Table of Contents

Home Care and the Healthcare System	1
2. The Home Health Aide and the Care Team	5
3. Legal and Ethical Issues	11
4. Communication and Cultural Diversity	15
5. Infection Prevention and Standard Precautions	23
6. Safety and Body Mechanics	31
7. Emergency Care and Disaster Preparation	35
8. Physical, Psychological, and Social Health	39
9. Body Systems and Related Conditions	43
10. Confusion, Dementia, and Alzheimer's Disease	55
11. Human Development and Aging	61
12. Positioning, Transfers, and Ambulation	65
13. Personal Care Skills	69
14. Core Healthcare Skills	73
15. Medications and Technology in Home Care	81
16. Rehabilitation and Restorative Care	87
17. Clients with Disabilities	93
18. Mental Health and Mental Health Disorders	97
19. New Mothers, Infants, and Children	101
20. Dying, Death, and Hospice	107
21. Clean, Safe, and Healthy Environments	113
22. Clients' Nutritional Needs	119
23. Meal Planning, Shopping, Preparation, and Storage	125
24. Managing Time, Energy, and Money	129
25. Caring for Yourself and Your Career	131
Procedure Checklists	

Home Care and the Healthcare System

1. Describe the structure of the healthcare system and describe ways it is changing

Matching

For each of the following terms, write the letter of the correct definition from the list below. Use each letter only once.

- 1. ____ Facilities
- 2. ____ HMOs (health maintenance organizations)
- 3. ____ Managed care
- 4. ____ Payers
- 5. ____ PPOs (preferred provider organizations)
- 6. ____ Providers
- (A) Cost-control strategies employed by many health insurance plans
- (B) People or organizations that provide health care
- (C) Places where health care is delivered or administered
- (D) A form of health insurance in which the cost of care is covered only when a person uses a particular doctor or group of doctors except in case of emergency; seeing specialists generally requires referrals from the primary doctor
- (E) People or organizations paying for healthcare services

(F) A form of health insurance in which patients are encouraged to receive care from a network of approved providers, but can see other providers at an additional cost; patients can usually choose their providers without being referred by another doctor

Multiple Choice

Circle the letter of the answer that best completes the statement or answers the question.

- 7. Another name for a long-term care facility is
 - (A) Skilled nursing facility
 - (B) Home health care agency
 - (C) Hospital
 - (D) Adult day services facility
- 8. Assisted living facilities are for
 - (A) People who need 24-hour skilled care
 - (B) People who need some help with daily care
 - (C) People who will die within six months
 - (D) People who need acute care
- Care given by specialists to restore or improve function after an illness or injury is called
 - (A) Acute care
 - (B) Subacute care
 - (C) Rehabilitation
 - (D) Hospice care
- 10. Care given to people who have approximately six months or less to live is called
 - (A) Acute care
 - (B) Subacute care
 - (C) Rehabilitation
 - (D) Hospice care



2. Explain Medicare and Medicaid, and list when Medicare recipients may receive home care

True or False

Mark each statement with either a T for true or an F for false.

1.	 To qualify for home health care,
	Medicare recipients usually must be
	unable to leave home.

2.	 Medicare pays for any care that the
	recipient desires.

3.	 Medicare	only	covers	people	aged	65
	or older.					

4.	 One reason that a person may qualify
	for Medicaid is that he has a low
	income.

5.	 Home health care is not covered by	Ś
	Medicare.	

υ.	 and doctor	services.	позрнаг

7. ____ Medicare pays for 24-hour-a-day home health care.

3. Explain the purpose of and need for home health care

Fill in the Blank

Fill in the blanks with the correct word for each of the following statements.

1.	Home care is less
	than a long hospital or extended care facility
	stay.

2.	The growing numbers of _	
	people and	
	also creating a demand for	home care ser-
	vices.	

3.	Healthcare professionals are focused on p	ro-
	viding ca	re.

4.	One important reason for home health care
	is that most people who are ill feel more

	1	
at	home.	

Name: _____

4. List key events in the history of home care services

Multiple Choice

- 1. What event happened in 1959 that identified the need for home health care?
 - (A) Homemakers were ordered to war so they were unable to help out at home.
 - (B) A national conference on homemaker services was held.
 - (C) The Medicare program was created.
 - (D) A national holiday commemorating homemakers was established.
- 2. When was Medicare created?
 - (A) 1912
 - (B) 1996
 - (C) 1965
 - (D) 1959
- 3. Why has interest in home health care increased?
 - (A) The population of elderly people and people with chronic diseases has grown.
 - (B) Many hospitals have closed due to lack of business.
 - (C) Healthcare costs have decreased.
 - (D) Insurance companies often cover 100% of the costs of home health care.
- 4. What is the function of a diagnosis-related group (DRG)?
 - (A) It pairs people with like illnesses together to form a support system.
 - (B) It offers formal training for people with disabilities to reenter the workplace.
 - (C) It specifies the treatment cost that Medicare or Medicaid will pay for various diagnoses.
 - (D) It provides financial assistance for people with debilitating illnesses.

5. Identify the basic methods of payment for home health services

Short Answer

Answer each of the following in the space provided.

1. Identify five basic methods of payment for home health services.

	7. Explain how working for a ho agency is different from working types of facilities
	Fill in the Blank
2. What happens when an agency's cost of providing care for a client exceeds the Medicare payment?	 A home health aide (HHA) must of personal when traveling alone to visit clier An HHA may have a lot more coclients' in the home than he would in a f A supervisor monitors an HHA's but the HHA will spend most of working with clients without dire sion. Thus, she must be independent.

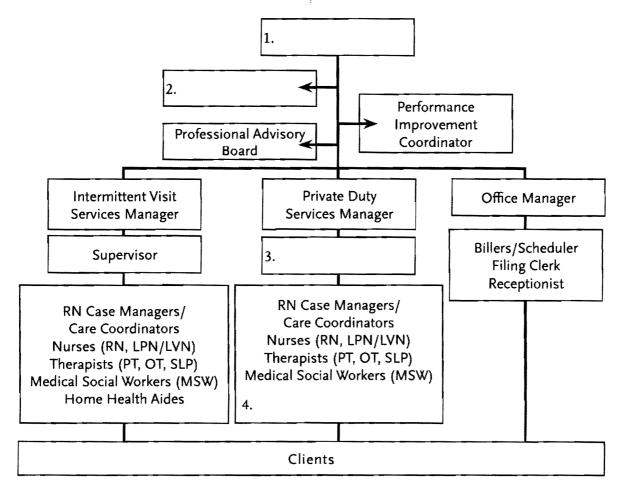
6. Describe a typical home health agency

Labeling

Fill in the four blanks below to complete the organizational chart of a typical home health agency. Some blanks have already been completed.

me health g in other

- be aware nts.
- ntact with facility.
- work. her hours ect superviident and
- 4. Careful written and verbal skills are important.
- 5. An HHA needs to be in order to adapt to changes in the environment.



6. In a client's home, the HHA is a and should be respectful of the client's property and customs.

The Home Health Aide and the Care Team

1. Identify the role of each care team member

Matching

Use each letter only once.

- 1. ____ Case Manager or Supervisor
- _ Client
- 3. ____ Home Health Aide (HHA)
- 4. ____ Medical Social Worker (MSW)
- 5. ____ Occupational Therapist (OT)
- 6. ____ Physical Therapist (PT or DPT)
- 7. ____ Physician or Doctor (MD or DO)
- 8. ____ Registered Dietitian (RD or RDN)
- 9. ____ Registered Nurse (RN)
- __ Speech-Language Pathologist (SLP)
- (A) Develops a treatment plan and administers therapy in the form of heat, cold, massage, ultrasound, electrical stimulation, and exercise to muscles, bones, and joints
- (B) Coordinates, manages, and provides care, as well as supervises HHAs and develops HHA assignments
- (C) Diagnoses disease or disability and prescribes treatment
- (D) Creates and supervises each client's care plan and makes changes to the care plan when necessary
- (E) Helps clients get support services, such as counseling and meal services
- (F) Performs assigned tasks, such as measuring vital signs, providing personal care, and reporting observations to other care team members

- (G) Assesses a client's nutritional status and develops a treatment plan that may include creating special diets
- (H) Identifies communication disorders and creates a care plan; teaches exercises to help the client improve or overcome speech impediments
- (I) Person whose condition, goals, priorities, treatment, and progress are what the care team revolves around
- (J) Helps clients learn to adapt to disabilities by training them to perform activities of daily living, often with the use of assistive devices

2. Describe the role of the home health aide and explain typical tasks performed

211	on Answer
1.	What are two ways in which home health aides maintain the independence, health, and well-being of clients?
2.	List and give examples of two ways in which home health aides provide services to their clients.

