**SKILLS CHECKLIST FOR MIDTERM 1**

1. Performing Hand Hygiene
2. Applying and Removing Personal Protective Equipment (Gloves, Gown, Mask, Eyewear)
3. Applying and Removing Sterile Gloves (Open and Closed Method)
4. Maintaining and Establishing a Sterile Field
5. Assessing Temperature, Pulse and Respiration
6. Assessing Blood Pressure
7. Measuring Oxygen Saturation

**Performing Hand Hygiene**

Procedure

**PURPOSES**

* To reduce the number of microorganisms on the hands
* To reduce the risk of transmission of microorganisms to clients
* To reduce the risk of cross contamination among clients
* To reduce the risk of transmission of infectious organisms to oneself

**EQUIPMENT**

• Soap

• Warm running water

• Paper towels

|  |  |
| --- | --- |
| **PROCEDURE** | **Rationale** |
| **PREPARATION** |  |
| 1. Assess the hands:   Nails should be kept short. Most agencies do not permit health care workers in direct contact with clients to have any form of artificial nails. | Short, natural nails are less likely to harbor microorganisms, scratch a client, or puncture gloves |
| 1. Removal of all jewelry is recommended. | Although the research is controversial, microorganisms can lodge in the settings of jewelry and under rings. Removal facilitates proper cleaning of the hands and arms. |
| 1. Check hands for breaks in the skin, such as hangnails or cuts. | A nurse who has open sores may require a work assignment with decreased risk for transmission of infectious organisms due to the chance of acquiring or passing on an infection. |
| **PERFORMANCE** |  |
| 1. Turn on the water and adjust the flow. |  |
| 1. Adjust the flow so that the water is warm. | Warm water removes less of the protective oil of the skin than hot water |
| 1. Wet the hands thoroughly by holding them under the running water and apply soap to the hands. | The water should flow from the least contaminated to the most contaminated area; the hands are generally considered more contaminated than the lower arms |
| 1. Hold the hands lower than the elbows so that the water flows from the arms to the fingertips. |  |
| 1. If the soap is liquid, apply 4 to 5 mL (1 tsp). If it is bar soap, granules, or sheets, rub them firmly between the hands. |  |
| 1. Thoroughly wash and rinse the hands. |  |
| 1. Use firm, rubbing, and circular movements to wash the palm, back, and wrist of each hand. Be sure to include the heel of the hand. | The circular action creates friction that helps  remove microorganisms mechanically. |
| 1. Interlace the fingers and thumbs, and move the hands back and forth.   The steps includes:   * + 1. Right palm over left dorsum with interlaced fingers and vice versa     2. Palm to palm with fingers interlaced     3. Backs of fingers to opposing palms with fingers interlocked     4. Rotational rubbing of left thumb clasped in right palm and vice versa. | Interlacing the fingers and thumbs cleans the inter digital spaces. |
| 1. Continue these motions for about 30 seconds |  |
| 1. Rub the fingertips against the palm of the opposite hand. | The nails and fingertips are commonly missed  during hand hygiene |
| 1. Rinse the hands. |  |
| 1. Thoroughly pat dry the hands and arms. Dry hands and arms thoroughly with a paper towel without scrubbing. | Moist skin becomes chapped readily as does dry skin that is rubbed vigorously; chapping produces lesions. |
| 1. Discard the paper towel in the appropriate container |  |
| 1. Turn off the water. |  |
| 1. Use a new paper towel to grasp a hand-operated control. | This prevents the nurse from picking up  microorganisms from the faucet handles. |
| 1. Apply hand lotion if desired. | Hand lotions are important to prevent  skin dryness and irritation. |

***Reference: Berman, A. et al. (2016) Kozier & Erb’s Fundamentals of Nursing: Concepts, Process and Practice. 10th Ed. New Jersey: Pearson Education, Inc***

**PERFORMING HAND HYGIENE**

Procedural Checklist

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student No. \_\_\_\_\_\_\_\_\_\_\_**

Legend:

2- Performed correctly

1- Performed incorrectly

1. Not performed

| **2** | **1** | **0** | **PROCEDURE** | **Comments** |
| --- | --- | --- | --- | --- |
|  |  |  | **Preparation**   1. Assess the hands: Nails should be kept short. |  |
|  |  |  | 1. Remove all jewelry. | |  | | --- | |  | |
|  |  |  | 1. Check hands for breaks in the skin, such as hangnails or cuts. |  |
|  |  |  | **Performance** |  |
|  |  |  | 1. Turn on the water and adjust the flow. |  |
|  |  |  | 1. Wet the hands thoroughly by holding them under the running water and apply soap to the hands. |  |
|  |  |  | 1. Hold the hands lower than the elbows so that the water flows from the arms to the fingertips. |  |
|  |  |  | 1. Apply liquid soap (4 to 5 mL (1 tsp) or granules, or sheets if using a bar soap, , rub them firmly between the hands. |  |
|  |  |  | 1. Thoroughly wash and rinse the hands. Use firm, rubbing, and circular movements to wash the palm, back, and wrist of each hand. Be sure to include the heel of the hand |  |
|  |  |  | 1. Interlace the fingers and thumbs, and move the hands back and forth. The steps includes: |  |
|  |  |  | 1. Right palm over left dorsum with interlaced fingers and vice versa |  |
|  |  |  | 1. Palm to palm with fingers interlaced |  |
|  |  |  | 1. Backs of fingers to opposing palms with fingers interlocked |  |
|  |  |  | 1. Rotational rubbing of left thumb clasped in right palm and vice versa |  |
|  |  |  | 1. Continue these motions for about 30 seconds |  |
|  |  |  | 1. Rub the fingertips against the palm of the opposite hand. |  |
|  |  |  | 1. Rinse the hands. |  |
|  |  |  | 1. Thoroughly pat dry the hands and arms. Dry hands and arms thoroughly with a paper towel without scrubbing. |  |
|  |  |  | 1. Discard the paper towel in the appropriate container |  |
|  |  |  | 1. Turn off the water. |  |
|  |  |  | 1. Use a new paper towel to grasp a hand-operated control Apply hand lotion if desired. |  |
|  |  |  | **Total 20 X 2= 40**  **Score \_\_\_\_ X 10 marks = \_\_\_\_\_\_\_ marks**  **40** |  |

**OVER ALL REMARKS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Signature of Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applying and Removing Personal Protective Equipment (Gloves, Gown, Mask, Eyewear)**

