
10) Complete dressing with clothing secured and aligned properly	
11) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	
12) Promote client's social and human needs throughout procedure	
13) Promote client's rights throughout procedure	
14) Promote client's safety throughout procedure	
15) Promote client's comfort throughout procedure	
16) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)	

Procedure completed successfully: \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

## PUT A KNEE-HIGH STOCKING ON A CLIENT'S LEG

The client is lying in bed when care begins for this skill. For this test, the candidate is asked to put the stocking on only one leg. The role of the client is played by another candidate.

1) Identify self to the client when beginning care	
2) Prepare stocking for application by turning sock inside out to at least the heel area	
3) Place foot of stocking over toes, foot and heel	
4) Complete application of stocking over foot with the toes and heel in proper position per stocking design	
5) Pull stocking up leg ensuring stocking is not twisted	
6) Leave stocking smooth (wrinkle-free)	
7) Leave room at toe area so that stocking is not tight against toes	
8) Leave stocking raised to knee	
9) Move client's leg gently, supporting extremity, and avoiding overextension, when applying elastic stocking	
10) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	
11) Promote client's social and human needs throughout procedure	
12) Promote client's rights throughout procedure	
13) Promote client's safety throughout procedure	
14) Promote client's comfort throughout procedure	
15) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissue, glass of water)	

**Procedure completed successfully:** \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_



## PROVIDE PASSIVE RANGE OF MOTION (ROM) EXERCISES TO CLIENT'S SHOULDER, KNEE AND ANKLE

The client is lying in bed when the care begins for this skill. For this test, the candidate is asked to provide exercises to only one side of the body. The role of the client is played by another candidate.

1) Identify self to the client when beginning care	
2) Support to client's arm holding under elbow and wrist joints areas while exercising shoulder	
3) Raise client's straightened arm from bed towards head of bed (HOB) and return back towards bed as one repetition (shoulder flexion/extension)	
4) Move client's straightened arm away from side of body towards HOB and return toward side as one repetition (shoulder abduction/adduction)	
5) Provide rotation exercise to the shoulder	
6) Support the client's knee and ankle joints while exercising knee	
7) Bend the client's knee back to point of resistance and then follow by straightening knee as one repetition (knee flexion/extension)	
8) Support the client's ankle, holding under ankle area and foot, while exercising ankle	
9) Push the foot forward towards legs, and in separate motion push the foot pointed down toward the foot of bed (FOB), as one repetition (ankle flexion/extension)	
10) Provide three (3) repetitions of each shoulder, knee and ankle ROM exercise	
11) Ask client about comfort level throughout exercises	
12) Provide controlled, slow, gentle movements when exercising shoulder, knee and ankle	
13) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	
14) Promote client's social and human needs throughout procedure	
15) Promote client's rights throughout procedure	
16) Promote client's safety throughout procedure	
17) Promote client's comfort throughout procedure	
18) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissue, glass of water)	

Procedure completed successfully: \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

## PROVIDE PERINEAL CARE TO A FEMALE CLIENT

The client is lying in bed while this care is provided. The client is unable to assist with this care. Perineal care is provided using soap and water. For this test, the client is a female mannequin.

1) Identify self to the client when beginning care	
2) Use water that is a safe temperature to cleanse client	
3) Apply gloves before cleansing perineal are	
4) Use pad or towel to protect bottom sheet from becoming wet during procedure	
5) Use soapy washcloth to cleanse perineal area	
6) Use clean area on washcloth for each washing and rinsing stroke	
7) Wipe perineal area from front to back for all cleansing and rinsing strokes	
8) Keep water in basin soap-free for use as rinse water by: (1) washing with washcloth with soap applied directly to the washcloth instead of adding soap into basin of water; or (2) using two separate basins of water: one for washing and one rinsing	
9) Rinse perineal area using a soap-free clean wet washcloth or soap-free area of the washcloth used to cleanse	
10) Dry perineal area by patting with towel moving from front to back	
11) Provide cleansing, rinsing and drying to include labial folds and extending into groin (skin-fold) area	
12) Position client a safe distance from edge of bed when turned on side during care	
13) Wash, rinse and dry peri-anal area and buttocks	
14) Wipe from front	
15) Leave client on dry underpad or sheet at completion or procedure	
16) Minimize exposure of the client's body during the procedure	
17) Wear gloves while providing perineal care, while rinsing and drying equipment, and handling soiled linens	
18) Rinse, dry and store basin, dispose of used linen(s) and trash appropriately at completion of procedure	
19) Remove gloves without contaminating self after rinsing and storing equipment	
20) Leave client covered with top sheet at completion of procedure	

21) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	
22) Promote client's social and human needs throughout procedure	
23) Promote client's rights throughout procedure	
24) Promote client's safety throughout procedure	
25) Promote client's comfort throughout procedure	
26) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissue, glass of water)	
<b>Procedure completed successfully:</b> _____ <div style="display: flex; justify-content: space-between;"> <span>Instructor</span> <span>Date</span> </div>	



## PROVIDE CATHETER CARE TO A CLIENT WITH AN INSERTED URINARY CATHETER

The client is lying in bed while this care is provided. The client is unable to assist with this care. Catheter care is provided using soap and water. For this test, the client is a mannequin.