		4. Define the client care plan and explain its purpose
		True or False
		1 The purpose of the client care plan is to give suggestions for care, which the home health aide can customize for each client.
	fy tasks outside the scope of	2 Home health aides should not perform activities that are not listed on the care plan.
True or Fa		3 The care plan includes the client's diagnosis and interventions, such as medication and treatment.
1	Home health aides do not administer medications unless they are trained and assigned to do so.	5. Describe how each team member
2	Home health aides are trained to perform invasive procedures.	contributes to the care plan Short Answer
3	Home health aides should ignore any requests that are outside of their scope of practice.	List contributions that each of the following care team members might make in developing the care plan.
4	Home health aides must not accept any request that is not part of their job description or that is not on the assignment sheet.	1. Home Health Aide (HHA)
5	The correct way to deal with an unacceptable request is to explain why the request cannot be met, and report it to the supervisor.	2. Case Manager or Supervisor
6	Home health aides should not perform procedures that require sterile technique.	
7	It is acceptable for home health aides to prescribe certain medications if they have permission from their supervisor.	3. Physician (MD or DO)
8	Home health aides should only inform the client or family of the diagnosis or medical treatment plan if the client asks.	4. Medical Social Worker (MSW)
9	Home health aides may perform any task for which they have been trained, even if it is not part of their assignment.	

Name: _

6. List the federal regulations that apply to home health aides

Multiple Choice

- Home health aides must complete at least
 — hours of training before they begin
 working in a Medicare-participating agency.
 - (A) 30
 - (B) 50
 - (C) 75
 - (D) 100
- 2. How many hours of annual education (inservice training) must home health aides complete?
 - (A) 12
 - (B) 62
 - (C) 75
 - (D) 19
- 3. What is the name of the federal government agency that makes rules to protect workers from bloodborne pathogens and other hazards while on the job?
 - (A) Occupational Safety and Health Administration (OSHA)
 - (B) Office of the Attorney General (OAG)
 - (C) Environmental Protection Agency (EPA)
 - (D) Department of Education (DOE)

7. Describe the purpose of the chain of command

Multiple Choice

- 1. Which of the following statements is true of the chain of command?
 - (A) It describes the line of authority.
 - (B) It is the same as the care team.
 - (C) It details the process for granting medical licenses to home health aides.
 - (D) Home health aides are at the top of the chain of command.
- 2. Liability is a legal term that means
 - (A) The line of authority in an agency
 - (B) Ignoring a client's request
 - (C) Someone can be held responsible for harming someone else
 - (D) Not showing up on days that a person is scheduled to work

- 3. Why should home health aides not do tasks that are not assigned to them?
 - (A) The HHA may be assigned more work if he performs additional tasks.
 - (B) The HHA may put himself or a client in danger.
 - (C) The HHA may need to pay for additional training.
 - (D) The HHA may have to arrive at work earlier.
- 4. What is one reason that licensed healthcare professionals will show great interest in the work that a home health aide does?
 - (A) They may not trust the HHA.
 - (B) They assign tasks to the HHA.
 - (C) They may not have much respect for the HHA.
 - (D) They can avoid having to pay the HHA if she makes a mistake.

8. Define policies and procedures and explain why they are important

Short Answer

List five examples of	common	policies	and	proce
dures at home healt	:h agencie	s.		

1.	 	 		
• •				

8	Name:
9. List examples of a professional relationship with a client and an	
Short Answer Read each of the following scenarios and answer the questions. 1. Kathy, a home health aide, wakes up late and decides to skip her morning shower to make up for lost time. She also skips breakfast because she wants to make her first assignment on time. Because she is feeling so rushed, she forgets to respond when her client says, "Good morning." Instead, she complains to her client about her sleepless night, headache, and lack of breakfast. Was Kathy behaving professionally?	3. Cornel, a home health aide, runs out of time at one client's home and is unable to finish his assignment. When his supervisor finds out, she tells him that he needs to work more efficiently. This makes Cornel very upset, and he begins to wonder if his job is worth all the criticism he seems to be getting. Was Cornel behaving professionally? What should he have done instead?
What should she have done instead?	
	4. At his next meeting with his supervisor,

2. At her next client's home, Kathy asks to use the bathroom. She washes her hands carefully when she is finished and begins to prepare her client's lunch. She listens to her client talk about his grandchildren's visit the day before and encourages her client to share photographs of the grandchildren. As Kathy is leaving, her client offers her a gift. Kathy politely refuses the gift and explains that it is against her agency's policy.

List all the examples of Kathy's professional behavior.

4.	At his next meeting with his supervisor, Cornel explains why he was unable to finish his assignment and asks his supervisor for suggestions. She shows him how to orga- nize his time more efficiently. After asking several more questions, Cornel feels that he understands how to work more effectively. Being able to communicate in a positive way with his supervisor improves Cornel's atti-
	with his supervisor improves Cornel's atti- tude about his job.

List all the examples of Cornel's professional

behavior.

Name:	9
	 Which of the following should a home health aide wear to work? (A) Dangling earrings (B) An identification badge (C) After-shave lotion (D) Acrylic nails
10. Demonstrate how to organize care assignments	3. Which of the following is part of proper grooming for a home health aide?(A) Long hair that is tied back
Short Answer	(B) Long, trimmed beards (C) Long, clean nails
1. Why is it important for a home health aide	(D) Dramatic eye makeup
to organize his work?	 4. Which of the following would be the best choice for a home health aide to wear to work? (A) Unscented lotion (B) Floral fragrance (C) Eucalyptus oil (D) Musk cologne
	12. Identify personal qualities a home health aide must have
2. Why should the home health aide include the client in planning his schedule?	Matching Use each letter only once.
	1 Compassionate
	2 Conscientious
	3 Dependable
	4 Empathetic
	5 Honest
	6 Patient
	7 Proactive
11 Demonstrate prepar personal	8 Respectful
11. Demonstrate proper personal grooming habits	9 Sympathetic
Multiple Choice	10 Tactful
1. How often should a home health aide bathe?	11 Unprejudiced
(A) Twice per month(B) Every day(C) Every other day	(A) Being caring, concerned, considerate, empathetic, and understanding
(D) Twice per week	(B) Giving the same quality of care, regardless of age, gender, sexual orientation, gender identity, religion, race, ethnicity, or condition

Name: _ (C) Being guided by a sense of right and wrong (D) Valuing other people's individuality and treating others politely and kindly (E) Speaking and acting without offending others (F) Being truthful (G) Getting to work on time and doing assigned tasks skillfully (H) Anticipating potential problems and needs before they occur (I) Identifying with the feelings of others (J) Sharing in the feelings and difficulties of others

(K) Not losing one's temper easily, not acting irritated or annoyed, not rushing clients

13. Identify an employer's responsibilities

List and describe seven responsibilities of the

employer to the home health aide.