**PURPOSE •** To protect health care workers and clients from transmission of potentially infective materials

**Equipment:**

* Gown
* Mask
* Eyewear
* Clean glove

|  |  |
| --- | --- |
| **PROCEDURE** | **Rationale** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate |  |
| 2. Perform hand hygiene | Hand hygiene prevents the spread of microorganism |
| 3. Apply a clean gown.   * Pick up a clean gown, and allow it to unfold in front of you without allowing it to touch any area soiled with body substances. | Overlapping securely covers the uniform at the back. Waist ties keep the gown from falling away from the body, which can cause inadvertent soiling of the uniform. |
| * Slide the arms and the hands through the sleeves. * Fasten the ties at the neck to keep the gown in place. |  |
| * Overlap the gown at the back as much as possible, and fasten the waist ties or belt. |  |
| 4. Apply the face mask.   * Locate the top edge of the mask. The mask usually has a narrow metal strip along the edge | With the edge of the mask under the glasses, clouding of the glasses is less likely to occur. • |
| * Hold the mask by the top two strings or loops. |  |
| * • Place the upper edge of the mask over the bridge of the nose, and tie the upper ties at the back of the head or secure the loops around the ears. If glasses are worn, fit the upper edge of the mask under the glasses. |  |
| * Secure the lower edge of the mask under the chin, and tie the lower ties at the nape of the neck. | To be effective, a mask must cover both the nose and the mouth, because air moves in and out of both. • |
| * If the mask has a metal strip, adjust this firmly over the bridge of the nose. | A secure fit prevents both the escape and the inhalation of microorganisms around the edges of the mask and the fogging of eyeglasses. • |
| * Wear the mask only once, and do not wear any mask longer than the manufacturer recommends or once it becomes wet. | A mask should be used only once because it becomes ineffective when moist |
| * Do not leave a used face mask hanging around the neck. |  |
| 5. Apply protective eyewear if it is not combined with the face mask |  |
| 6. Apply clean gloves. |  |
| * No special technique is required. * If wearing a gown, pull the gloves up to cover the cuffs of the gown. If not wearing a gown, pull the gloves up to cover the wrists. |  |
| 7. To remove soiled PPE, remove the gloves first since they are the most soiled |  |
| * Remove the first glove by grasping it on its palmar surface, taking care to touch only glove to glove. | This keeps the soiled parts of the used gloves from touching the skin of the wrist or hand. |
| * Pull the first glove completely off by inverting or rolling the glove inside out |  |
| * Continue to hold the inverted removed glove by the fingers of the remaining gloved hand. Place the first two fingers of the bare hand inside the cuff of the second glove. | Touching the outside of the second soiled glove with the bare hand is avoided. |
| * Pull the second glove off to the fingers by turning it inside out. This pulls the first glove inside the second glove. | The soiled part of the glove is folded to the inside to reduce the chance of transferring any microorganisms by direct contact |
| * Using the bare hand, continue to remove the gloves, which are now inside out, and dispose of them in the refuse container |  |
| 8. Perform hand hygiene. | Contact with microorganisms may occur while removing PPE |
| 9. Remove protective eyewear and dispose of properly or place in the appropriate receptacle for cleaning. |  |
| 10. Remove the gown when preparing to leave the room. |  |
| * Avoid touching soiled parts on the outside of the gown, if possible. | The top part of the gown may be soiled, for example, if you have been holding an infant with a respiratory infection |
| * • Grasp the gown along the inside of the neck and pull down over the shoulders. Do not shake the gown |  |
| • Roll up the gown with the soiled part inside, and discard it in the appropriate container |  |
| 11. Remove the mask.   * Remove the mask at the doorway to the client’s room. If using a respirator mask, remove it after leaving the room and closing the door. |  |
| * If using a mask with strings, first untie the lower strings of the mask | This prevents the top part of the mask from falling onto the chest |
| * Untie the top strings and, while holding the ties securely, remove the mask from the face. If side loops are present, lift the side loops up and away from the ears and face. Do not touch the front of the mask. | The front of the mask through which the nurse has been breathing is contaminated. |
| * Discard a disposable mask in the waste container. |  |
| * Perform proper hand hygiene again. |  |

***Reference: Berman, A. et al. (2016) Kozier & Erb’s Fundamentals of Nursing: Concepts, Process and Practice. 10th Ed. New Jersey: Pearson Education, Inc***

**Applying and Removing Personal Protective Equipment (Gloves, Gown, Mask, Eyewear)**

Procedural Checklist

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score \_\_\_\_\_\_\_\_\_

Student ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legend:

2- Performed correctly

1- Performed incorrectly

1. Not performed

|  |  |  |
| --- | --- | --- |
| **Equipment** | Prepared | Not Prepared |
| * Gown |  |  |
| * Mask |  |  |
| * Eyewear |  |  |
| * Clean glove |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2** | **1** | **0** | **PROCEDURE** | **Comments** |
|  |  |  | 1. . Perform hand hygiene |  |
|  |  |  | 2. Apply a clean gown.   * Pick up a clean gown, and allow it to unfold in front of you without allowing it to touch any area soiled with body substances. |  |
|  |  |  | * Slide the arms and the hands through the sleeves |  |
|  |  |  | * Fasten the ties at the neck to keep the gown in place. |  |
|  |  |  | * Overlap the gown at the back as much as possible, and fasten the waist ties or belt. |  |
|  |  |  | 3. Apply the face mask. Locate the top edge of the mask. Hold the mask by the top two strings or loops.. |  |
|  |  |  | * Place the upper edge of the mask over the bridge of the nose, and tie the upper ties at the back of the head or secure the loops around the ears |  |
|  |  |  | * Secure the lower edge of the mask under the chin, and tie the lower ties at the nape of the neck. |  |
|  |  |  | * Adjust metal strip firmly over the bridge of the nose. |  |
|  |  |  | 5. Apply protective eyewear |  |
|  |  |  | 6. Apply clean gloves. Pull the gloves up to cover the cuffs of the gown |  |
|  |  |  | 7. To remove soiled PPE, remove the gloves first by grasping it on its palmar surface, taking care to touch only glove to glove. |  |
|  |  |  | * Pull the first glove completely off by inverting or rolling the glove inside out |  |
|  |  |  | * Continue to hold the inverted removed glove by the fingers of the remaining gloved hand. Place the first two fingers of the bare hand inside the cuff of the second glove. |  |
|  |  |  | * Pull the second glove off to the fingers by turning it inside out. |  |
|  |  |  | * Using the bare hand, continue to remove the gloves, which are now inside out, and dispose of them in the refuse container |  |
|  |  |  | 8. Perform hand hygiene. |  |
|  |  |  | 9. Remove protective eyewear and dispose of properly |  |
|  |  |  | 10. Remove the gown when preparing to leave the room. |  |
|  |  |  | * Avoid touching soiled parts on the outside of the gown, if possible. |  |
|  |  |  | * • Grasp the gown along the inside of the neck and pull down over the shoulders. Do not shake the gown |  |
|  |  |  | * Roll up the gown with the soiled part inside, and discard it in the appropriate container |  |
|  |  |  | 11. Remove the mask. Untie the lower strings of the mask |  |
|  |  |  | * Untie the top strings and, while holding the ties securely, remove the mask from the face. Do not touch the front of the mask. |  |
|  |  |  | * Discard a disposable mask in the waste container. |  |
|  |  |  | * Perform proper hand hygiene again. |  |
|  |  |  | TOTAL ( 26 x 2 = 54 points)  Score \_\_\_\_\_\_ X 10 = \_\_\_\_\_\_\_\_\_ marks  54 |  |

