

**SKILLS CHECKLISTS FROM PRESCRIBED
MEDICATIONS AND HEALTH-RELATED ACTIVITIES
TRAINING MANUALS**

CERTIFICATION 1, 2, & 3

**Skills Checklists
Table of Contents**

	Page
CERTIFICATION 1	
General Medication Administration, Regardless of Route	3
Oral Medications	4
Emergency Situations	
EpiPen	5
Diastat	6
Glucagon (also used in Certification 3)	7
Eye, Ear, Nose Medications	
Eye Medications	9
Ear Medications	11
Nose Medications	12
Administering Inhalers	13
Nebulizer Treatment	14
Topical Medications	
Topical Medications	15
Rectal Suppositories	16
Vaginal Medications	17
Health-Related Activities	
Vital Signs	18
Application of Clean Dressing	19
Measuring of Bodily Intake and Output	20
Oral Suctioning	21
Using a Glucometer for Blood Sugar Monitoring (also used in Certification 3)	22
External Care of Urinary Catheter	23
Emptying a Urinary Collection Bag	24
Emptying and Replacing a Colostomy Bag	25
Collection of Clean Catch Urine Sample	26
CERTIFICATION 2	
Tube Feedings	27
CERTIFICATION 3	
Insulin Injection – Filling the Syringe	29
Insulin Injection – Giving the insulin	30
Insulin Injection per Insulin Pen	31

Certification 1 Skills Checklist: General Medication Administration

To be used at the beginning for EACH medication administration skill checklist



- _____ 1. Wash hands thoroughly
- _____ 2. Start at the beginning of the medication record and review, checking for the following:
 - a. Individual's name
 - b. All medications ordered
 - c. Medications to be given at this time
 - d. Dose for this time period has not been given
 - e. Order is current
 - f. Any allergies
 - g. Special instructions for giving (Individual Specific Training)
- _____ 3. Read **entire** name and dose of medication you will be giving for this individual at this time.
- _____ 4. Obtain the medication from the secure storage area.
- _____ 5. Check the expiration date on the label of package or container and read the **entire** label carefully.
- _____ 6. Place the medication package by the name of the drug on the medication record and be **positive** the package/container and the Medication Administration Record (MAR) coincide (1st check).
- _____ 7. Read the directions to give the medication from the MAR and be **positive** that the label and the medication record coincide (2nd check).
- _____ 8. If they do **not** coincide, do not give the medication until there has been clarification regarding medication. Clarification should be sought through the employer's policy.

If the expiration date is August 10, 2020, the drug may be used up until midnight of August 10, 2020. The drug may NOT be used on Aug. 11, 2020 or thereafter.

Trainee Name: _____ Date: _____

Instructor initials: _____ Instructor Name: _____

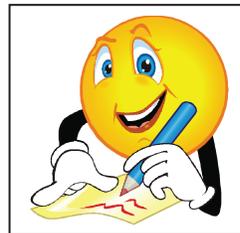
COMMENTS:

Certification 1 Skills Checklist: Oral (by mouth):

Follow steps 1-8 on "General Medication Administration Checklist" then



- _____ 9. Obtain medication cup using separate cup for each individual.
- _____ 10. Compare medication label and MAR (3rd check). Then prepare the medication without touching the medication with your fingers.
- _____ 11. Check medication label and return container to secure storage area.
- _____ 12. Identify individual to receive the medicine and explain to the individual you are giving his/her medication for that specific hour.
- _____ 13. Tell the individual the name of the medication and its purpose when you give the medication to him/her.
- _____ 14. Be certain the medication was taken (swallowed). Check client's mouth if uncertain.
- _____ 15. Leave the individual in a safe and comfortable manner.
- _____ 16. Initial in the square for the specific hour and date; this indicates you have given the medication for that time.
- _____ 17. Write your initials, full name, and title in space provided for signatures.
- _____ 18. Document any complaint/concern and action taken.
- _____ 19. Return equipment to storage area.
- _____ 20. Wash your hands before contact with another individual or further contact with this individual other than administering more oral medications.



DOCUMENTATION EXAMPLE:
Sue had trouble swallowing whole vitamin. Called pharmacy. Spoke with Jim Smith, RP. He said I could split vitamin in half. Split vitamin and Sue took without difficulty.

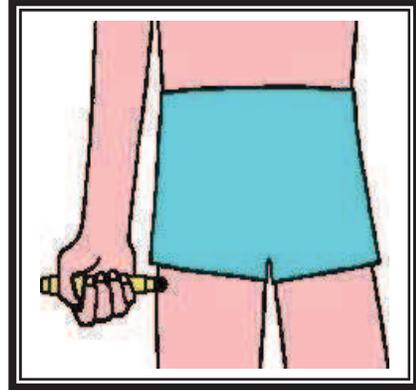
Trainee Name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name:** _____

COMMENTS:

Health-Related Activities Skills Checklist for EpiPen

Place a check mark before each step completed.



- _____ 1. Put on disposable gloves.
- _____ 2. Pull off gray safety cap.
- _____ 3. Place black tip on outer thigh.
- _____ 4. Using a swing motion, jab black tip into thigh until Auto-Injector mechanism functions.
- _____ 5. Hold black tip firmly against thigh and count to 10.
- _____ 6. Remove black tip from thigh and message area for 10 seconds.
- _____ 7. Call 911 and request the individual be transported to a Medical facility as soon as possible.
- _____ 8. Keep Auto-Injector and hand to medical personnel when they arrive.

