

APPENDIX C

PERFORMANCE CHECKLISTS

PROCEDURE 1: PERFORMING ABDOMINAL THRUSTS

*To be completed by instructor during observation of 100%, unassisted mastery of procedure.
Date and sign below.*

Equipment: No equipment

Conscious victim:		Notes
1.	Ask person who appears to be choking but who is not coughing, "Are you choking?"	
2.	Determine that victim cannot expel object on own and state that you will help.	
3.	Stand behind victim.	
4.	Wrap arms around victim's waist.	
5.	Make a fist with one hand. Place the thumb side of the fist against the victim's abdomen, between the navel and the sternum.	
6.	Grasp the fist with your other hand. Pull both hands toward you and up, quickly and forcefully.	
7.	Repeat until the object is expelled or the person loses consciousness.	

Chest thrusts for the conscious obese victim:		Notes
1.	Stand behind the victim.	
2.	Place arms around victim directly under armpits.	
3.	Form fist and place thumb side of fist against sternum, level with armpits.	
4.	Grasp fist in opposite hand and administer thrusts, pulling straight back, until object is removed, victim starts to cough, or becomes unconscious.	

Unconscious victim with obstructed airway:		Notes
1.	Place victim on back.	
2.	Activate EMS system.	
3.	Begin CPR.	
4.	Stay with the victim until EMS arrives.	

Pass: ☐ Fail: ☐ RN Signature/Initials: _____ Date: _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.

PROCEDURE 2: HAND HYGIENE (HAND WASHING)

*To be completed by instructor during observation of 100%, unassisted mastery of procedure.
Date and sign below.*

Equipment: Soap or soap dispenser, sink, running water, paper towels, waste receptacle

	Skill Steps	Notes
1.	Addresses client by name and introduces self to client by name	
2.	Turns on water at sink	
3.	Wets hands and wrists thoroughly	
4.	Applies soap to hands	
5.	Lathers all surfaces of wrists, hands, and fingers producing friction, for at least 20 seconds, keeping hands lower than the elbows and the fingertips down	
6.	Cleans fingernails by rubbing fingertips against palms of the opposite hand	
7.	Rinses all surfaces of wrists, hands, and fingers, keeping hands lower than the elbows and the fingertips down	
8.	Uses clean, dry paper towel/towels to dry all surfaces of finger, hands and wrists, starting at fingertips then disposes of paper towel/towels into waste container	
9.	Uses clean, dry paper towel/towels to turn off faucet then disposes of paper towel/towels into waste container or uses knee/foot control to turn off faucet	
10.	Does not touch inside of sink at any time	

Pass: ☐ Fail: ☐ RN Signature/Initials: _____ Date: _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.

PROCEDURE 3: SERVING SUPPLEMENTARY NOURISHMENT

*To be completed by instructor during observation of 100%, unassisted mastery of procedure.
Date and sign below.*

Equipment: Nourishments, napkins, feeding aids (straws, utensils)

	Skill Steps	Notes
1.	Receive directions from supervisor regarding individuals with special dietary needs.	
2.	Wash hands.	
3.	Assemble supplies.	
4.	Allow each resident to choose from available nourishments.	
5.	Place nourishment, napkin, and feeding aids within reach.	
6.	Provide assistance as needed.	
7.	Remove glasses and dishes after use. Do not touch rim of glass.	
8.	Repeat steps 4-7 for each resident.	
9.	Return used equipment to kitchen to be washed.	
10.	Wash hands.	

Pass: ☐ Fail: ☐ RN Signature/Initials: _____ Date: _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.

PROCEDURE 4: PROVIDING FRESH DRINKING WATER

*To be completed by instructor during observation of 100%, unassisted mastery of procedure.
Date and sign below.*

Equipment: Cart, pitchers, cups, trays, ice, scoop for ice, straws

	Skill Steps	Notes
1.	Receive directions from supervisor regarding individuals with special dietary needs (NPO, fluid restrictions, no ice).	
2.	Wash hands.	
3.	Assemble supplies.	
4.	Take cart with clean supplies and add ice and water to pitchers (use scoop for ice). Do not allow handle of scoop to touch ice.	
5.	Place fresh drinking water within reach.	
6.	Offer to fill cup with fresh water.	
7.	Provide assistance as requested or needed.	
8.	Return cart containing any used supplies to kitchen to be washed.	
9.	Wash hands.	

Pass: ☐ Fail: ☐ RN Signature/Initials: _____ Date: _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.

PROCEDURE 5: SETTING UP A MEAL TRAY AND FEEDING A RESIDENT

*To be completed by instructor during observation of 100%, unassisted mastery of procedure.
Date and sign below.*

Equipment: Basin, towel, washcloth, soap, oral hygiene products

	Skill Steps	Notes
1.	Knock before entering room.	
2.	Address resident by name.	
3.	State your name and title.	
4.	Identify resident. Ask resident to state their name.	
5.	Explain procedure and obtain permission.	
6.	Wash hands.	
7.	Check tray for correct name, type of diet, and food. Inform resident what is on tray.	
8.	Ensure resident is in a 90-degree upright position (i.e. sitting in a chair). Position towel/napkin/clothing protector under chin if requested.	
9.	Prepare food by opening cartons, removing covers, cutting meat and/or buttering bread.	
10.	Assist as needed, while encouraging to do as much as possible for his or her self.	
11.	Allow hot foods to cool before offering.	
12.	Use straw for liquids if appropriate.	
13.	Feed from tip of half-filled spoon.	
14.	Tell resident what he or she is eating.	
15.	Provide time to chew.	
16.	Alternate solids and liquids.	
17.	Wipe mouth as needed.	
18.	Encourage to eat as much as possible; observe that all food is swallowed and not pocketed in cheek.	
19.	Wash hands when finished.	
20.	Provide comfort with call signal in reach.	
21.	Report any abnormal observations to supervisor.	

Pass: ☐ Fail: ☐ RN Signature/Initials: _____ Date: _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.