**OVER ALL REMARKS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Signature of Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_**

**APPLYING AND REMOVING STERILE GLOVES (OPEN METHOD) AND (CLOSED METHOD)**

**PURPOSE:**

• To enable the nurse to handle or touch sterile objects freely without contaminating them

• To prevent transmission of potentially infective organisms from the nurse’s hands to clients at high risk for infection

Equipment

• Packages of sterile gloves

|  |  |
| --- | --- |
| **PROCEDURE** | **Rationale** |
| 1.Introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures |  |
| 3-Provide for client privacy |  |
| 4.Open the package of sterile gloves.  a- Place sterile glove package on clean, dry surface | Any moisture on the surface could contaminate the gloves |
| b- Open the package. If the package is inside a plastic cover, remove the cover. | - |
| c- Place the package in the work area so that the top flap of the wrapper opens away from you. |  |
| d-Reaching around the package (not over it), pinch the first flap on the outside of the wrapper between the thumb and index finger, Pull the flap open, laying it flat on the far surface. | Touching only the outside of the wrapper maintains the sterility of the inside of the wrapper.  -By using both hands, you avoid reaching over the sterile contents |
| e-Repeat for the side flaps, opening the top most one first. Use the right hand for the right flap, and the left hand for the left flap. |  |
| f-Pull the fourth flap toward you by grasping the corner that is turned down |  |
| **Applying and Sterile Gloves (Open Method)** |  |
| 1-Put the first glove on the dominant hand. |  |
| a-grasp the glove for the dominant hand by its folded cuff edge with the thumb and first finger of the non-dominant hand Touch only the inside of the cuff. | - The hands are not sterile. By touching only the inside of the glove, the nurse avoids contaminating the outside |
| b-Insert the dominant hand into the glove and pull the glove on. Keep the thumb of the inserted hand against the palm of the hand during insertion |  |
| 2- Put the second glove on the monodominant hand |  |
| a- Pick up the other glove with the sterile gloved hand, inserting the gloved fingers under the cuff and holding the gloved thumb close to the gloved palm. |  |
| b-Pull on the second glove carefully. Hold the thumb of the gloved first hand as far as possible from the palm. | If the thumb is kept against the palm, it is less likely to contaminate the outside  of the glove |
| c-Adjust each glove so that it fits smoothly, and carefully pull the cuffs up by sliding the fingers under the cuffs. | In this position, the thumb is less likely to touch the arm and become contaminated. |
| **Applying a Sterile Gloves (Closed Method)** |  |
| 1-Open the sterile glove wrapper while the hands are still covered by the sleeves. |  |
| 2-Put the glove on the non-dominant hand. |  |
| 1. With the dominant hand, pick up the opposite glove with the thumb and index finger, handling it through the sleeve. |  |
| 1. Lay the glove on the opposite gown cuff, thumb side down ,with the glove opening pointed toward the fingers. |  |
| 1. Use the non-dominant hand to grasp the cuff of the glove through the gown cuff, and firmly anchor it |  |
| 1. With the dominant hand working through its sleeve, grasp the upper side of the glove’s cuff, and stretch it over the cuff of the gown. |  |
| 1. Pull the sleeve up to draw the cuff over the wrist as you extend the fingers of the non-dominant hand into the glove’s fingers. |  |
| 3-Put the glove on the dominant hand. |  |
| * Place the fingers of the gloved hand under the cuff of the remaining glove. |  |
| * Extend the fingers into the glove as you pull the glove up over the cuff of the gown |  |
| **Removing the Gloves** |  |
| 1. Remove gloves by turning them inside out, and dispose it. |  |
| 1. Perform hand hygiene |  |
| 1. Document that sterile technique was used in the performance of the procedure |  |

***Reference: Berman, A. et al. (2016) Kozier & Erb’s Fundamentals of Nursing: Concepts, Process and Practice. 10th Ed. New Jersey: Pearson Education, Inc***

**figures**

**5-(a)Applying and Sterile Gloves (Open Method)**

**5-1(a)**

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**5-1(b)**

****

**5-2(a)**

****

**5-2(b)**

****

**4-Open the package of sterile gloves**

**4.b**

****

**4.d**

** 4.e**

****

**4.f**

****

****

**5-b(3)**

**5-(b)Applying a Sterile Gloves (Closed Method)**

**5-b(1) 6-b(2)**

****

**5-b(2)**

****

**APPLYING AND REMOVING STERILE GLOVES (OPEN METHOD) AND (CLOSED METHOD)**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student No. \_\_\_\_\_\_\_\_\_\_\_**

Legend:

2- Performed correctly

1- Performed incorrectly

1. Not performed

Equipment

• Packages of sterile gloves

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2** | **1** | **0** | **PROCEDURE** | **Comments** |
|  |  |  | 1. Perform hand hygiene |  |
|  |  |  | 1. Provide for client privacy |  |
|  |  |  | 1. -Place sterile glove package on clean, dry surface |  |
|  |  |  | 1. Open the package of sterile gloves. |  |
|  |  |  | 1. Place the package in the work area. Make sure that the top flap of the wrapper opens away from you. |  |
|  |  |  | 1. Reaching around the package (not over it), pinch the first flap on the outside of the wrapper between the thumb and index finger, Pull the flap open, laying it flat on the far surface. |  |
|  |  |  | 1. Repeat for the side flaps, opening the top most one first. Use the right hand for the right flap, and the left hand for the left flap. |  |
|  |  |  | 1. Pull the fourth flap toward you by grasping the corner that is turned down |  |
|  |  |  | **Applying and Sterile Gloves (Open Method)** |  |
|  |  |  | 1-Put the first glove on the dominant hand. |  |
|  |  |  | a-grasp the glove for the dominant hand by its folded cuff edge with the thumb and first finger of the non-dominant hand Touch only the inside of the cuff. |  |
|  |  |  | b-Insert the dominant hand into the glove and pull the glove on. Keep the thumb of the inserted hand against the palm of the hand during insertion |  |
|  |  |  | 2- Put the second glove on the monodominant hand |  |
|  |  |  | a- Pick up the other glove with the sterile gloved hand, inserting the gloved fingers under the cuff and holding the gloved thumb close to the gloved palm. |  |
|  |  |  | b-Pull on the second glove carefully. Hold the thumb of the gloved first hand as far as possible from the palm. |  |
|  |  |  | c-Adjust each glove so that it fits smoothly, and carefully pull the cuffs up by sliding the fingers under the cuffs. |  |
|  |  |  | **Applying a Sterile Gloves (Closed Method)** |  |
|  |  |  | 1-Open the sterile glove wrapper while the hands are still covered by the sleeves. |  |
|  |  |  | 2-Put the glove on the non-dominant hand. |  |
|  |  |  | a- With the dominant hand, pick up the opposite glove with the thumb and index finger, handling it through the sleeve. |  |
|  |  |  | b-Lay the glove on the opposite gown cuff, thumb side down ,with the glove opening pointed toward the fingers. |  |
|  |  |  | c-Use the non-dominant hand to grasp the cuff of the glove through the gown cuff, and firmly anchor it |  |
|  |  |  | d-With the dominant hand working through its sleeve, grasp the upper side of the glove’s cuff, and stretch it over the cuff of the gown. |  |
|  |  |  | e-Pull the sleeve up to draw the cuff over the wrist as you extend the fingers of the non-dominant hand into the glove’s fingers. |  |
|  |  |  | 3-Put the glove on the dominant hand. |  |
|  |  |  | a-Place the fingers of the gloved hand under the cuff of the remaining glove. |  |
|  |  |  | b-Extend the fingers into the glove as you pull the glove up over the cuff of the gown |  |
|  |  |  | **Removing the Gloves** |  |
|  |  |  | 1. Remove gloves by turning them inside out, and dispose it. |  |
|  |  |  | 1. Perform hand hygiene |  |
|  |  |  | TOTAL (27 x 2= 54 pts)  Score \_\_\_\_ X 10 marks = \_\_\_\_\_\_\_\_\_\_\_\_  58 |  |

**OVER ALL REMARKS**

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**Name and Signature of Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Establishing and Maintaining a Sterile Field**

**Procedure**

**PURPOSES**

To ensure that sterile items remain sterile

Equipment

• Package containing a sterile drape

• Sterile equipment as needed (e.g., wrapped sterile gauze, wrapped sterile bowl, antiseptic solution, sterile forceps)

|  |  |
| --- | --- |
| **PROCEDURE** | **Rationale** |
| **Preparation** |  |
| 1. Ensure that the package is clean and dry; if moisture is noted on the inside of a plastic-wrapped package or the outside of a cloth-wrapped package, it is considered contaminated and must be discarded. |  |
| 1. Check the sterilization expiration dates on the package, and look for any indications that it has been previously opened. Spots or stains on cloth or paper-wrapped objects may indicate contamination, and the objects should not be used. |  |
| 1. Follow agency practice for disposal of possibly contaminated packages. |  |
| **Performance** |  |
| 1. Introduce self and verify the client’s identity using agency protocol. |  |
| 1. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. |  |
| 1. Perform hand hygiene and observe other appropriate infection prevention procedures |  |
| 1. Provide for client privacy. |  |
| 1. Open the package. If the package is inside a plastic cover, remove the cover. |  |
| **To Open a Wrapped Package on a Surface •** |  |
| 1. Place the package in the work area so that the top flap of the wrapper opens away from you. | Touching only the outside of the wrapper maintains the sterility of the inside of the wrapper. |
| 1. • Reaching around the package (not over it), pinch the first flap on the outside of the wrapper between the thumb and index finger. |  |
| 1. Pull the flap open, laying it flat on the far surface. |  |
| 1. Repeat for the side flaps, opening the topmost one first. Use the right hand for the right flap, and the left hand for the left flap. | By using both hands, you avoid reaching over the sterile contents. • |
| 1. Pull the fourth flap toward you by grasping the corner that is turned down. |  |
| **Opening a Wrapped Package While Holding It** |  |
| 1. Hold the package in one hand with the top flap opening away from you. |  |
| 1. Using the other hand, open the package as described above, pulling the corners of the flaps well back. |  |
| 1. Tuck each of the corners into the hand holding the package so that they do not flutter and contaminate sterile objects. The hands are considered contaminated, and at no time should they touch the contents of the package. |  |
| **Establish a sterile field by using a drape**. |  |
| 1. Open the package containing the drape With one hand, pluck the corner of the drape that is folded back on the top touching only one side of the drape. |  |
| 1. Lift the drape out of the cover, and allow it to open freely without touching any objects. | If the drape touches the outside of the package or any unsterile surface, it is considered contaminated |
| 1. With the other hand, carefully pick up another corner of the drape, holding it well away from you and, again, touching only the same side of the drape as the first hand. |  |
| 1. Lay the drape on a clean and dry surface, placing the bottom (i.e., the freely hanging side) farthest from you. | By placing the lowermost side farthest away, you avoid leaning over the sterile field and contaminating it. |
| 1. Add necessary sterile supplies, being careful not to touch the drape with the hands |  |

***Reference: Berman, A. et al. (2016) Kozier & Erb’s Fundamentals of Nursing: Concepts, Process and Practice. 10th Ed. New Jersey: Pearson Education, Inc***

**Establishing and Maintaining a Sterile Field**

**Procedure**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score \_\_\_\_\_\_\_\_\_

Student ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legend:

2- Performed correctly

1- Performed incorrectly

1. Not performed

|  |  |  |
| --- | --- | --- |
| **Equipment** | Prepared | Not Prepared |
| Package containing a sterile drape |  |  |
| • Sterile equipment as needed (e.g., wrapped sterile gauze, wrapped sterile bowl, antiseptic solution, sterile forceps) |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | 1 | 0 | **PROCEDURE** | **Comments** |
|  |  |  | **Preparation** |  |
|  |  |  | 1. Ensure that the package is clean and dry |  |
|  |  |  | 1. Check the sterilization expiration dates on the package, and look for any indications that it has been previously opened. |  |
|  |  |  | **Performance** |  |
|  |  |  | 1. Perform hand hygiene |  |
|  |  |  | 1. Open the package. Remove the cover. |  |
|  |  |  | **To Open a Wrapped Package on a Surface •** |  |
|  |  |  | 1. Place the package in the work area so that the top flap of the wrapper opens away from you. |  |
|  |  |  | 1. Reaching around the package (not over it), pinch the first flap on the outside of the wrapper between the thumb and index finger. |  |
|  |  |  | 1. Pull the flap open, laying it flat on the far surface. |  |
|  |  |  | 1. Repeat for the side flaps, opening the topmost one first. Use the right hand for the right flap, and the left hand for the left flap. |  |
|  |  |  | 1. Pull the fourth flap toward you by grasping the corner that is turned down. |  |
|  |  |  | **Opening a Wrapped Package While Holding It** |  |
|  |  |  | 1. Hold the package in one hand with the top flap opening away from you. |  |
| **2** | **1** | **0** |  |  |
|  |  |  | 1. Using the other hand, open the package as described above, pulling the corners of the flaps well back. |  |
|  |  |  | 1. Tuck each of the corners into the hand holding the package so that they do not flutter and contaminate sterile objects. |  |
|  |  |  | **Establish a sterile field by using a drape**. |  |
|  |  |  | 1. Open the package containing the drape . With one hand, pluck the corner of the drape that is folded back on the top touching only one side of the drape. |  |
|  |  |  | 1. Lift the drape out of the cover, and allow it to open freely without touching any objects. |  |
|  |  |  | 1. **Open the package containing the drape .** |  |
|  |  |  | 1. With one hand, pluck the corner of the drape that is folded back on the top touching only one side of the drape. |  |
|  |  |  | 1. Lift the drape out of the cover, and allow it to open freely without touching any objects. |  |
|  |  |  | 1. With the other hand, carefully pick up another corner of the drape, holding it well away from you and, again, touching only the same side of the drape as the first hand. |  |
|  |  |  | 1. Lay the drape on a clean and dry surface, placing the bottom (i.e., the freely hanging side) farthest from you. |  |
|  |  |  | 1. Add necessary sterile supplies, being careful not to touch the drape with the hands |  |
|  |  |  | TOTAL (19 X 2 = 38 points)  Score \_\_\_\_\_\_\_ x 10 = \_\_\_\_\_\_\_\_\_\_\_\_ marks  38 |  |

**OVER ALL REMARKS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Signature of Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessing Body Temperature**

**Procedure**

**PURPOSES**

* To establish baseline data for subsequent evaluation
* To identify whether the core temperature is within normal range
* To determine changes in the core temperature in response to specific therapies (e.g., antipyretic medication, immunosuppressive therapy, invasive procedure)

Equipment

* Thermometer
* Thermometer sheath or cover
* Water-soluble lubricant for a rectal temperature
* Clean gloves for a rectal temperature
* Towel for axillary temperature
* Tissues/wipes

|  |
| --- |
| **PROCEDURE** |
| **Preparation** |
| 1. Check that all equipment is functioning normally |
| **Performance** |
| 1. Introduce self and verify the client’s identity using agency protocol |
| 1. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. |
| 1. Perform hand hygiene and observe appropriate infection prevention procedures. |
| 1. Apply gloves if performing a rectal temperature. |
| 1. Provide for client privacy. |
| 1. Position the client appropriately |
| 1. Place the thermometer. Apply a protective sheath or probe cover if appropriate. |
| 1. Wait the appropriate amount of time. Electronic and tympanic thermometers will indicate that the reading is complete through a light or tone. Check package instructions for length of time to wait prior to reading chemical dot or tape thermometers. |
| 1. Remove the thermometer and discard the cover or wipe with a tissue if necessary. If gloves were applied, remove and discard them. |
| 1. Perform hand hygiene. |
| 1. Read the temperature and record it on your worksheet. If the temperature is obviously too high, too low, or inconsistent with the client’s condition, recheck it with a thermometer known to be functioning properly. |
| 1. Wash the thermometer if necessary and return it to the storage location. |
| 1. Document the temperature in the client record. |

***Reference: Berman, A. et al. (2016) Kozier & Erb’s Fundamentals of Nursing: Concepts, Process and Practice. 10th Ed. New Jersey: Pearson Education, Inc***

**Assessing a Peripheral Pulse**

Procedure

**PURPOSES**

* To establish baseline data for subsequent evaluation
* To identify whether the pulse rate is within normal range
* To determine the pulse volume and whether the pulse rhythm is regular
* To determine the equality of corresponding peripheral pulses on each side of the body
* To monitor and assess changes in the client’s health status
* To monitor clients at risk for pulse alterations (e.g., those with a history of heart disease or experiencing cardiac arrhythmias, hemorrhage, acute pain, infusion of large volumes of fluids, or fever)
* To evaluate blood perfusion to the extremities

Equipment

* Clock or watch with a sweep second hand or digital seconds indicator

|  |  |
| --- | --- |
| **PROCEDURE** | **Rationale** |
| **Performance (Continuation of Procedure from Assessing temperature )** |  |
| 1. Select the pulse point. |  |
| 1. Assist the client to a comfortable resting position.  * When the radial pulse is assessed, with the palm facing downward, the client’s arm can rest alongside the body or the forearm can rest at a 90-degree angle across the chest. * For the client who can sit, the forearm can rest across the thigh, with the palm of the hand facing downward or inward |  |
| 1. Palpate and count the pulse. Place two or three middle   fingertips lightly and squarely over the pulse point. | Using the thumb is contraindicated because the nurse’s thumb has a pulse that could be mistaken for the  client’s pulse. |
| 1. Count for one full minute. If an irregular pulse is found, also take the apical pulse |  |
| 1. . Assess the pulse rhythm and volume. 2. • Assess the pulse rhythm by noting the pattern of the   intervals between the beats. A normal pulse has equal time periods between beats. If this is an initial assessment, assess for 1 minute. |  |
| 1. Assess the pulse volume. A normal pulse can be felt with moderate pressure, and the pressure is equal with each beat. A forceful pulse volume is full; an easily obliterated pulse is weak. |  |