Employee _____

Date: _____

Nurse: _____

Supervisor _____

Comments:

Health-Related Activities Skills Checklist: Administration of Diastat

Place a check before each step completed

_____ 1. Put the individual on their side in a location where they cannot fall.

_____ 2. Get the medication.

_____ 3. Put on gloves.

_____ 4. Get the syringe from the package.

_____ 5. Remove the protective cover from the syringe with a downward firm pulling away motion.

_____ 6. Lubricate the rectal tip with the lubricating jelly in the package.

_____ 7. Turn individual **toward you** and pull down clothing to expose the buttocks.

_____ 8. Bend their upper leg forward to expose the rectum.

_____ 9. Separate the buttocks to expose the rectum.

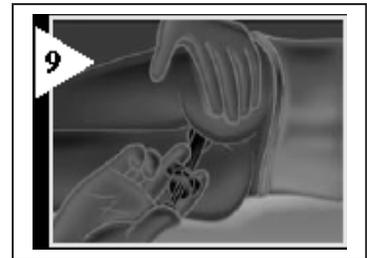
_____ 10. Gently insert the syringe tip into the rectum.

_____ 11. **SLOWLY** count to three while gently pushing the plunger in until it stops.

_____ 12. **SLOWLY** count to three again before removing the syringe from the rectum.

_____ 13. **SLOWLY** count to three while holding the buttocks together to prevent leakage

_____ 14. Keep the individual on their side facing you. Note the time the Diastat was given and continue to observe.



Employee _____

Date: _____

Nurse: _____

Supervisor _____

Comments:

Skills Checklist: Administering Glucagon

Place a check mark before each step completed by the trainee. Must be checked off on all steps to pass (can demonstrate per simulation or verbalize in classroom setting only).

Preparing the Glucagon

- _____ 1. Be sure work surface clean and dry.
- _____ 2. Wash hands.
- _____ 3. Get Glucagon Emergency Kit from secured storage area.
- _____ 4. Remove elements of Glucagon Emergency Kit from package and place on a clean, dry work surface.
- _____ 5. Carefully remove flip seal from vial containing glucagon powder.
- _____ 6. Remove needle protector from fluid-filled syringe.
- _____ 7. Insert needle into rubber stopper; inject all fluid from syringe into Glucagon vial.
- _____ 8. Remove needle. Hold syringe above level of waist with needle upright. With other hand gently shake vial until Glucagon powder dissolves into a clear liquid.
- _____ 9. Reinsert needle into rubber stopper; draw up all solution from vial into syringe by pulling back gently on the syringe plunger.
- _____ 10. Once all solution drawn into syringe, remove needle from vial and carefully recap.
- _____ 11. Place filled syringe in a safe, but accessible place close to the client.



Giving the Injection:

- _____ 12. Put on gloves then locate the injection site. (Same as sites for insulin).
- _____ 13. Clean the site with alcohol. Make sure site is clean and dry before injecting.
- _____ 14. Pick up syringe and remove cap from needle.
- _____ 15. Hold needle in your dominant hand (hand you write with).
- _____ 16. Place thumb and forefinger of other hand on either side of the injection site, about 2 inches apart, and pinch up the skin.
- _____ 17. With a darting motion of the wrist, quickly insert needle at a 45 -90 degree angle into the pinched up skin between your thumb and forefinger. Insert needle all the way into the skin.
- _____ 18. Keeping your thumb and forefinger on the skin, slide your thumb and forefinger apart, releasing the skin. Keep thumb and forefinger on either side of the injection site while holding the syringe in place with your writing hand.
- _____ 19. **SLOWLY** push down on the plunger until all the glucagon has been injected.

Removing the needle from the injection site

- _____ 20. While holding the syringe in place with your writing hand, count to 5 and then quickly pull the needle straight out. If there is bleeding at the site, use a clean Band Aid, gauze, or cotton ball to apply gentle pressure until bleeding stops.

After the procedure is completed

- _____ 21. As soon as the injection is completed and the needle removed, dispose of the glucagon syringe in a sharps container per your agency's policy and procedure for disposal of sharps.
- _____ 22. Turn the client on his side to help prevent choking because Glucagon can cause nausea and vomiting.
- _____ 23. Call emergency medical personnel (911).
- _____ 24. Remove gloves and wash hands.
- _____ 25. If the client becomes alert, and can eat, drink and swallow, give food or beverage as directed by the nurse, doctor, or emergency medical personnel.
- _____ 26. If the client does not become alert, wait for emergency medical personnel; do not attempt to feed the client and do not leave the client alone.

Documentation

- _____ 27. Document per your agency policy and procedure



Employee _____

Date: _____

Nurse: _____

Supervisor _____

Comments:

Certification 1 Skills Checklist: Eye (Ophthalmic) :

Follow steps 1-8 on “General Medication Administration Checklist” then



- _____ 9. Identify individual to receive the medicine and explain to the individual you are giving his/her medication for that specific hour.
- _____ 10. Tell the individual the name of the medication and its purpose when you give medication to him/her.
- _____ 11. Put on gloves.
- _____ 12. If required, cleanse affected eye while closed with rayon “cotton” ball. Wipe from inner corner of eye outward once. If drops or ointment are to be instilled into both eyes, use a clean rayon “cotton” ball for each eye.
- _____ 13. Draw up the ordered amount of medication into dropper and recheck to ensure the label on medication container matches the medication record.
- _____ 14. Position the individual with the head back and looking upward.
- _____ 15. Separate lids by raising upper lid with forefinger and lower lid with thumb.
- _____ 16. Approach the eye from below with the dropper remaining outside the individual’s field of vision.
- _____ 17. Avoid contact with the eye.

Special Note: Always hold eye dropper level with the eye. Do not point the dropper toward the eye. Never let the dropper touch the eye.

IF DROPS:

- _____ 18. Apply the drop gently near the center of the inside lower lid not allowing the drop to fall more than 1 inch before it strikes the lower lid.