1) Identify self to the client when beginning care	
2) Use water that is safe temperature to cleanse client	
3) Apply gloves before handling catheter, tubing, urinary drainage bag or beginning cleansing	
4) Use soapy washcloth to cleanse catheter	
5) Change spot on washcloth for each washing and rinsing stroke	
6) Cleanse and rinse catheter using wet washcloth moving in one direction from the opening (meatus) and downward away from the body?	
7) Keep water in basin soap-free for use as rinse water by: (1) washing with washcloth with soap applied directly to the washcloth instead of adding soap into basin of water; or (2) using two separate basins of water: one for washing and one rinsing	
8) Wash and rinse at least 4" of catheter from opening (meatus) downward	
9) Rinse cleansed area of catheter using a clean, wet, soap-free washcloth or soap-free clean area of the washcloth used to cleanse	
10) Hold catheter near opening (meatus) to prevent tugging when washing and rinsing catheter	
11) Leave skin areas that became wet during care and bed sheets dry at completion of procedure	
12) Dry skin areas by patting	
13) Leave catheter tubing free of kinks at completion of procedure	
14) Keep urinary drainage bag positioned lower than bladder throughout care and at end of procedure	
15) Minimize exposure of the client's body during the procedure	
16) Position client a safe distance from edge of bed if turned on side during care	
17) Wear gloves while providing catheter care, while rinsing and drying equipment and handling soiled linens	
18) Rinse, dry and store basin, dispose of used linen(s) and trash appropriately at completion of procedure	
19) Remove gloves without contaminating self after rinsing and storing equipment	
20) Leave client covered with top sheet at completion of procedure	

21) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	
22) Promote client's social and human needs throughout procedure	
23) Promote client's rights throughout procedure	
24) Promote safety throughout procedure	
25) Promote client's comfort throughout procedure	
26) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)	
<b>Procedure completed successfully:</b> _____	
Instructor	Date

## TRANSFER A CLIENT FROM A BED INTO A WHEELCHAIR

The client is lying in bed when care begins for this skill. The client can bear weight, but cannot walk. The client's transfer requires a transfer (gait) belt. The role of the client is played by another candidate.

1) Identify self to the client when beginning care	
2) Have wheelchair positioned near bed before assisting the client to sit	
3) Assist client to apply non-skid footwear before standing	
4) Provide support holding behind client's shoulders or back, and hips to help client sit up at edge of bed	
5) Apply transfer (gait) belt before standing client for transfer to wheelchair	
6) Apply transfer (gait) belt over clothing with fit to allow for placement of flat hand only between belt and client's body	
7) Position wheelchair to allow for pivot with front interior wheel at side of bed, with chair parallel or slightly angled, before beginning transfer	
8) Have the client's feet (wearing shoes) positioned flat on the floor before standing	
9) Ensure footrests raised, removed or swung out of way before transferring client into wheelchair	
10) Lock wheels before beginning transfer	
11) Brace one or both of client's lower extremities when assisting to stand	
12) Grasp gait belt on sides or around back when assisting client to stand and throughout transfer	
13) Cue client to stand	
14) Turn client upon standing so that back of legs are positioned centered against seat of wheelchair	
15) Cue client to hold onto armrest(s) before sitting in wheelchair	
16) Provide controlled gentle lowering into wheelchair seat	
17) Complete transfer with client's hips positioned against the back of the wheelchair seat	
18) Leave client seated in wheelchair in proper body alignment and with feet repositioned on footrests	
19) Remove gait belt after transfer complete	
20) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	

21) Promote client's social and human needs throughout procedure	
22) Promote client's rights throughout procedure	
23) Promote client's safety throughout procedure	
24) Promote client's comfort throughout procedure	
25) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)	
<b>Procedure completed successfully:</b> _____	
Instructor	Date

## TURN AND REPOSITION A CLIENT WHO MUST STAY IN BED, ONTO HIS/HER SIDE

The client is lying on his/her back in bed when care begins for this skill. The client needs help to turn and support to remain in a side-lying position. The role of the client is played by another candidate.

1) Identify self to the client when beginning care	
2) Hold client at hip and shoulder area when turning onto side	
3) Position client a safe distance from edge of bed when turned onto side	
4) Position device (e.g., padding, pillow) against back rolled and tucked to maintain client's side-lying position	
5) Leave client in side-lying position, avoiding direct pressure on hipbone	
6) Use device (e.g., padding, pillow) to support top leg	
7) Use device (e.g., padding, pillow) to maintain alignment of top hip	
8) Leave top knee flexed	
9) Leave ankles and knees separated	
10) Leave client in side-lying position with head supported by pillow	
11) Leave client's lower arm and shoulder free from being tucked under side	
12) Support upper arm using padding or pillow	
13) Leave client covered with top sheet at completion of procedure	
14) Use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure	
15) Promote client's social and human needs throughout procedure	
16) Promote client's rights throughout procedure	
17) Promote client's safety throughout procedure	
18) Promote client's comfort throughout procedure	
19) Leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissue, glass of water)	

**Procedure completed successfully:** \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