Short Answer

4.			
5.		 	
	To the state of th		
6.		 	
	·	 	
7.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Legal and Ethical Issues

	Define the terms <i>ethics</i> and <i>laws</i> and texamples of legal and ethical behavior	
Sh	ort Answer	
1.	Sarah, a home health aide, is out shopping with her friends. One of them asks her if she likes her job, and she responds enthusiastically. She proceeds to tell them that her client, Mrs. Hernandez, has Alzheimer's disease and has to be reminded of her name several times a day, as she is apt to forget it. Did Sarah behave in a legal and ethical manner? Why or why not?	3. Mark, a home health aide, has been working for Mrs. Stein for almost a year. Her family is visiting from out of state and Mark meets her daughter, Susan, for the first time. During the course of conversation, Susan asks Mark to come have a drink with her so that they can talk about her mother's case in a more relaxed environment. Mark tells her that he can go out for a short while. They arrange to meet. Did Mark behave in a legal and ethical manner? Why or why not?
2.	Caroyl, a home health aide, finishes her duties for the day early. Her client, Mr. Kim, tells her how pleased he is with her work. He says that she is the first aide that has made him feel so comfortable and well taken care of. He gives her a little box of candy and says it is for all the hard work she has done. Caroyl initially refuses, but after he insists, she takes it from him, thanking him. Did Caroyl behave in a legal and ethical manner? Why or why not?	2. Explain clients' rights and discuss why they are important True or False 1 If a home health aide knows that a client is being abused by a family member, he should immediately confront the abuser.

- If a home health aide suspects that a client is being abused, he should not report it until he has proof that the abuse is actually happening.
 - Clients have the right to participate in their care planning.
 - Clients should only be informed of barriers to their care if they are lifethreatening.
 - Neglect is the failure to provide needed care that results in physical, mental, or emotional harm to a person.
 - Clients do not need to know what they are being charged for, as long as they are receiving adequate care.

Matching

Use each letter only once.

- 7. ____ Abuse
- 8. ____ Assault
- 9. ____ Battery
- 10. ____ Domestic violence
- 11. ____ False imprisonment
- __ Financial abuse
- 13. ____ Involuntary seclusion
- 14. ____ Malpractice
- 15. ____ Neglect
- 16. ____ Negligence
- _ Physical abuse 17. __
- 18. ____ Psychological abuse
- 19. ___ Sexual abuse
- __ Sexual harassment
- 21. ____ Substance abuse
- 22. ____ Verbal abuse
- 23. ____ Workplace violence
- (A) Actions or the failure to act or provide the proper care, resulting in unintended injury

- (B) The repeated use of legal or illegal drugs, cigarettes, or alcohol in a way that harms oneself or others
- (C) Any unwelcome sexual advance or behavior that creates an intimidating, hostile, or offensive working environment
- (D) The separation of a person from others against the person's will
- (E) The unlawful restraint of someone that affects the person's freedom of movement
- (F) Verbal, physical, or sexual abuse of staff by other staff members or clients
- (G) Intentionally touching a person without her consent
- (H) A threat to harm a person, resulting in the person feeling fearful that he will be harmed
- (I) The improper or illegal use of a person's money, possessions, property, or other assets
- (J) Nonconsensual sexual contact of any type
- (K) The use of spoken or written words, pictures, or gestures that threaten, embarrass, or insult a person
- (L) Emotional harm caused by threatening, scaring, humiliating, intimidating, isolating, or insulting a person, or by treating the person as a child
- (M) Physical, sexual, or emotional abuse by spouses, intimate partners, or family members
- (N) Purposeful mistreatment that causes physical, mental, or emotional pain or injury to
- (O) Any treatment, intentional or unintentional, that causes harm to a person's bodyincludes slapping, bruising, cutting, burning, physically restraining, pushing, shoving, and rough handling
- (P) Injury caused by professional misconduct through negligence, carelessness, or lack of
- (Q) Failure to provide needed care that results in physical, mental, or emotional harm to a person

3. List ways to recognize and report elder abuse and neglect

Short Answer

Name:

1.	Name 10 suspicious injuries that should be reported.
w	
_	
2.	What is a mandated reporter?
	······································

4. List examples of behavior supporting and promoting clients' rights

Multiple Choice

- 1. When performing a procedure on a client, the home health aide (HHA) should
 - (A) Try to distract the client so he will not know what the HHA is doing
 - (B) Explain the procedure fully before performing it
 - (C) Wait until the client is reading before starting the procedure
 - (D) Notify the physician first

- 2. Which of the following would be the best response by an HHA if a client refuses to take a bath?
 - (A) The HHA should offer the client a prize if she will take the bath.
 - (B) The HHA should respect the client's wishes, but report the refusal to the supervisor.
 - (C) The HHA should explain that he might lose his job if the client does not take the
 - (D) The HHA should explain to the client why it is wrong not to bathe.
- 3. An HHA's husband asks her to tell him some personal details about one of her clients. The best response by the HHA would
 - (A) Explain that she cannot talk about the client
 - (B) Tell him a story if he promises to keep it confidential
 - (C) Make up a story to tell, so as not to share anything private
 - (D) Tell him something that the HHA knows that the client would not mind her sharing
- 4. If an HHA suspects his client is being abused, he should
 - (A) Open the client's mail and look through his belongings to find any clues
 - (B) Keep watching the client to make sure his suspicions are correct
 - (C) Report it to his supervisor immediately
 - (D) Check with other home health aides to get some advice

5. Explain HIPAA and list ways to protect clients' confidentiality

- 1. What is the purpose of HIPAA?
 - (A) To monitor quality of care in clients'
 - (B) To protect and secure the privacy of health information
 - (C) To reduce incidents of abuse
 - (D) To provide health insurance for uninsured elderly people

- Name: _____
- 2. What is included under protected health information (PHI)?
 - (A) Patient's favorite food
 - (B) Patient's favorite color
 - (C) Patient's social security number
 - (D) Patient's library card number
- 3. What is the correct response by an HHA if someone who is not directly involved with a client's care asks for a client's PHI?
 - (A) Give them the information
 - (B) Ask the client if they may have the information
 - (C) Ask them to send a written request for the information
 - (D) Tell them that the information is confidential and cannot be shared
- 4. Which of the following is one way to keep private health information confidential?
 - (A) Making comments about clients on Instagram
 - (B) Discussing a client's progress with a coworker in a restaurant
 - (C) Not leaving detailed information for clients in voicemail messages
 - (D) Only discussing clients' conditions with friends or family members
- 5. The abbreviation for a law that was enacted as a part of the American Recovery and Reinvestment Act of 2009 to expand the protection and security of consumers' electronic health records is called
 - (A) HISEAL
 - (B) HITECH
 - (C) HIHELP
 - (D) HIQUIET

6. Discuss and give examples of advance directives

Matching

1.	 Advance directives
2.	 Do not hospitalize (DNH) order
3.	 Do not intubate (DNI) order
4.	 Do not resuscitate (DNR) order

- Durable power of attorney for health care
 Living will
 Physician Orders for Life-Sustaining Treatment (POLST)
- (A) A signed, dated, and witnessed legal document that appoints someone else to make the medical decisions for a person in the event that he becomes unable to do so
- (B) Outlines the medical care a person wants, or does not want, in case the person becomes unable to make those decisions; directive to physicians and medical directive are other terms used to describe this
- (C) A medical order that means the person does not want to be sent to the hospital for treatment
- (D) Legal documents that allow people to decide what kind of medical care they wish to have if they are unable to make those decisions themselves
- (E) A medical order that tells medical professionals not to perform CPR (cardiopulmonary resuscitation)
- (F) A medical order that means no breathing tube will be placed in the person, even if some CPR measures are used
- (G) A medical order that specifies the treatments a person wants to receive when the person is very ill

7. Identify community resources available to help the elderly

Short Answer

1.	What is one way an HHA can locate community resources for the elderly?

Communication and Cultural Diversity

1. Define communication	3. Why is effective communication a critical
Short Answer	part of a home health aide's (HHA's) job?
1. List the three basic steps of communication.	,
	2. Explain verbal and nonverbal communication Multiple Choice
2. Why is feedback an important part of communication?	 Which of the following is an example of nonverbal communication? (A) Asking for a glass of water (B) Pointing to a glass of water (C) Screaming for a glass of water (D) Saying, "I do not like water"
	 Verbal communication includes (A) Facial expressions (B) Nodding one's head (C) Speaking (D) Shrugging one's shoulders
	 3. Types of nonverbal communication include (A) Speaking (B) Facial expressions (C) Yelling (D) Oral reports