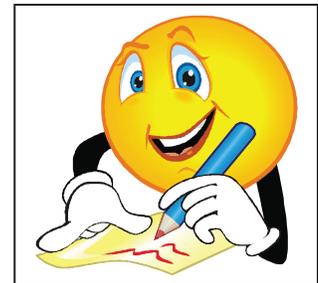
IF OINTMENT:

- _____ 18. Apply the ointment in a thin layer along inside of lower lid. Apply amount of ointment prescribed (usually about ½ inch long “ribbon” of ointment). Break off ribbon of ointment from the tube by relaxing the pressure and removing the tube. Do not use your fingers!

IF BOTH EYES INVOLVED:

- _____ 18. If both eyes involved, give the client a separate clean cotton ball for each eye. Change gloves between eyes to avoid transferring contamination from one eye to the other.

- _____ 19. To prevent contamination, do not touch the end of the bottle or the dropper on any part of the eye.
- _____ 20. Allow the eye to close gently.
- _____ 21. Instruct the individual to keep eyes closed for a few minutes.
- _____ 22. Wipe excess medication from eye with a clean rayon "cotton" ball using separate rayon "cotton" balls for each eye.
- _____ 23. Leave individual in a comfortable position for a few minutes. Follow the medication administration record regarding supervision of the individual during this time.
- _____ 24. Remove gloves; dispose of gloves and cotton balls according to facility policy.
- _____ 25. Wash hands
- _____ 26. Clean and replace equipment as specified on the medication record.
- _____ 27. Document giving the medication including:
 - a. Medication given
 - b. Number of drops instilled or amount of ointment instilled
 - c. The eye(s) in which the medication was instilled
 - d. Your initials
 - e. Any unusual complaints and action taken



Note: Long fingernails may interfere with or make it difficult to apply eye medications properly. Ask trainees to check their fingernails before they give/apply medication and trim if necessary.

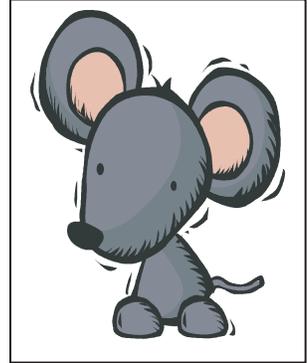
Trainee Name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

COMMENTS:

Certification 1 Skills Checklist: Ear (Otic):

Follow steps 1-8 on “General Medication Administration Checklist” then



- _____ 9. Identify individual to receive medicine and explain to the individual you are giving his / her medication for that specific hour.
- _____ 10. Tell the individual the name of the medication and its purpose when you give medication to him/her.
- _____ 11. Position the individual by having him/her lie down or sit in a chair, tilting head sideways until ear is as horizontal as possible.
- _____ 12. Put on gloves.
- _____ 13. Cleanse the entry to the ear canal with a clean cotton ball.
- _____ 14. Draw up the ordered amount of medication into dropper and recheck to ensure the label on the medication container matches the medication record.
- _____ 15. Administer the ear drops by pulling the mid-outer ear gently backward and upward then instilling the ordered number of drops.
- _____ 16. To prevent contamination, do not touch any part of the dropper to the inner ear.
- _____ 17. If ordered, may place a cotton ball loosely in the ear and allow it to remain in place for 30 – 60 minutes.
- _____ 18. Encourage the individual to stay in the original position for 2 – 3 minutes.
- _____ 19. Remove gloves; dispose of gloves and cotton balls according to facility policy.
- _____ 20. Wash Hands
- _____ 21. Clean and replace equipment
- _____ 22. Document giving the medication including:
 - a. Medication given
 - b. Number of drops instilled
 - c. Ear in which instilled
 - d. Your initials
 - e. Any unusual complaints and action taken



Trainee Name: _____ Date: _____

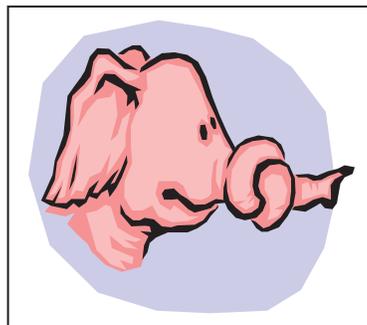
_____ Instructor initials Instructor Name: _____

COMMENTS:

Certification 1 Skills Checklist: Nose (Nasal):

Follow steps 1-8 on “General Medication Administration Checklist” then

- _____ 9. Identify client to receive the medicine and explain to the individual you are giving his/her medication for that specific hour.
- _____ 10. Provide tissues for the individual.
- _____ 11. Tell the client the name of the medication and its purpose when you give medication to him/her.
- _____ 12. Position the client according to manufacturer’s instructions.
- _____ 13. Put on gloves.
- _____ 14. Recheck to ensure the label on medication container matches the medication record.
- _____ 15. Instill medication per manufacturer’s instructions
- _____ 16. Instruct the individual not to blow his / her nose for at least 15 minutes after instilling medication.
- _____ 17. Leave the individual in a comfortable position for a few minutes. Follow the medication record regarding supervision during this time.
- _____ 18. Remove gloves and dispose of them according to facility policy.
- _____ 19. Wash hands.
- _____ 20. Clean and replace equipment as specified on the medication record.
- _____ 21. Document giving the medication including:
 - a. Medication given
 - b. Number of drops installed
 - c. The nares in which the medication was instilled
 - d. Your initials
 - e. Any unusual complaints and action taken



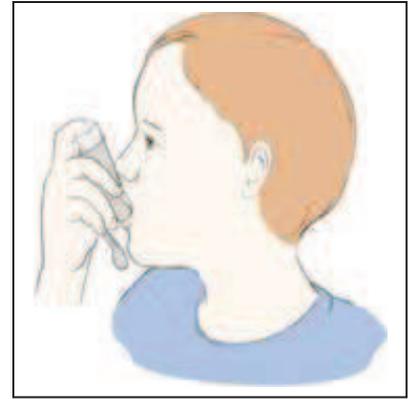
Trainee Name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