***Reference: Berman, A. et al. (2016) Kozier & Erb’s Fundamentals of Nursing: Concepts, Process and Practice. 10th Ed. New Jersey: Pearson Education, Inc***

**Assessing Respirations**

Procedure

**PURPOSES**

* To acquire baseline data against which future measurements can be compared
* To monitor abnormal respirations and respiratory patterns and identify changes
* To monitor respirations before or after the administration of a general anesthetic or any medication that influences respirations
* To monitor clients at risk for respiratory alterations (e.g., those with fever, pain, acute anxiety, chronic obstructive pulmonary disease, asthma, respiratory infection, pulmonary edema or emboli, chest trauma or constriction, brainstem injury)

Equipment

* Clock or watch with a sweep second hand or digital seconds indicator

|  |  |
| --- | --- |
| **PROCEDURE** | **Rationale** |
| **Preparation**   1. For a routine assessment of respirations, determine the client’s activity schedule and choose a suitable time to monitor the respirations. A client who has been exercising will need to rest for a few minutes to permit the accelerated respiratory rate to return to normal. |  |
| **Performance** |  |
| 1. Observe or palpate and count the respiratory rate.  * The client’s awareness that the nurse is counting the respiratory rate could cause the client to purposefully alter the respiratory pattern. * If you anticipate this, place a hand against the client’s chest to feel the chest movements with breathing, or place the client’s arm across the chest and observe the chest movements while supposedly taking the radial pulse. |  |
| 1. Count the respiratory rate for 30 seconds if the respirations are regular. Count for 60 seconds if they are irregular. An inhalation and an exhalation count as one respiration. |  |
| 1. Observe the depth, rhythm, and character of respirations. Observe the respirations for depth by watching the   movement of the chest. | During deep respirations, a large volume of air is exchanged; during shallow respirations, a small volume is exchanged. |
| 1. Observe the respirations for regular or irregular rhythm. | Normally, respirations are evenly spaced |
| 1. Observe the character of respirations—the sound they   produce and the effort they require. | Normally, respirations are silent and effortless. |
| 1. Document the respiratory rate, depth, rhythm, and character on the appropriate record |  |

***Reference: Berman, A. et al. (2016) Kozier & Erb’s Fundamentals of Nursing: Concepts, Process and Practice. 10th Ed. New Jersey: Pearson Education, Inc***

**Assessing Temperature, Pulse and Respiration**

Procedural Checklist

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student No. \_\_\_\_\_\_\_\_\_\_\_**

Legend:

2- Performed correctly

1- Performed incorrectly

1. Not performed

|  |  |  |
| --- | --- | --- |
| Equipment | Prepared | Not Prepared |
| * Thermometer |  |  |
| * Thermometer sheath or cover |  |  |
| * Water-soluble lubricant for a rectal temperature |  |  |
| * Towel for axillary temperature |  |  |
| * Tissues/wipes |  |  |
| * Clock or watch with a sweep second hand or digital seconds indicator |  |  |

| **2** | **1** | **0** | **PROCEDURE** | **Comments** |
| --- | --- | --- | --- | --- |
|  |  |  | **Assessing Temperature** |  |
|  |  |  | **Preparation**   1. Check that all equipment is functioning normally |  |
|  |  |  | **Performance** |  |
|  |  |  | 1. Introduce self and verify the client’s identity |  |
|  |  |  | 1. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. |  |
|  |  |  | 1. Perform hand hygiene and observe appropriate infection prevention procedures. |  |
|  |  |  | 1. Provide for client privacy. |  |
|  |  |  | 1. Position the client appropriately |  |
|  |  |  | 1. Place the thermometer. Apply a protective sheath or probe cover if appropriate. |  |
|  |  |  | 1. Wait the appropriate amount of time. |  |
|  |  |  | 1. Remove the thermometer and discard the cover or wipe with a tissue if necessary. |  |
|  |  |  | 1. Perform hand hygiene. |  |
|  |  |  | 1. Read the temperature and record it on your worksheet |  |
|  |  |  | 1. Return the thermometer to the storage location. |  |
|  |  |  | **Assessing Pulse** |  |
|  |  |  | 1. Select the pulse point. |  |
|  |  |  | 1. Assist the client to a comfortable resting position.  * When the radial pulse is assessed, with the palm facing downward, the client’s arm can rest alongside the body or the forearm can rest at a 90-degree angle across the chest. * For the client who can sit, the forearm can rest across the thigh, with the palm of the hand facing downward or inward |  |
|  |  |  | 1. Palpate and count the pulse. Place two or three middle   fingertips lightly and squarely over the pulse point. |  |
|  |  |  | 1. Count for 15 seconds and multiply by 4 |  |
|  |  |  | 1. Assess the pulse rhythm and volume. |  |
|  |  |  | **Assessing Respiration** |  |
|  |  |  | 1. Observe or palpate and count the respiratory rate. |  |
|  |  |  | 1. Count the respiratory rate for 30 seconds if the respirations are regular. |  |
|  |  |  | 1. Observe the depth, rhythm, and character of respirations.. |  |
|  |  |  | 1. Observe the respirations for regular or irregular rhythm. |  |
|  |  |  | 1. Observe the character of respirations—the sound they   produce and the effort they require. |  |
|  |  |  | 1. Document the respiratory rate, depth, rhythm, and character on the appropriate record |  |
|  |  |  | 1. Document all the findings |  |
|  |  |  | Total (24 X 2 = 48 )  Score \_\_\_\_ X 10 = \_\_\_\_\_ marks  48 |  |

**OVER ALL REMARKS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Signature of Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessing Blood Pressure**

**Procedure**

**PURPOSES**

* To obtain a baseline measurement of arterial blood pressure for subsequent evaluation
* To determine the client’s hemodynamic status (e.g., cardiac output: stroke volume of the heart and blood vessel resistance)