- 4. Which of the following is an example of a confusing or conflicting message (saying one thing and meaning another)?
 - (A) Mr. Williams smiles and tells his home health aide that he is excited because his daughter is coming to visit.
 - (B) Mr. Sanchez looks like he is in pain. When his home health aide asks him about it, Mr. Sanchez tells her that his back has been bothering him.
 - (C) Mr. Sanders agrees with his home health aide when she says it is a nice day, but Mr. Sanders looks angry.
 - (D) Mr. Lee will not watch his favorite TV show. He says he is a little depressed.
- 5. In the previous question, how could the home health aide clarify the confusing or conflicting message?
 - (A) State what the HHA has observed and ask if the observation is correct
 - (B) Ignore the conflicting message and accept what the client said
 - (C) Ask the client to repeat what he just said
 - (D) Tell the client that the HHA knows he is not telling the truth
- 6. Which of the following is true of cultures?
 - (A) All cultural groups view standing close to another person as a potential threat.
 - (B) The use of touch is the same for all cultures.
 - (C) Different cultures may have different behaviors, attitudes, and customs.
 - (D) Maintaining eye contact while talking is preferred by all cultures.

3. Identify barriers to communication

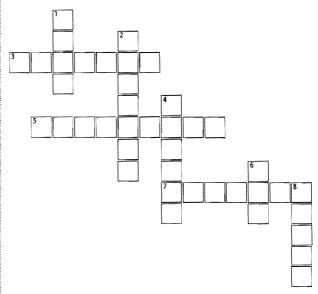
Crossword

Across

- 3. Type of terminology that may not be understood by clients or their families; HHAs should speak in simple, everyday words
- 5. Type of questions that should be asked because they elicit more than a "yes" or "no" answer
- 7. Phrases used over and over again that do not really mean anything

Down

- Type of language that is part of nonverbal communication; HHAs should be aware of this when speaking
- 2. Being this way and taking time to listen when clients are difficult to understand help promote better communication
- HHAs cannot offer opinions or give this because it is not within their scope of practice
- 6. Type of question that should be avoided, as it often makes people feel defensive
- 8. Type of words and expressions that should not be used by HHAs because they are unprofessional and may not be understood



4. List ways to make communication accurate and explain how to develop effective interpersonal relationships

- 1. One way for an HHA to be a good listener is to
 - (A) Finish a client's sentences for him to show that the HHA understands what the client is saying
 - (B) Pretend that the HHA understands what a client is saying even if she does not
 - (C) Restate the message in the HHA's own words
 - (D) Fill in any pauses to avoid awkwardness

Name:	
-------	--

- 2. Active listening involves
 - (A) Focusing on the sender and giving feedback
 - (B) Avoiding speaking to the client if the HHA cannot understand him
 - (C) Deciding what the client is going to say before he says it
 - (D) Talking about the HHA's personal problems to relate to the client
- 3. Mrs. Velasco is a new client who recently moved to the United States. Her home health aide is giving her a bath before helping her into bed. He notices that she seems to have difficulty speaking English and seems nervous. What can her HHA do to make her more comfortable?
 - (A) Give her advice about how to fit in better with American culture
 - (B) Talk constantly so that she will not have to speak
 - (C) Use some words and phrases that he is familiar with in her language
 - (D) Avoid speaking to her while giving care
- 4. When clients report symptoms or feelings, the best response by the HHA is to
 - (A) Give medical advice
 - (B) Suggest medications
 - (C) Avoid speaking
 - (D) Ask for more information
- 5. Which of the following statements describes a way for an HHA to have positive relationships with clients?
 - (A) The HHA should fold her arms in front of her while clients are talking.
 - (B) The HHA should tell clients she knows exactly how they feel, so clients will feel that they have something in common.
 - (C) The HHA should ignore a client's request if she knows she cannot fulfill it.
 - (D) The HHA should be empathetic and try to understand what clients are going through.
- 6. Mr. Vernon is an elderly client who has terminal cancer. He is telling Katie, his home health aide, that he is very depressed about dying. He feels he has left many things unfinished. Hearing this makes Katie

uncomfortable. Which of the following would be the best response by Katie?

- (A) She should ignore what he is saying.
- (B) She should try to interest him in a brighter subject.
- (C) She should listen to him and ask questions when appropriate.
- (D) She should tell him she knows exactly how he feels.

True or False

For each of the following statements, write T if the suggestion will help HHAs develop good relationships with clients, and write F if it will not.

7. ____ The HHA should be empathetic.

8.		If a subject makes the HHA feel uncomfortable, she should change the subject.
9.	-	The HHA should lean forward in her chair when listening to clients.
10.	***************************************	The HHA should not talk down to clients.
11.	***************************************	If the HHA cannot honor a particular request, she should just ignore it.
12.		The HHA should tell clients that she knows how they feel.
13.		The HHA should approach clients when they are talking.

5. Describe the difference between facts and opinions

Fact or Opinion

For each statement made by the HHA, decide whether it is an example of a fact or an opinion. Write F for fact or O for opinion in the space provided.

i.	***************************************	It is better to take your bath before you eat.
2.		You will get depressed if you stay in your pajamas all day.
3.		Mr. Ellington sounds angry.
ŀ.		My agency says I cannot accept a gift.

9. ____ f/u, F/U

10. ____ hs, HS

11. ____ I&O

12. ____ NPO

13. ____ OOB

14. ____ pc, p.c.

16. ____ PWB

15. ____ prn, PRN

5 Your care plan calls for snacks between meals.	17 ROM 18 SOB
6 Ms. Porter did not drink any of her milk at dinnertime.	19 vs, VS
7 I think Mr. Holling is lonely.	20 w/c, W/C
8 Mr. Larking's pulse was elevated last night after dinner, but it was back to normal this morning.	(A) Fahrenheit degree (B) Hours sleep
9 Mr. Ford drinks more coffee than is good for him.	(C) After meals(D) Nothing by mouth
10 Mr. Ford drinks three cups of coffee every morning.	(E) Bowel movement(F) Cardiopulmonary resuscitation
11 Mrs. Myers needs assistance to stand up.	(G) Complains of (H) Range of motion
12 Mrs. Myers looks like she is in a lot of pain.	(I) Partial weight-bearing
6. Describe basic medical terminology and approved abbreviations	(J) Vital signs (K) Shortness of breath
Matching For each of the following abbreviations, write the letter of the correct term from the list below.	(L) Before meals(M) Fasting blood sugar(N) Wheelchair
 ac, a.c. amb 	(O) As necessary
3 BM	(P) Intake and output (Q) Celsius degree
4 C 5 c/o	(R) Out of bed (S) Follow-up
6 CPR 7 F	(T) Ambulate, ambulatory
8 FBS	7 Explain how to give and receiv

7. Explain how to give and receive an accurate oral report of a client's status

- 1. Which of the following is true of oral reports?
 - (A) HHAs should use facts when making oral reports.
 - (B) HHAs should use opinions when making oral reports.
 - (C) HHAs should make oral reports directly to clients' families.
 - (D) HHAs do not make oral reports.

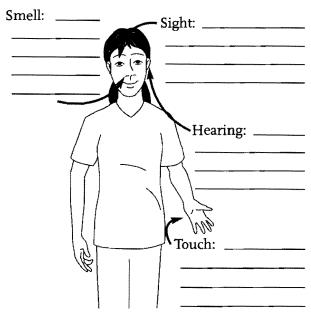
Name:	
-------	--

- 2. Which of the following should be reported to the supervisor immediately?
 - (A) The client says she had trouble sleeping.
 - (B) The client fell.
 - (C) The client's family visited.
 - (D) The client requested help getting to the
- 3. What is the best way for a home health aide to remember important details for an oral
 - (A) Rely on his memory
 - (B) Repeat the information to a friend
 - (C) Write notes and use them for his report
 - (D) Tell another home health aide to remind him

8. Explain objective and subjective information and describe how to observe and report accurately

Short Answer

Looking at the diagram, list examples of observations using each sense.