COMMENTS:

Certification 1 Skills Checklist: Administering Inhalers

Follow steps 1-8 on "General Medication Administration Checklist" then



- _____ 9. Check equipment and clean if dirty.
- _____ 10. Wash hands and put on gloves
- _____ 11. Identify client to receive the medicine and explain you are giving his / her medication for that specific hour.
- _____ 12. Assist client to a comfortable sitting position.
- _____ 13. Tell client the name of the medication and its purpose when you give the medication to him.
- _____ 14. Give client tissues
- _____ 15. Insert metal canister into end of mouthpiece and remove protective cap.
- _____ 16. Invert canister and shake thoroughly.
- _____ 17. With mouthpiece pointing into the air, away from everyone, press once on upended canister base to ensure canister contains medication and is operating properly.
- _____ 18. Have client enclose mouthpiece with their lips while holding canister vertically.
- _____ 19. Have client exhale deeply, then slowly inhale through the mouth while pressing firmly on the upended canister.
- _____ 20. Have client hold his/her breath for a few seconds, then remove mouthpiece and ask client to exhale slowly. If more than 1 puff is ordered, repeat steps 15-20 for subsequent puffs.
- _____ 21. If a **second inhaler (a 2nd medication given per inhaler)** is ordered, wait at least 5 minutes before administering the 2nd inhaled medication and repeat steps 14-20.
- _____ 22. Replace protective cap and have client rinse mouth with water and spit into an emesis basin.
- _____ 23. Leave client in a comfortable position following observation of the results.
- _____ 24. Remove and dispose of gloves properly and wash hands.
- _____ 25. Cleanse and replace equipment as specified on the MAR
- _____ 26. Document medication(s) given including:
 - ✓ Name of medication
 - ✓ Your initials
 - ✓ Number of inhalations given
 - ✓ Note any complaints / any action taken



Trainee Name: _____ Date: _____

_____ Instructor initials Instructor Name: _____

COMMENTS:

Certification 1 Skills Checklist: Nebulizer Treatment:

Follow steps 1-8 on "General Medication Administration Checklist" then



- _____ 9. Put on gloves
- _____ 10. Identify the individual and provide tissues to the individual
- _____ 11. Check equipment. Clean if dirty (if you clean equipment, rewash hands and apply clean gloves)
- _____ 12. Explain the procedure to the individual and assist them to a sitting position
- _____ 13. Take and record pulse and respiration as ordered by the physician before beginning treatment. If these vital signs are not within the acceptable range, follow the instructions of the delegating nurse, physician, or your agency's policies and procedures.
- _____ 14. If vital signs are not within limits prescribed, follow protocol from physician orders.
- _____ 15. Connect nebulizer to power source (i.e. oxygen or compressed air as ordered by the physician).
- _____ 16. Add medication to the nebulizer medication administration container per the MAR
- _____ 17. Place in the individual's mouth having them use their lips to form a tight seal on the mouthpiece. (If the client uses a mask instead of a mouth piece, be sure the mask fits well).
- _____ 18. Turn the machine on. Adjust flow of oxygen as ordered. Encourage the client to breathe deeply; the medication works better with deep inhalations
- _____ 19. Follow physician's or nurse's instructions re taking and documenting the individual's pulse and respirations.
- _____ 20. If appropriate, continue the treatment until all medication is given, usually 10-15 minutes.
- _____ 21. Per physician orders, record the individual's pulse and respirations at the end of the treatment and document the effects of the treatment.
- _____ 22. Remove gloves and dispose of them appropriately according to the facility's policy.
- _____ 23. Wash hands, then clean and replace equipment as specified.
- _____ 24. Document giving the medication including each of the 6 rights, pulse and respirations at the end of the treatment, any complaints and any action taken.



Trainee Name: _____ **Date:** _____

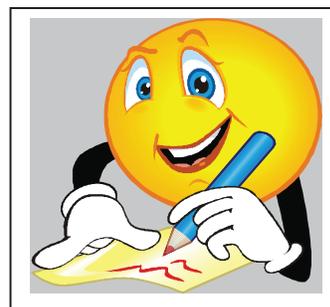
_____ **Instructor initials** **Instructor Name:** _____

COMMENTS:
--

Certification 1 Skills Checklist: Topical Medications

Follow steps 1-8 on "General Medication Administration Checklist" then

- _____ 9. Identify the client
- _____ 10. Explain the procedure to the client and provide privacy as needed
- _____ 11. Position the client according to directions
- _____ 12. Wash hands and put on disposable gloves
- _____ 13. Examine the affected area and if ordered, cleanse the area with soap and water, then dry thoroughly.
- _____ 14. Apply medication according to directions
- _____ 15. Leave the client in a comfortable position and supervise as indicated
- _____ 16. Remove gloves and dispose of gloves and other materials as instructed
- _____ 17. Wash hands
- _____ 18. **Document:**
 - ✓ Medication applied
 - ✓ Dosage or amount
 - ✓ Areas of body to which applied
 - ✓ Your initials
 - ✓ Unusual complaints and action taken
 - ✓ Results of medication application after prescribed length of time



Trainee Name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

COMMENTS:

Certification 1 Skills Checklist: Rectal Suppositories

Follow steps 1-8 on "General Medication Administration Checklist" then



- _____ 9. Identify the client
- _____ 10. Explain the procedure to the client and provide privacy as needed
- _____ 11. Position the client according to directions – left side unless contraindicated
- _____ 12. Wash hands and put on disposable gloves, gather Kleenex or toilet paper
- _____ 13. Unwrap suppository and lubricate the tip
- _____ 14. Lift upper buttock to expose rectal area
- _____ 15. Slowly insert suppository into rectum well beyond the muscle at the opening (sphincter), pushing gently with your gloved, lubricated forefinger
- _____ 16. After slowly withdrawing your finger, press a folded tissue or piece of toilet paper against the anus or hold the buttocks together until the urge to expel the suppository subsides.
- _____ 17. Leave the client in a comfortable position lying down for about 15 minutes providing supervision as indicated on the MAR
- _____ 18. Remove gloves and dispose of gloves and other materials according to agency policies.
- _____ 19. Wash hands.
- _____ 20. **Document:**
 - ✓ Medication inserted
 - ✓ Dosage or amount
 - ✓ Your initials
 - ✓ Any complaints and action taken
 - ✓ Results achieved by giving the medication after the prescribed length of time