Equipment

* Stethoscope
* Blood pressure cuff of the appropriate size
* Sphygmomanometer

|  |  |
| --- | --- |
| **PROCEDURE** | **Rationale** |
| **Preparation** |  |
| 1. Ensure that the equipment is intact and functioning properly. Check for leaks in the tubing between the cuff and the sphygmomanometer. |  |
| 1. Make sure that the client has not smoked or ingested caffeine within 30 minutes prior to measurement.. | Smoking constricts blood vessels, and caffeine increases the pulse rate. Both of these cause a temporary increase in blood pressure |
| **Performance** |  |
| 1. Introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. |  |
| 1. Perform hand hygiene and observe appropriate infection prevention procedures. |  |
| 1. Provide for client privacy |  |
| 1. Position the client appropriately.   The adult client should be sitting unless otherwise specified. Both feet should be flat on the floor. | Legs crossed at the knee results in elevated systolic and diastolic blood pressures |
| 1. The elbow should be slightly flexed with the palm of the hand facing up and the arm supported at heart level. Readings in any other position should be specified. The blood pressure is normally similar in sitting, standing, and lying positions, but it can vary significantly by position in certain persons | The blood pressure increases when the arm is below heart level and decreases when the arm is above heart level |
| 1. Wrap the deflated cuff evenly |  |
| 1. Expose the upper arm around the upper arm. Locate the brachial artery |  |
| 1. Apply the center of the bladder directly over the artery. | The bladder inside the cuff must be directly over the artery to be compressed if the reading is to be accurate. • For an adult, place the lower border of the cuff  approximately 2.5 cm (1 in.) above the antecubital space. |
| 1. If this is the client’s initial examination, perform a preliminary palpatory determination of systolic pressure. • Palpate the brachial artery with the fingertips. | The initial estimate tells the nurse the maximal pressure to which the sphygmomanometer needs to be elevated in subsequent determinations. It also prevents underestimation of the systolic pressure or overestimation of the diastolic pressure should an auscultatory gap occur. |
| 1. Close the valve on the bulb. Pump up the cuff until you no longer feel the brachial pulse. At that pressure the blood cannot flow through the artery. Note the pressure on the sphygmomanometer at which pulse is no longer felt.. | This gives an estimate of the systolic pressure |
| 1. Release the pressure completely in the cuff, and wait 1 to 2 minutes before making further measurements. | A waiting period gives the blood trapped in the veins time to be released. Otherwise, false high systolic readings will occur. |
| 1. Position the stethoscope appropriately.   • Cleanse the earpieces with antiseptic wipe.  • Insert the ear attachments of the stethoscope in your ears so that they tilt slightly forward | Sounds are heard more clearly when the ear attachments follow the direction of the ear canal |
| 1. Ensure that the stethoscope hangs freely from the ears to the diaphragm | If the stethoscope tubing rubs against an object, the noise can block the sounds of the blood within the artery. |
| 1. Place the bell side of the amplifier of the stethoscope over the brachial pulse site | Because the blood pressure is a low-frequency sound, it is best heard with the bell-shaped diaphragm. |
| 1. Place the stethoscope directly on the skin, not on clothing over the site | This is to avoid noise made from rubbing the amplifier against cloth. |
| 1. Hold the diaphragm with the thumb and index finger. |  |
| 1. Auscultate the client’s blood pressure. • Pump up the cuff until the sphygmomanometer reads 30 mmHg above the point where the brachial pulse disappeared |  |
| 1. Release the valve on the cuff carefully so that the pressure decreases at the rate of 2 to 3 mmHg per second | If the rate is faster or slower, an error in measurement may occur. |
| 1. As the pressure falls, identify the manometer reading at Korotkoff phases 1, 4, and 5. | There is no clinical significance to phases 2 and 3. |
| 1. Deflate the cuff rapidly and completely. • Wait 1 to 2 minutes before making further determinations | This permits blood trapped in the veins to be released |
| 1. Repeat the above steps to confirm the accuracy of the reading—especially if it falls outside the normal range . If there is greater than 5 mmHg difference between the two readings, additional measurements may be taken and the results averaged. |  |
| 1. .If this is the client’s initial examination, repeat the procedure on the client’s other arm. There should be a difference of no more than 10 mmHg between the arms. The arm found to have the higher pressure should be used for subsequent examinations. |  |
| 1. Remove the cuff from the client’s arm. |  |
| 1. Wipe the cuff with an approved disinfectant. The client uses it for the length of stay and then it is discarded. | Cuffs can become significantly contaminated. Many institutions use disposable blood pressure cuffs.  This decreases the risk of spreading infection by sharing cuffs. |
| 1. Document and report pertinent assessment data according to agency policy.   . |  |

***Reference: Berman, A. et al. (2016) Kozier & Erb’s Fundamentals of Nursing: Concepts, Process and Practice. 10th Ed. New Jersey: Pearson Education, Inc***

**Assessing Blood Pressure**

Procedural Checklist

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student No. \_\_\_\_\_\_\_\_\_\_\_**

Legend:

2- Performed correctly

1- Performed incorrectly

1. Not performed

|  |  |  |
| --- | --- | --- |
| Equipment | Prepared | Not Prepared |
| * Stethoscope |  |  |
| * Blood pressure cuff of the appropriate size |  |  |
| * Sphygmomanometer |  |  |

| **2** | **1** | **0** | **PROCEDURE** | **Comments** |
| --- | --- | --- | --- | --- |
|  |  |  | **Preparation** |  |
|  |  |  | 1. Ensure that the equipment is intact and functioning properly. Check for leaks in the tubing between the cuff and the sphygmomanometer. |  |
|  |  |  | 1. Make sure that the client has not smoked or ingested caffeine within 30 minutes prior to measurement.. |  |
|  |  |  | **Performance** |  |
|  |  |  | 1. Introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. |  |
|  |  |  | 1. Perform hand hygiene and observe appropriate infection prevention procedures. |  |
|  |  |  | 1. Provide for client privacy |  |
|  |  |  | 1. Position the client appropriately. The adult client should be sitting unless otherwise specified. Both feet should be flat on the floor. |  |
|  |  |  | 1. Slightly flex the elbow, with the palm of the hand facing up and the arm supported at heart level. |  |
|  |  |  | 1. Wrap the deflated cuff evenly. |  |
|  |  |  | 1. Expose the upper arm around the upper arm. Locate the brachial artery |  |
|  |  |  | 1. Apply the center of the bladder directly over the artery. |  |
|  |  |  | 1. Perform a preliminary palpatory determination of systolic pressure. • Palpate the brachial artery with the fingertips. |  |
|  |  |  | 1. Close the valve on the bulb. Pump up the cuff until you no longer feel the brachial pulse. Note the pressure on the sphygmomanometer at which pulse is no longer felt.. |  |
|  |  |  | 1. Release the pressure completely in the cuff, and wait 1 to 2 minutes before making further measurements. |  |
|  |  |  | 1. Position the stethoscope appropriately. |  |
|  |  |  | 1. Ensure that the stethoscope hangs freely from the ears to the diaphragm |  |
|  |  |  | 1. Place the bell side of the amplifier of the stethoscope over the brachial pulse site |  |
|  |  |  | 1. Place the stethoscope directly on the skin, not on clothing over the site |  |
|  |  |  | 1. Hold the diaphragm with the thumb and index finger. |  |
|  |  |  | 1. Auscultate the client’s blood pressure. • Pump up the cuff until the sphygmomanometer reads 30 mmHg above the point where the brachial pulse disappeared |  |
|  |  |  | 1. Release the valve on the cuff carefully so that the pressure decreases at the rate of 2 to 3 mmHg per second |  |
|  |  |  | 1. As the pressure falls, identify the manometer reading at Korotkoff phases 1, 4, and 5. |  |
|  |  |  | 1. Deflate the cuff rapidly and completely. • Wait 1 to 2 minutes before making further determinations |  |
|  |  |  | 1. Repeat the above steps to confirm the accuracy of the reading—especially if it falls outside the normal range . |  |
|  |  |  | 1. Remove the cuff from the client’s arm. |  |
|  |  |  | 1. Document and report pertinent assessment data according   to agency policy. |  |
|  |  |  | Total \_­­­Marks \_------ X 10------- marks \_\_\_\_ \_\_\_\_\_\_  50 |  |