For each of the following, decide whether it is an objective observation (you can see, hear, smell, or touch it) or a subjective observation (the client must tell you about it). Write O for objective and S for subjective.

~	~ ·
Z.	Crving

4	Headache
5	Nausea
6	Vomiting
7	Swelling
8	Cloudy urine
9	Feeling sad
10	Red area on the skin
11	Fever
12	Dizziness
13	Wheezing
14	Chest pain
15	Toothache
16	Coughing
17	Fruity breath
18	Itchy arm

3. ____ Rapid pulse

9. Explain why documentation is important and describe how to document visit records and incident reports

- 1. Which of the following statements is true of a client's medical chart?
 - (A) A medical chart is the legal record of a client's care.
 - (B) Not all care needs to be documented.
 - (C) The information in a medical chart can be shared with anyone who asks to
 - (D) Medical charts are not legal documents.
- When should care be documented?
 - (A) Before care is given
 - (B) Immediately after care is given
 - (C) At the end of the next day
 - (D) Whenever there is time

20)	Name:
3.	An incident is (A) An accident or unexpected event that occurs during a visit (B) Any interaction between clients and home health aides (C) A normal part of personal care routines (D) Any event in a client's day	Why is accurate reporting by an HHA so important to the other members of the care team?
4.	 Which of the following would be considered an incident? (A) A client complains of a headache. (B) A client falls but is okay afterward. (C) A client wants his meal brought to his bedroom. (D) A client needs to be transferred from his bed to a chair. 	11. Demonstrate effective communication on the telephone Short Answer
Short Answer Convert the following times to military time.		Read the home health aide's side of the following telephone conversations and think about how the HHA could have better presented herself on the
5.	2:10 p.m.	phone.
	4:30 a.m	Example #1: Leaving a message for the supervisor
	8:25 p.m	Hi, who's this?
	nvert the following times to regular time.	Could you get Ms. Crier, please? I need to talk to her.
10. 11.	0600	She's not there? Do you know where she is? I real have to talk to her right now. My client forgot to take her pill this morning, and now she wants to take two. I don't know if that's okay or not, so tha why I need to talk to Ms. Crier.
10. and	. Demonstrate the ability to use verbal d written information to assist with the re plan	Okay, well tell her Ella called and have her call me back. Ella. Ella Ferguson. I should be on the schedule. I don't know how much longer I'll be here, but have her call me as soon as possible. Bye.
	If an HHA is not sure what is important	What did the home health aide do incorrectly in this phone conversation?

10. Demo and writt care plan

Short Answ

1.	If an HHA is not sure what is important to mention in a care plan meeting, what should he do?

Name:	21
	(A) Praying fives times a day facing Mecca and worshipping at mosques are part of this religion's practices.
Example #2: Answering calls for the client	(B) Being baptized and receiving communion may be part of this religion's practices.
Hello? Mrs. Lee? No, she can't come to the phone right now. She's in the bathroom. Who's calling?	(C) Believing that one does not know or cannot know if God exists
And your number? Can I tell her what this is about?	(D) Emphasizing meditation and believing that Nirvana is the highest spiritual plane a per- son can reach are part of this religion.
Okay. I'll give her the message. Goodbye.	(E) Believing in karma is a part of this religion.
2. What did the home health aide do incorrectly in this phone conversation?	(F) Believing that God gave laws through Moses in the form of the Torah is part of this religion.
	(G) Actively denying the existence of any deity or higher power
	13. List examples of cultural and religious differences
	Short Answer
	List three examples of dietary restrictions that may be due to religious beliefs.
	1.
12. Describe cultural diversity and religious differences	2.
Matching Write the letter of the correct description beside each term related to the religious faith or belief. Use each letter only once.	3.
1 Agnosticism	
2 Atheism	Multiple Choice
3 Buddhism	4. Which of the following is the name of a type
4 Christianity	of diet in which no animals or animal prod- ucts are consumed, and animal products
5 Hinduism	may not be used or worn?
6 Islam	(A) Fast (B) Vegan
7 Judaism	(C) Kosher (D) Lacto-ovo vegetarian

Diversity	
Cultural	
and	
munication	

5.	Not eating food or eating very little food for a period of time is called (A) Bingeing		
	(B) Restricting		
	(C) Fasting		
	(D) Testing		
	. List ways of coping with combative havior		
	in the Blank		
1.			
ı.	behavior means being violent or hostile.		
2.	This behavior may be the result of	<u></u>	
	<u> </u>		
	affecting the brain, an expression of		
	part of someone's		
3.	HHAs should try not to take combative behavior		For each example listed in question 1, describe how an HHA should respond.
4.	HHAs should always		
	and		
	combative behavior.		
5.	It is important for the care team to be		
	this behavior, even if the HHA does not find it upsetting.		
	. List ways of coping with inappropriate havior		
Sh	ort Answer		
1.	List three examples of client behavior that		
	would be considered inappropriate.		

Infection Prevention and Standard Precautions

1. Define *infection prevention* and explain the chain of infection

Multiple Choice

- 1. The following are necessary links in the chain of infection. Which link is broken by wearing gloves, thus preventing the spread of disease?
 - (A) Reservoir (place where the pathogen lives and grows)
 - (B) Mode of transmission (a way for the disease to spread)
 - (C) Susceptible host (person who is likely to get the disease)
 - (D) Portal of exit (body opening that allows pathogens to leave)
- 2. The following are necessary links in the chain of infection. By getting a vaccination shot for hepatitis B, which link will a person affect to prevent him from getting this disease?
 - (A) Reservoir (place where the pathogen lives and grows)
 - (B) Mode of transmission (a way for the disease to spread)
 - (C) Susceptible host (person who is likely to get the disease)
 - (D) Portal of exit (body opening that allows pathogens to leave)
- 3. The most important thing a home health aide can do to prevent the spread of disease is to
 - (A) Carry dirty linen close to her uniform
 - (B) Put a cap on needles before discarding them
 - (C) Remove gloves before cleaning spills
 - (D) Wash her hands

- 4. In what type of environment do microorganisms grow best?
 - (A) In a warm, moist place
 - (B) In a bright place
 - (C) In a cool, dry place
 - (D) In a frozen place

2. Explain Standard Precautions

- 1. Standard Precautions should be practiced
 - (A) Only on clients who look like they have a bloodborne disease
 - (B) On every single client under a home health aide's care
 - (C) Only on clients who request that the home health aide follow them
 - (D) Only on clients who have tuberculosis
- 2. Standard Precautions include the following measures:
 - (A) Washing hands after taking off gloves but not before putting on gloves
 - (B) Wearing gloves if there is a possibility of coming into contact with blood, body fluids, mucous membranes, or broken skin
 - (C) Touching body fluids with bare hands
 - (D) Recapping used needles before putting them in the waste container

- 3. Which of the following is true of Transmission-Based Precautions?
 - (A) A home health aide does not need to practice Standard Precautions if he practices Transmission-Based Precautions.
 - (B) They are exactly the same as Standard Precautions.
 - (C) They are practiced in addition to Standard Precautions.
 - (D) They are never practiced at the same time that Standard Precautions are used.
- 4. How should sharps such as needles be disposed of?
 - (A) Sharps should be placed in blue recycling containers.
 - (B) Sharps should be placed in kitchen trash containers.
 - (C) Sharps should be placed inside used gloves and then put in the outside trash receptacle.
 - (D) Sharps should be placed in biohazard containers.

3. Define hand hygiene and identify when to wash hands

Multiple Choice

- An HHA will come into contact with microorganisms
 - (A) Only in bathrooms in a house
 - (B) Only during direct contact with clients
 - (C) Only during personal care procedures
 - (D) Every time the HHA touches something
- The CDC (Centers for Disease Control and Prevention) defines hand hygiene as
 - (A) Handwashing with soap and water or using alcohol-based hand rubs
 - (B) Using only alcohol-based hand rubs
 - (C) Rinsing hands with cold water
 - (D) Not washing hands more than once per day
- 3. How long should a home health aide use friction when lathering and washing her hands?
 - (A) 2 minutes
 - (B) 5 seconds
 - (C) 18 seconds
 - (D) 20 seconds

4. Identify when to use personal protective equipment (PPE)

Short Answer

Make a check mark (\lor) next to the tasks that require a home health aide to wear gloves.