Trainee Name: _____ Date: _____

_____ Instructor initials Instructor Name _____

COMMENTS:

Certification 1 Skills Checklist: Vaginal Medications

Follow steps 1-8 on "General Medication Administration Checklist" then



- ___ 9. Identify the client
- ___ 10. Explain the procedure to the client and ask her to empty her bladder and remove clothing from waist down.
- ___ 11. Provide privacy and position client on her back with knees bent and legs separated unless contraindicated or another position is recommended by the client's physician or nurse
- ___ 12. Place towel or protective pad under the client's buttocks
- ___ 13. Wash hands and put on disposable gloves
- ___ 14. Place medication in applicator. Lubricate as directed on MAR if instilling a tablet or suppository.
- ___ 15. Spread labia with one hand and gently insert applicator or medication into the vagina with other hand. Angle applicator slightly downward toward tail bone. It will usually go in about 2 inches. **DO NOT FORCE.**
- ___ 16. If using an applicator, push the plunger in while holding the barrel of the applicator still.
- ___ 17. Remove applicator and instruct client to remain still for 30 minutes. Provide supervision as needed.
- ___ 18. Provide with peri pad if needed after 30 minutes.
- ___ 19. Remove gloves and dispose of gloves and other materials according to agency policies. Wash hands
- ___ 21. **Document:**
 - ✓ Medication inserted
 - ✓ Dosage or amount
 - ✓ Your initials
 - ✓ Any complaints and action taken
 - ✓ Results achieved by giving the medication after the prescribed length of time



Trainee Name: _____ **Date:** _____

___ Instructor initials Instructor Name _____

COMMENTS:

Health-Related Activities Skills Checklist: Vital Signs

Pulse



- _____ 1. Wash hands
- _____ 2. Locate pulse and count rate for one full minute
- _____ 3. Record results
- _____ 4. Able to verbalize normal range

Employee Name _____

Date: _____

Instructor Name _____

Respirations



- _____ 1. Wash hands
- _____ 2. Observe and count respirations for one full minute
- _____ 3. Record results
- _____ 4. Able to verbalize normal range

Employee Name _____

Date: _____

Instructor Name _____

Temperature



- _____ 1. Wash hands and put on gloves
- _____ 2. Cleanse thermometer if necessary or use disposable protector
- _____ 3. Place thermometer according to manufacturer's instructions and waits specified time
- _____ 4. Removes thermometer and reads according to manufacturer's instructions. Remove gloves / wash hands
- _____ 5. Records results including site: Otic (ear), Oral (mouth), Axillary (armpit)
- _____ 6. Clean thermometer according to facility procedures
- _____ 7. Able to verbalize normal range

Employee Name _____

Date: _____

Instructor Name _____

Blood Pressure



- _____ 1. Wash hands
- _____ 2. Has client rest for 5 min before taking BP
- _____ 3. Selects proper size cuff
- _____ 4. Correctly wrap cuff around upper arm
- _____ 5. Activates BP device according to manufacturer's instructions
- _____ 6. Reads result and records
- _____ 7. Able to verbalize normal range

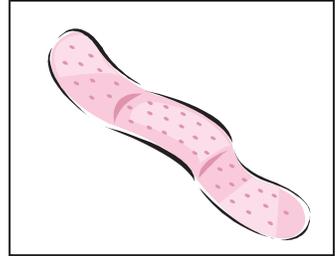
Employee Name _____

Date: _____

Instructor Name _____

Health-Related Activities Skills Checklist: Application of Clean Dressing/No Assessment Required

- ___ 1. Assemble supplies
- ___ 2. Identify client and take to a private location
- ___ 3. Position the client while maintaining comfort
- ___ 4. Wash hands and apply gloves
- ___ 5. Remove old dressing and discard in a disposable bag
- ___ 6. Take off dirty gloves, wash hands, put on clean gloves
- ___ 7. Cleanse area if required by physician's order
- ___ 8. Open package of new dressing material without handling it or placing it on bedding or other material surrounding the individual.
- ___ 9. Apply medication and dressing as ordered
- ___ 10. Place client in a comfortable position.
- ___ 11. Remove gloves and wash hands
- ___ 12. Discard waste supplies and wash hands again
- ___ 13. Return unused supplies to storage area
- ___ 14. Record exactly what was done and how the client responded to the procedure
- ___ 15. Report the following to healthcare provider:
 - Odors
 - Color of skin (turning red?)
 - Color of drainage
 - Pain in or around wound area



Trainee Name: _____ **Date:** _____

___ Instructor initials Instructor Name _____

COMMENTS:

Health-Related Activities Skills Checklist: Basic Measuring of Bodily Intake and Output

- _____ 1. Assembles supplies
- _____ 2. Wash hands and apply gloves if measuring output
- _____ 3. Measure and record liquids taken by the client. Liquids can be measured in cubic centimeters (cc) or in ounces, according to your agency's policy.
- _____ 4. If measuring output, ask client to use a urinal, bedpan, or plastic "hat " that can be placed beneath the toilet seat.
- _____ 5. Clean all equipment according to agency's policy when finished.
- _____ 6. Remove and dispose of gloves appropriately, wash hands
- _____ 7. Record any output measured. If feces mixed with urine, it may cause inaccurate measurement. Be sure to include this in the documentation if it occurs.
- _____ 8. If a client vomits, document the frequency of vomiting, not necessarily the amount.