**OVER ALL REMARKS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Signature of Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Measuring Oxygen Saturation**

Procedure

**PURPOSES**

* To estimate the arterial blood oxygen saturation
* To detect the presence of hypoxemia before visible signs develop

Equipment

• Nail polish remover as needed

• Alcohol wipe

• Sheet or towel

• Pulse oximeter

|  |  |
| --- | --- |
| **PROCEDURE** | **Rationale** |
| **Preparation:** |  |
| 1. Check that the oximeter equipment is functioning normally. |  |
| **Performance** |  |
| 1. Introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. |  |
| 1. Perform hand hygiene and observe appropriate infection prevention procedures. |  |
| 1. Provide for client privacy |  |
| 1. Choose a sensor appropriate for the client’s weight, size, and desired location.  * If the client is allergic to adhesive, use a clip or sensor without adhesive * If using an extremity apply the sensor only if the proximal pulse and capillary refill at the point closest to the site are present * Avoid using lower extremities that have a compromised circulation and extremities that are used for infusions or other invasive monitoring. | Weight limits of sensors overlap, if a pediatric sensor could be used for a small adult. |
| 1. Prepare the site. • Clean the site with an alcohol wipe before applying the sensor. • It may be necessary to remove a female client’s dark nail polish | Nail polish may interfere with accurate measurements although the data about this are inconsistent. |
| 1. Alternatively, position the sensor on the side of the finger rather than perpendicular to the nail bed |  |
| 1. Apply the sensor, and connect it to the pulse oximeter.   • Make sure the LED and photodetector are accurately aligned, that is, opposite each other on either side of the finger, toe, nose, or earlobe. |  |
| 1. Attach the sensor cable to the connection outlet on the oximeter. Turn on the machine according to the manufacturer’s directions. |  |
| 1. Ensure that the bar of light or waveform on the face of the oximeter fluctuates with each pulsation |  |
| 1. Set and turn on the alarm when using continuous monitoring |  |
| 1. Check the preset alarm limits for high and low oxygen saturation and high and low pulse rates. Change these alarm limits according to the manufacturer’s directions as indicated. Ensure that the audio and visual alarms are on before you leave the client. A tone will be heard and a number will blink on the faceplate. |  |
| 1. Ensure client safety. Inspect and/or move or change the location of an adhesive toe or finger sensor every 4 hours and a spring-tension sensor every 2 hours. |  |
| 1. Inspect the sensor site tissues for irritation from adhesive sensors |  |
| 1. Ensure the accuracy of measurement. |  |
| 1. Minimize motion artifacts by using an adhesive sensor, or immobilize the client’s monitoring site | Movement of the client’s finger or toe may be misinterpreted by the oximeter as arterial pulsations |
| 1. If indicated, cover the sensor with a sheet or towel to block large amounts of light from external sources (e.g., sunlight, procedure lamps, or bilirubin lights in the nursery). | Bright room light may be sensed by the photodetector and alter the SpO2 value. |
| 1. Compare the pulse rate indicated by the oximeter to the radial pulse periodically. | A large discrepancy between the two values  may indicate oximeter malfunction |
| 1. Document the oxygen saturation on the appropriate record at designated intervals |  |

***Reference: Berman, A. et al. (2016) Kozier & Erb’s Fundamentals of Nursing: Concepts, Process and Practice. 10th Ed. New Jersey: Pearson Education, Inc***

**Measuring Oxygen Saturation**

**Procedure**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score \_\_\_\_\_\_\_\_\_

Student ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legend:

2- Performed correctly

1- Performed incorrectly

1. Not performed

|  |  |  |
| --- | --- | --- |
| **Equipment** | Prepared | Not Prepared |
| • Nail polish remover as needed |  |  |
| • Alcohol wipe |  |  |
| • Sheet or towel |  |  |
| • Pulse oximeter |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | 1 | 0 | **PROCEDURE** | **Comments** |
|  |  |  | **Preparation:** |  |
|  |  |  | 1. Check that the oximeter equipment is functioning normally. |  |
|  |  |  | **Performance** |  |
|  |  |  | 1. Introduce self and verify the client’s identity. Explain to the client what you are going to do |  |
|  |  |  | 1. Perform hand hygiene |  |
|  |  |  | 1. Provide for client privacy |  |
|  |  |  | 1. Prepare the site. • Clean the site with an alcohol wipe before applying the sensor. |  |
|  |  |  | 1. Apply the sensor, and connect it to the pulse oximeter |  |
|  |  |  | 1. Attach the sensor cable to the connection outlet on the oximeter. Turn on the machine according to the manufacturer’s directions. |  |
|  |  |  | 1. Ensure that the bar of light or waveform on the face of the oximeter fluctuates with each pulsation |  |
|  |  |  | 1. Set and turn on the alarm when using continuous monitoring |  |
|  |  |  | 1. Check the preset alarm limits for high and low oxygen saturation and high and low pulse rates. A tone will be heard and a number will blink on the faceplate. |  |
|  |  |  | 1. Document the oxygen saturation on the appropriate record at designated intervals |  |
|  |  |  | TOTAL (11 X 2 = 22 points)  Score \_\_\_\_\_\_\_ x 10 = \_\_\_\_\_\_\_\_\_\_\_\_ marks  22 |  |

**OVER ALL REMARKS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Signature of Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