		_
1.		Contact with body fluids
2.		Hanging laundry
3.		When the HHA may touch blood
4.		Brushing a client's hair
5.	***************************************	Assisting with perineal care
6.		Washing vegetables
7.		Giving a massage to a client who has acne on his back
8.		Assisting with mouth care
9.		Shaving a client

- 10. What type of personal protective equipment may be needed when caring for a client with a respiratory illness?
 - (A) Eyeglasses and mask
 - (B) Mask and foot covering
 - (C) Eyeglasses and gloves
 - (D) Mask and goggles
- 11. What type of personal protective equipment is used most often by caregivers?
 - (A) Gloves
 - (B) Mask
 - (C) Face shield
 - (D) Goggles
- 12. How many times can a gown be worn before it needs to be discarded?
 - (A) One time
 - (B) Two times
 - (C) Three times
 - (D) Four times
- 13. If blood or body fluids may be splashed or sprayed into the eye area, proper protection for the eyes is
 - (A) Gloves
 - (B) Mask
 - (C) Gown
 - (D) Goggles

Name:	25
Short Answer	
14. What is the correct order for donning (putting on) PPE?	
1st	
2nd	
3rd	C Famileia Tarananiasian Basad
4th	6. Explain Transmission-Based Precautions
5th	Short Answer
15. What is the correct order for doffing (removing) PPE?	List the type of precaution being described in each phrase below. Use an A for Airborne Precautions, a C for Contact Precautions, and a D for Droplet
1st	Precautions. Each letter may be used more than
2nd	once.
3rd	1 Transmission can occur when touching a contaminated area on the client's body.
5th	2 Used when there is a risk of spread-
	ing an infection by direct contact with
5. Explain how to handle spills	3 Used to guard against tuberculosis
Short Answer Read the following scenario and answer the questions below.	4 Covering the nose and mouth with a tissue when a person sneezes or
Ritchie, a home health aide, collects a urine sample from his client, Mr. Velasquez. When he finishes, he accidentally knocks the container	coughs, and washing hands immediately after sneezing are part of these precautions.
onto the linoleum floor. Some of the urine spills onto the floor. Ritchie quickly grabs a sponge and begins to wipe up the spill. When he is fin-	5 Helps prevent the spread of Clostridioides difficile (C. diff) and conjunctivitis (pink eye)
ished, he finds the mop, puts dishwashing soap into a bucket, and cleans the area again. When he is done mopping, he washes his hands.	6 Used when the microorganisms are spread by droplets in the air that travel only short distances (normally not
Did Ritchie follow the proper spill-handling procedure? If not, what should Ritchie have done?	7 Microorganisms can be spread by coughing, sneezing, talking, or laughing.
	8 Helps prevent the spread of illnesses transmitted through the air
	9 Helps protect against transmission of influenza
	10 May require the use of a special mask, such as an N95 or HEPA respirator

Name:		
ivaille.		

7. Explain sterilization and disinfection

Short Answer

26

1.	How does wet heat disinfect? How does dry heat disinfect?
2.	What is the difference between sterilization and disinfection?

8. Explain how bloodborne diseases are transmitted

Multiple Choice

- 1. Bloodborne diseases can be transmitted by
- (A) Infected blood entering the bloodstream
 - (B) Hugging a person with a bloodborne disease
 - (C) Being in the same room as a person with a bloodborne disease
 - (D) Talking to a person with a bloodborne disease
- 2. In health care, the most common way to be infected with a bloodborne disease is by
 - (A) Contact with infected blood or certain body fluids
 - (B) Hugging a client with a bloodborne disease
 - (C) Being in the same room as a client with a bloodborne disease
 - (D) Sexual contact with an infected client

9. Explain the basic facts regarding HIV and hepatitis infection

Multiple Choice

- 1. How does the human immunodeficiency virus (HIV) affect the body?
 - (A) It cuts off blood supply to the brain.
 - (B) It causes hearing impairment by damaging the inner ear.
 - (C) It causes diabetes in otherwise healthy people.
 - (D) It weakens the immune system so that the body cannot fight infection.
- 2. Which of the following is true of hepatitis B (HBV)?
 - (A) HBV is caused by fecal-oral contamination.
 - (B) There is no vaccine for HBV.
 - (C) HBV is caused by jaundice.
 - (D) HBV can be transmitted through blood or needles that are contaminated with the virus.
- 3. Employers must offer a free vaccine to protect home health aides from
 - (A) AIDS
 - (B) Hepatitis B
 - (C) Hepatitis C
 - (D) All bloodborne diseases

10. Identify high-risk behaviors that allow the spread of HIV

True or False

1.		A person is at risk for HIV or AIDS if he hugs an HIV-positive person.
2.		One way to protect against the spread of HIV or AIDS is to never share needles.
3.	***************************************	Abstinence means having sex with only one person.
4.		A person is at risk for HIV if he has unprotected sex with an infected person.
5.		It usually takes six months before

HIV can be detected with a test.

Name:	27
6 Having sexual contact with many partners puts a person at a high risk for HIV. 7 PrEP (pre-exposure prophylaxis) is a medication that cures HIV. 11. Demonstrate knowledge of the legal aspects of HIV, including testing Short Answer 1. Why may the right to confidentiality be especially important to people who have HIV or AIDS?	12. Identify community resources and services available to clients with HIV or AIDS Short Answer 1. What are three types of services that might be available for people who have HIV or AIDS?
	2. What is one way that a home health aide might be able to help a client look for community resources in his area? ———————————————————————————————————
2. What are two facts regarding HIV testing?	13. Explain tuberculosis and list infection prevention guidelines Multiple Choice 1. Tuberculosis may be transmitted (A) By coughing (B) By dancing (C) By wearing gloves
	 (D) Through a respirator 2. Tuberculosis is (A) A bloodborne disease (B) An airborne disease (C) A noninfectious disease (D) An untreatable disease

	Name:

	15. Discuss COVID-19 and identify care guidelines
	Multiple Choice
************************	 The abbreviation of the virus that causes COVID-19 is

3. Someone with latent TB infection

- (A) Shows symptoms
- (B) Becomes unresponsive almost immediately
- (C) Cannot infect others
- (D) Can infect others
- 4. A person with TB disease
 - (A) Can infect others
 - (B) Does not show symptoms
 - (C) Cannot be cured
 - (D) Cannot infect others
- 5. TB disease is more likely to develop in people
 - (A) Who live near the mountains
 - (B) Whose relatives had it
 - (C) Who have weakened immune systems
 - (D) Who work alone
- 6. The word *resistant* in multidrug-resistant TB (MDR-TB) means that
 - (A) Medications can no longer kill the specific bacteria
 - (B) The infected person does not want to treat his disease
 - (C) Doctors do not know what causes the disease
 - (D) The infected person will die from the disease

14. Explain the importance of reporting a possible exposure to an airborne or bloodborne disease

Short Answer

exposure to an airborne or bloodborne disease					

- (A) HIV
- (B) SARS-CoV-2
- (C) HPV-1
- (D) MERS

•	COVID-19 is	maini	y classified	as a	
		and a			disease.