<p>FACT: One ounce of fluid = 30 cc.</p> <p>Converting ounces to cc's: Multiply ounces consumed by 30. Example: Eight ounces of fluid = 240 cc (8 oz X 30cc = 240cc)</p>	<p>30 cc = one fluid ounce</p> <p>Converting cc's to Ounces: Divide cc's consumed by 30. Example: 300 cc's = 10 fluid ounces (300cc ÷ 30cc = 10 oz)</p>
---	---

Trainee Name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

COMMENTS:

Health-Related Activities Skills Checklist: Oral Suctioning



Yankauer

- _____ 1. Place suction machine on sturdy surface that will support its weight and plug in
- _____ 2. Wash hands. Put on disposable gloves
- _____ 3. Connect tubing to the outlet port on the lid of the collection container
- _____ 4. Attach the suction catheter (Yankauer) to the other end of the connecting tube
- _____ 5. Turn on suction machine and check for negative pressure. Do this by kinking the connecting tube with the machine running and note the reading on the gauge. The correct setting should be (3) for adults, (2) for children, and (1) for infants. Adjust the pressure by turning the adjustment knob on the suction machine.
- _____ 6. Insert the suction catheter into the mouth advancing slowly to the back. If the client starts to cough or gag, wait until the client recovers before continuing. **NEVER SUCTION FOR LONGER THAN 15 SECONDS****
- _____ 7. After suctioning the client, suction water through the suction catheter until the catheter and tubing are clear. **NEVER ALLOW THE COLLECTION CONTAINER TO RISE ABOVE THE FILL LIMIT LINE.**
- _____ 8. Turn machine off
- _____ 9. Empty collection container and clean thoroughly. Put equipment away.
- _____ 10. Remove and dispose of gloves appropriately and wash hands.

**If you suction for 15 seconds and the client is having trouble breathing, use first aid guidelines for calling 911. If the client is gurgling, call 911 immediately.

Trainee Name: _____ Date: _____

_____ Instructor initials Instructor Name _____

COMMENTS:

Health-Related Activities Skills Checklist: Using a Glucometer For Blood Sugar Monitoring

- ___ 1. Assemble equipment.
- ___ 2. Identify individual and explain procedure.
- ___ 3. Wash hands and apply gloves
- ___ 4. Place lancet in pen if a pen is used for the procedure with this client
- ___ 5. Set up glucometer
- ___ 6. Have client wash hands thoroughly. If no soap and water available, you may use a non-alcohol based cleanser such as a baby wipe. Be sure the finger is dry before applying the lancet.
- ___ 7. Turn glucometer on, then apply lancet to side of finger (never the finger pad)
- ___ 8. Point finger downward and gently squeeze to get an adequate blood sample.
- ___ 9. Place blood drop on test strip and wipe finger with gauze pad and hold in place, applying gentle pressure until bleeding stops.
- ___ 10. Read and record result or store result in the glucometer if this option available.
- ___ 11. Clean equipment and dispose of used supplies appropriately.
- ___ 12. Remove and dispose of gloves appropriately and wash hands.
- ___ 13. Follow process for medication administration or request assistance if necessary.



*With some glucometers, sites other than the side of the finger may be used. If using the fingers, be sure to use the sides of the finger, never the pads. Rotate finger sites to avoid formation of calluses. Be sure to document finger site used.

Trainee Name: _____ **Date:** _____

___ Instructor initials Instructor Name _____

COMMENTS:

Health-Related Activities Skills Checklist: External Care of Urinary Catheter



- _____ 1. Assemble supplies
- _____ 2. Wash hands and apply gloves
- _____ 3. Provide privacy and explain to the client what you will be doing
- _____ 4. Position client on his / her back exposing only a small area where the catheter enters the body. **Be sure catheter bag is ALWAYS lower than the bladder.**
- _____ 5. Wash the area surrounding where the catheter enters the body as directed. **If you are working with an uncircumcised male, be sure to retract the foreskin and cleanse well as a part of cleaning catheter entry site.**
- _____ 6. Wipe the tube as directed, starting at the point where the catheter enters the body and moving downward. Never wipe upward-always wipe away from where the catheter enters the body. Clean from the catheter entry point to the connection point between the catheter and the tube connecting the catheter to the collection bag.
- _____ 7. Check for any kinks or coils in the tubing between the catheter and the collection bag. If any are found, straighten them out so that urine can freely drain into the collection bag.
- _____ 8. Clean up any equipment and discard or return to storage area appropriately.
- _____ 9. Remove and discard gloves appropriately and wash hands.

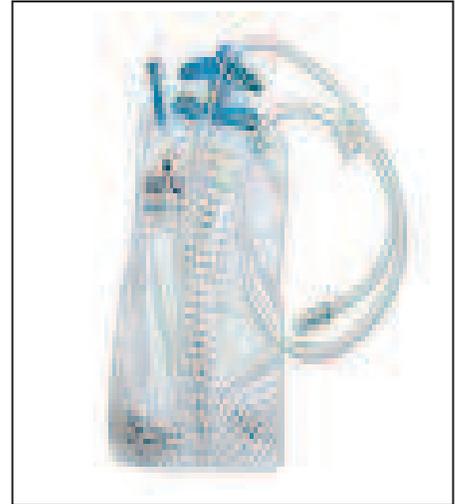
Trainee Name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

COMMENTS:

Health-Related Activities Skills Checklist: Emptying the Urine Collection Bag

- _____ 1. Wash hands and put on disposable gloves
- _____ 2. Gather equipment
- _____ 3. Remove urine bag outlet from its holding area and open it over an appropriate container. Drain contents of urine bag, being careful not to splatter any urine.
- _____ 4. Re-clamp outlet to urine bag and place it back into its holding area.
- _____ 5. Measure and record amount of urine if required.
- _____ 6. Note any unusual color or odor, or volume of output unusual for this client. Report per your agency's policy.
- _____ 7. Clean equipment and return to storage
- _____ 8. Remove and dispose of gloves appropriately. Wash hands



Trainee Name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

COMMENTS:

Health-Related Activities Skills Checklist: Emptying and Replacing a Colostomy Bag



Emptying a colostomy Bag

- _____ 1. Assemble supplies. (Make sure all colostomy care supplies are clearly labeled for colostomy care only)
- _____ 2. Wash hands and apply gloves
- _____ 3. Explain to the client what you will be doing
- _____ 4. Place client in a comfortable position as instructed and provide privacy
- _____ 5. Remove the clip, clear out the contents and rinse the bag as instructed
- _____ 6. Close and re-seal the bag using the clip or other provided device
- _____ 7. Clean up supplies and discard as appropriate.
- _____ 8. Remove and dispose of gloves appropriately. Wash hands

Replacing a Colostomy bag

Perform steps 1-4, then

- _____ 5. Gently remove the soiled colostomy bag from the stoma site and place in a double bag
- _____ 6. Clean site as instructed and if necessary apply a new wafer as instructed
- _____ 7. Apply a new pouch
- _____ 8. Gather wastes and dirty material being sure to secure it tightly. Discard as directed.
- _____ 9. Remove and discard gloves appropriately and wash hands.
- _____ 10. Document procedure performed, time, observations and any reaction the client had to the procedure.



Trainee Name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

COMMENTS:

Health-Related Activities Skills Checklist: Collection of Clean Catch (Mid-Stream) Urine Sample

- _____ 1. Gather equipment
- _____ 2. Wash hands and put on gloves
- _____ 3. Explain to the client what you will be doing
- _____ 4. Clean the genitals thoroughly with soap and water if client unable to do for self.
- _____ 5. Have client begin to urinate into toilet. After stream has begun, insert specimen cup into stream. After desired amount of specimen obtained, remove specimen cup from stream as client continues to empty the bladder.
- _____ 6. If client unable to do step 5 above, have the client urinate into a urine hat or urinal which has been thoroughly cleaned with bleach water or another appropriate solution. Pour sample collected into the specimen cup supplied by the lab or doctor's office
- _____ 7. Do not touch the inside of the collection cup, underside of the lid, top rim of the cup, or lay the lid face down on a surface. If unable to take to the lab or physician's office immediately, store specimen as directed by physician or other appropriate health care provider.



Trainee Name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

COMMENTS:

Skills Checklist for Tube Feedings

- The delegating licensed nurse will provide the DD personnel with specific feeding instructions. These instructions should include:
 - ◀ Formula
 - ◀ Amount of each feeding
 - ◀ Number of feedings each day
 - ◀ Duration
 - ◀ Times of the feedings
 - ◀ Tube flushes (amount of water before and after feeding)
- Follow general preparation guidelines.
- Clean the work area, wash hands thoroughly and put on gloves
- Assemble equipment you will need: measuring cup, formula, water, gravity set tubing and feeding bag, 50-60cc syringe, hook or pole to hang feeding set
- Allow formula to warm to room temperature over 20 – 40 minutes if it has been refrigerated.
- Gravity set will need to be assembled according to package instructions.
- Explain procedure to consumer. Provide privacy.
- Position the individual and:
 - Verify tube placement per delegating licensed nurse instructions - for example, by:
 - (a) checking for tube graduation mark position
 - (b) injecting air into the tube with the syringe and listening for air bubbles in the stomach with a stethoscope or
 - (c) by aspirating (pulling back on the syringe to check for stomach contents)

◆ If you are asked to check for residual (the amount of food left in the stomach after a specified time) , the delegating licensed nurse will tell you the amount of the residual pulled into the syringe that is too much (a good rule of thumb is to report a residual of more than 50 cc).

◆ **If the residual amount is more than what the nurse has told you is acceptable, do not proceed with the medication administration and notify the delegating licensed nurse.**

- Using the syringe, clear the tube of formula and check for tube patency by flushing the tube with the prescribed amount of warm/tepid tap water. **Note: do not use hot water, and do not heat water in microwave, on a stove or over fire.** Check temperature of water by placing a few drops on the underside of your wrist-if it feels hot on your skin, it is too hot to use.
- Close the clamp on the tubing of the feeding bag.
- Slowly pour the formula into the feeding bag.
- Hang the feeding bag on a pole or hook about 1-2 feet higher than the client's head.



Intermittent Gravity Tube Feeding (continued)

- Open the clamp and allow formula to fill the tubing removing all the air (before hooking the tubing up to the feeding tube).
- Close the clamp.
- Using the syringe, flush the feeding tube with the prescribed amount of warm/tepid tap water (the delegating licensed nurse will tell you how much water to use).
- Connect the tubing of the feeding bag to the feeding tube using the feeding tube adapter.
- Open the clamp and regulate the flow so the feeding drips in slowly; the delegating licensed nurse will tell you how many drops of formula in one minute to administer.
- After entire amount is administered (when the feeding is finished), close the clamp on the tubing of the feeding bag.

- Disconnect the feeding bag tubing from the feeding tube.

- Using the syringe, flush the feeding tube with the prescribed amount of water (the delegating licensed nurse will tell you how much water to use).

- Detach the syringe and re-clamp the feeding tube.

- Remove gloves and wash hands thoroughly.

- Wash the feeding bag with small amount of dishwashing soap and water, **rinse thoroughly to remove soap film**, and hang the bag to dry.
- Document by following your agency's policy and procedure for documentation or the delegated licensed nurse's instructions for documentation, which may include the following:
 - Interventions to ensure placement
 - Aspirate color and amount
 - Type of feeding and amount given
 - Consumer's response to the procedure

Staff Name: _____ Date: _____

Nurse's Name: _____

Skills Checklist/Procedure for Insulin Injection – Filling the Syringe

- 1. Washes hands with soap and water.
- 2. Gathers equipment needed:
 - ◀ Vial of insulin
 - ◀ Sterile disposable syringe
 - ◀ Alcohol swab
 - ◀ Sharps (puncture proof) container
- 3. Identifies insulin by comparing MAR / Med Log to label on vial.
- 4. **Clear Insulin:** Check Insulin for floaters, discoloration, or cloudiness. Discards if any of these are observed
Cloudy Insulin: Checks insulin for floaters and white lumps. Discards if either of these is observed.
- 5. Checks expiration date on insulin vial.
- 6. If using cloudy insulin, gently rolls insulin between hands to mix well.
- 7. Removes cap from vial and cleans top of vial with alcohol swab.
- 8. Removes syringe from package. Removes cap from needle and checks needle for any bends or barbs. Checks syringe by pushing plunger back and forth to make sure it moves freely.
- 9. Pulls back plunger, drawing air into the syringe. The amount of air should be the same as the amount of insulin ordered by the physician.
- 10. Pushes the needle into the rubber stopper on the insulin vial, then injects the air into the vial.
- 11. Keeps the needle in the rubber stopper while turning the vial upside down, making sure the tip of the needle remains in the insulin.
- 12. Fills the syringe with the correct dose of insulin by drawing back on the plunger.
 - ◀ If too much insulin is drawn into the syringe, pushes the plunger in, returning insulin to the vial.
 - ◀ If too little insulin is drawn into the syringe, continues pulling on the plunger.
- 13. Checks the syringe for air bubbles.
 - ◀ If there are air bubbles, gently taps the syringe barrel while the needle remains in the rubber stopper of the vial. Air bubbles will move to the top of the syringe and back into the vial. Continues to tap until all air bubbles are gone.
- 14. Checks the syringe for the correct dose of insulin. Makes sure there are no air bubbles. If air bubbles persist, pushes all medication back into the vial and begins to redraw the correct dose of insulin.
- 15. Checks the syringe once more to ensure that the correct amount of insulin has been drawn up before pulling needle from vial.
- 16. Carefully recaps needle as taught.

Nurse's Signature: _____ Date: _____

Skills Checklist / Procedure for Insulin Injection – Giving the Insulin

- 1. Washes hands with soap and water and puts on gloves.
- 2. Chooses the injection site.
 - ◀ Makes sure the site is clean by using an alcohol swab or washing the area with soap and water
 - ◀ Dries the site
 - ◀ Avoids areas that are red, swollen, or bruised.
- 3. Informs the client that he will be given his / her insulin injection.
- 4. Checks to be sure the right insulin is being given in the right dose to the right person at the right time.
- 5. Places thumb and forefinger on either side of the injection site, about 2 inches apart, and pinches up the skin.
- 6. With a darting motion, inserts the needle into the pinched up skin between the thumb and forefinger. Makes sure the needle enters at a 45 or 90 degree angle.
- 7. Releases the skin, holding the syringe in place.
- 8. While holding the syringe in place, pushes down on the plunger, injecting the insulin at a slow, steady pace, until all insulin has been injected. This takes about 3-5 seconds.
 - ◀ The syringe can be held in place with one hand and the other hand used to inject, or a one handed technique may be used.
- 9. Places a cotton ball or clean gauze next to the needle where the needle has entered the skin and with a smooth motion, carefully removes the needle from the client's skin.
- 10. Holds the cotton ball or gauze over the injection site for a few seconds.
 - ◀ If bleeding occurs, holds the cotton ball or gauze over the injection site until bleeding stops
- 11. **DOES NOT RECAP THE NEEDLE.** Disposes of the syringe in the sharps container.
- 12. Removes gloves and washes hands.
- 13. Stays with the client, ensuring the client is safe and comfortable.
- 14. Secures the medication area making sure all equipment and medication is put away according to agency policy and procedure.
- 15. Documents per agency policy and procedure.

Nurse's Signature: _____ Date: _____

Skills Checklist for Insulin Injection per Insulin Pen

- 1. Wash hands with soap and water
- 2. Gather supplies
 - ♣ Alcohol swabs
 - ♣ Insulin Pen
 - ♣ Sharps Container
 - ♣ Gloves
 - ♣ Needles
- 3. Compare label on Insulin container with MAR 3 times
 - ♣ Before assembling
 - ♣ After assembling
 - ♣ Before administering
- 4. Remove cap of pen. Check insulin in pen for floaters and / or discoloration
- 5. Wipe off area the needle is inserted (screwed in)
- 6. Screw needle into top of pen (Remove outer cap at this point, but leave second cap)
- 7. Turn dial at bottom of pen to "2." Remove needle protector. Push up on plunger to release air – several small drops will come out of needle.
- 8. Put on gloves
- 9. Turn dial to correct number for correct dosage
- 10. Place outer needle cap lightly over needle. Lay pen down without contaminating
- 11. Select appropriate injection site and wipe with alcohol
- 12. ¹Pick up pen. ⁵Inject pen into pinched up skin
²Remove cap. ⁶Push plunger with thumb until it stops
³Hold pen in fist leaving thumb loose. ⁷Release fold of skin.
⁴Pinch fold of skin. ⁸Count to five and remove needle from skin.
- 13. Clean area with alcohol.
- 14. Recap needle with outer cap. Unscrew needle from top. Put needle into sharps container.
- 15. Wash hand and replace insulin in locked storage container in refrigerator
- 16. Document according to agency procedure and policy

Nurse Signature: _____ Date: _____