- (A) Droplet and airborne
- (B) Contact and bloodborne
- (C) Airborne and bloodborne
- (D) Contact and noninfectious
- 3. People who experience severe symptoms of COVID-19 may need to be treated with a(n)
 - (A) Hot water bottle
 - (B) Humidifier
 - (C) Ice bath
 - (D) Ventilator
- 4. How far apart should people stand from each other to avoid transmitting COVID-19?
 - (A) 2 feet
 - (B) 3 feet
 - (C) 5 feet
 - (D) 6 feet
- 5. In which of the following scenarios is it most likely that COVID-19 could be transmitted?
 - (A) Standing near an infected person who sneezes
 - (B) Touching an infected person's arm
 - (C) Carrying a box that an infected person touched
 - (D) Eating takeout food that an infected person prepared

Name:				
6.	Which of the following conditions puts a	4 Handwashing will not help control		
	person at a higher risk of serious complica- tions and death from COVID-19? (A) Parkinson's disease (B) Diabetes (C) Migraines	the spread of MRSA. 5 VRE causes life-threatening infections in people with compromised immune systems.		
7	(D) Deafness	Frequent handwashing can help prevent the spread of VRE.		
/.	Generally speaking, how long can a person be sick with COVID-19 before showing symptoms? (A) 1 month	7 Proper handwashing and handling of contaminated wastes can help prevent Clostridioides difficile (C. difficile).		
	(B) 3 months (C) 2 weeks (D) 8 weeks	8 Increasing the use of antibiotics helps lower the risk of developing <i>C. difficile</i> diarrhea.		
8.	Which of the following types of PPE will always be used when caring for a client with COVID-19? (A) Mask or respirator (B) Shoe covering (C) Gown	9 Using hand sanitizers and washing hands with soap and water are considered equally effective when dealing with <i>C. difficile</i> .		
	(D) Goggles	17. List employer and employee		
9.	Which of the following should an HHA not touch? (A) Surfaces (B) The HHA's nose or mouth (C) Cleaning wipes (D) Soap	responsibilities for infection prevention Short Answer Read the following and mark ER for employer or EE for employee to show who is responsible for infection prevention.		
10.	Which kind of masks filter out the virus?	 Immediately report any exposure to infection, blood, or body fluids. 		
	(A) Respirators(B) Cloth masks(C) Cotton masks	2. Provide personal protective equipment for use and training on how to properly use it.		
	(D) Bandanas	3 Follow all agency policies and procedures.		
	Discuss MRSA, VRE, and C. difficile e or False	4 Take advantage of the hepatitis B vaccination.		
1.	Methicillin-resistant Staphylococcus aureus (MRSA) is almost always	5 Provide continuing in-service education on infection prevention.		
2	spread by direct physical contact.	6 Establish infection prevention procedures and an exposure control plan.		
2.	 Once a person has a vancomycin- resistant <i>Enterococcus</i> (VRE) infection, it is relatively easy to treat. 	7 Follow client care plans and assignments.		
3.	MRSA can be spread through indirect contact by touching objects contami- nated by a person with MRSA.	8 Participate in continuing in-service education programs covering infection prevention.		

- 9. ____ Use provided personal protective equipment as indicated or as appropriate.
- 10. ____ Provide free hepatitis B vaccinations.

Safety and Body Mechanics

1. Explain the principles of body mechanics

Labeling

Complete the illustration by labeling each part with the words listed below.

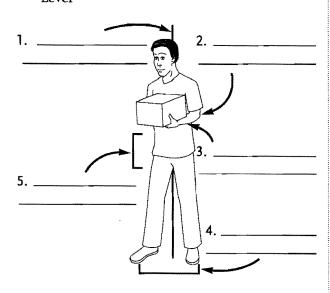
Alignment

Base of support

Center of gravity

Fulcrum

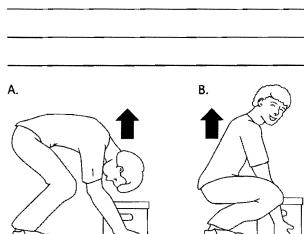
Lever



2. Apply principles of body mechanics to daily activities

Short Answer

1. Looking at the illustrations in the next column, which drawing shows the correct way to lift objects? Why is it correct?



True or False

- 2. ____ Back injury is a serious problem that home health aides face.
- 3. ____ Using proper body mechanics can help save energy and prevent injury.
- 4. ____ When lifting an object, it is safer to hold it far away from the body.
- 5. ____ Feet should be pointed toward the object that a person is lifting.
- 6. ____ Keeping the feet close together gives the body the best base of support and keeps a person more stable.
- 7. ____ Lifting objects is safer than pushing objects.
- Knees should be bent when helping a client stand up.
- Twisting at the waist when lifting an object is safer than turning the entire body.

3. List ways to adapt the home to principles of proper body mechanics

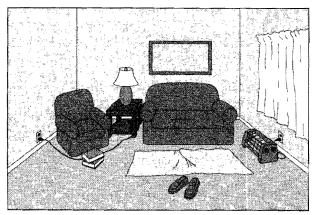
Multiple Choice

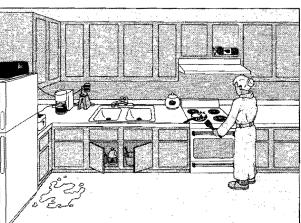
- 1. How should a home health aide reach an object on a high shelf?
 - (A) Stand on her tiptoes
 - (B) Use a stepstool
 - (C) Climb on the closest counter
 - (D) Use an umbrella
- 2. When sitting for long periods of time, legs should not be crossed because
 - (A) It disrupts the alignment of the body
 - (B) It can wrinkle a person's clothing
 - (C) It is unprofessional
 - (D) HHAs must stand while working
- 3. To be more comfortable doing tasks that require standing for long periods of time, an HHA can
 - (A) Sit down every five minutes
 - (B) Hop on one foot
 - (C) Jump up and down
 - (D) Place one foot on a footrest
- 4. Frequently used tools and supplies should be placed
 - (A) On shelves or counters to reduce the need for bending
 - (B) On the floor to reduce the need for straining to reach
 - (C) In boxes where they will be out of the way
 - (D) In the attic
- 5. To clean a bathtub, an HHA should
 - (A) Bend over
 - (B) Stand upright
 - (C) Kneel
 - (D) Sit inside the tub

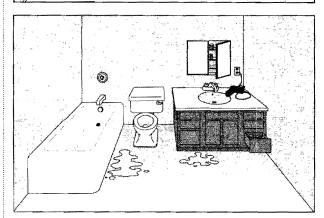
4. Identify five common types of accidents in the home

Labeling

1. In the following illustrations, circle everything that you can find that is unsafe.







True or False

- Adjustable beds should be raised to their highest position each time the home health aide has finished with care.
- 3. ____ Older people are often more seriously injured by falls because their bones are more fragile.
- 4. ____ Older adults or people with loss of sensation due to paralysis or diabetes are at the greatest risk of burns.

Name: _		33	
5	Clients should be sitting down before hot drinks are served to help prevent scalds.	3. How often should the smoke alarm be checked?	
6	Infants should sleep on their backs to prevent sudden infant death syndrome (SIDS).	4. RACE is an acronym that stands for R:	
5. List h describe Short Ans	in a slightly reclined position. To promote safety in the kitchen, pot handles should be turned toward the back of the stove. A client who is ill and weak should not be left alone in a tub. Keeping the floor free from clutter and electrical cords helps prevent falls. ome fire safety guidelines and what to do in case of fire	A:	
	is important to remember about cloth- hile working near the stove?	6. Identify ways to reduce the risk of automobile accidents Multiple Choice 1. When driving to a new client's house, a home health aide should (A) Study the map while driving there (B) Plan the route before leaving (C) Call the client to discuss the day's assignments beforehand (D) Text a friend for directions	

Safety and Body Mechanics

- 2. While driving, it is best to
 - (A) Keep eyes on the road and hands on the steering wheel
 - (B) Call friends to pass the time more quickly
 - (C) Drive quickly so that there will be more time at the client's home
 - (D) Send text messages to confirm the day's schedule
- 3. When backing up in a car, the home health aide should
 - (A) Only use the rearview camera
 - (B) Back up quickly
 - (C) Check the rearview camera and turn her head to look behind her
 - (D) Use her instincts to tell her if someone is behind her
- 4. Driving at a safe speed means
 - (A) Exceeding the speed limit
 - (B) Making adjustments for road or weather conditions
 - (C) Driving faster if it is snowing
 - (D) Going 10 miles per hour under the speed limit
- 5. Seat belts should always be worn because
 - (A) They prevent accidents
 - (B) They help protect a person if an accident occurs
 - (C) They make the person look more professional
 - (D) They make it safer to drive much faster

7. Identify guidelines for using a car on the job

True or False

1.	 aide to keep track of the miles he drives for work.
2.	 A home health aide's car should be serviced regularly.
3.	 Proof of registration should be kept in the car at all times.
4.	 Proof of insurance should be kept at home where it will be safe.

5	 Valuables should be put out of sight if
	they must be left in the car.

6. ____ All doors should be locked while driving and before leaving the car.

8. Identify guidelines for working in highcrime areas

- 1. A home health aide is going to visit a client who lives in a high-crime area. She has been to this client's apartment before, but today as she drives up, she notices three men she does not know who are standing on the sidewalk in front of the client's apartment. They are watching her as she slows down in front of the client's apartment. What should the home health aide do?
 - (A) Ignore them and park the car
 - (B) Keep driving past and use her phone to call her supervisor
 - (C) Stop and ask them what they are doing in front of the client's apartment
 - (D) Ask them if they know if her client is at home
- 2. A home health aide is getting ready to leave a client's home as it begins to get dark. Her client lives in a large house on a street that is not well lit. She has parked next to the nearest street light, which is two houses down. What should she do on the way to her car?
 - (A) Run to the car
 - (B) Keep her keys inside her purse
 - (C) Hold her purse or bag away from her body
 - (D) Walk confidently and look as if she knows where she is going



Emergency Care and Disaster Preparation

1. Demonstrate how to recognize and respond to medical emergencies

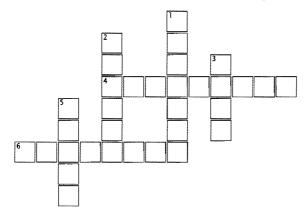
Crossword

Across

- 4. Being mentally alert and having awareness of surroundings, sensations, and thoughts
- 6. In addition to completing an incident report, action the home health aide should take after the emergency is over

Down

- 1. Type of wound that is considered a medical emergency
- 2. After assessing the situation, what the person who responds to a medical emergency must assess
- 3. In addition to checking for danger, noticing this is part of assessing the situation during a medical emergency
- 5. The opposite of opinions; they need to be reported when documenting an emergency



2. Demonstrate knowledge of first aid procedures

- 1. How can someone usually tell if a person is choking?
 - (A) The choking victim will tell the person.
 - (B) The choking victim will ask for food.
 - (C) The choking victim will put his hands to his throat.
 - (D) The choking victim will throw up.
- How does a rescuer obtain consent to give a choking victim abdominal thrusts?
 - (A) The rescuer asks the victim's spouse to sign a consent form.
 - (B) The rescuer calls a family member to ask, "May I treat this person?"
 - (C) The rescuer asks an attorney first.
 - (D) The rescuer asks the victim, "Are you choking?"
- 3. Signs of shock include
 - (A) Pale or bluish skin
 - (B) Lack of thirst
 - (C) Happiness
 - (D) Relaxation
- If a home health aide suspects that a client is having a heart attack, she should
 - (A) Give the client something cold to drink
 - (B) Loosen the clothing around the client's
 - (C) Encourage the client to walk around
 - (D) Leave the client alone to rest





- 5. To control bleeding, a home health aide should
 - (A) Use her bare hands to stop it
 - (B) Lower the wound below the level of the heart
 - (C) Hold a clean towel or cloth against the wound and press down hard
 - (D) Give the client an aspirin
- 6. To treat a minor burn, the home health aide should
 - (A) Use antibacterial ointment
 - (B) Use grease, such as butter
 - (C) Use ice water
 - (D) Use cool, clean water
- 7. Which of the following is true of assisting a client who is having a seizure?
 - (A) The home health aide should give the client a cup of water.
 - (B) The home health aide should hold the client down if the client is shaking.
 - (C) The home health aide should move furniture away to prevent injury to the client.
 - (D) The home health aide should open the client's mouth to move the tongue to the side.
- 8. If a client faints, the home health aide should
 - (A) Lower the client to the floor
 - (B) Position the client on his side
 - (C) Perform CPR
 - (D) Help the client stand up immediately
- 9. If a client has a nosebleed, what should be the first step that the home health aide takes?
 - (A) Report and document the incident.
 - (B) Apply pressure consistently until the bleeding stops.
 - (C) Apply a cool cloth on the back of the neck, the forehead, or the upper lip.
 - (D) Elevate the head of the bed or tell the client to remain in a sitting position.

- 10. If a client falls, the home health aide should
 - (A) Wait until the end of the day to assess the client before reporting the fall
 - (B) Ask the client to get up and try to walk if possible
 - (C) Contact her supervisor to report the fall
 - (D) Begin doing range of motion exercises while the client is on the floor

3. Identify emergency evacuation procedures

List five ways to plan for an emergency

Short Answer

evacuation.					
-			 	 	
			 	 	_
		-	 	 	_
			 	 ······································	

4. Demonstrate knowledge of disaster procedures

- A disaster kit should be assembled before disaster strikes. Disaster supplies include
 - (A) A change of clothing
 - (B) A television set
 - (C) Cosmetics and a hair dryer
 - (D) Three pairs of shoes
- 2. In a disaster, a home health aide can stay informed by
 - (A) Running out to buy a newspaper
 - (B) Going outside to talk to his neighbors
 - (C) Listening to a radio
 - (D) Calling governmental agencies

- 3. If a disaster is forecast, a home health aide can be prepared by
 - (A) Doing her laundry
 - (B) Cleaning her house
 - (C) Knowing how to start a fire
 - (D) Wearing appropriate clothing and shoes
- 4. In the event of a tornado, it is best to
 - (A) Seek shelter inside a steel-framed or concrete building
 - (B) Stand flat against the wall next to the windows
 - (C) Seek shelter in a mobile home
 - (D) Seek shelter outside in a tree or bush
- 5. In case of lightning, it is best to
 - (A) Find water and stay in the water
 - (B) Stand by the largest tree in the area
 - (C) Stand underneath a tall metal object
 - (D) Seek shelter in a building
- 6. In case of floods, it is best to
 - (A) Fill the bathtub with fresh water
 - (B) Drink flood water to stay hydrated
 - (C) Put electrical equipment in flood water to avoid fires
 - (D) Turn off the gas by yourself
- 7. In case of earthquakes, it is best to
 - (A) Stand on a tall piece of furniture to get as high as possible
 - (B) Go outside to find the closest tall building
 - (C) Stop under an overpass if in a car until the shaking stops
 - (D) Get under a sturdy piece of furniture
- 8. In case of an active shooter, it is best to
 - (A) Run outside to find a safe place to hide
 - (B) Keep your phone ringer on in case police or family members need to contact you
 - (C) Secure the door by moving a piece of heavy furniture in front of it
 - (D) Find and confront the shooter

Physical, Psychological, and Social Health

····	
1. Identify basic human needs Short Answer 1. List five basic physiological needs that all humans have.	Example of Need (A) I need the chance to learn new things. (B) I need to know that I am doing a good job. (C)
2. List six psychosocial needs that humans have.	(E)
	4 Elderly people do not have sexual needs. 5 The ability to engage in sexual activity continues unless disease or injury occurs. 6 Clients have the legal right to choose
 Complete your own hierarchy of needs below. Some of the examples have already been completed for you. Maslow's Hierarchy of Needs 	how to express their sexuality. 7 All elderly people usually have the same sexual behavior and desires. 8 The home health aide should always knock and wait for a response before entering a client's bedroom.
Need (A) Need for self-actualization (B) Need for self-esteem (C) Need for love (D) Safety and security needs (E) Physiological needs	9 If a home health aide encounters a sexual situation between consenting adults, he should ask them to stop and wait until he is no longer in the home. 10 If a client identifies as nonbinary and prefers the pronouns they/them, the

care team should use those pronouns.

Name: ______

Matching

Use each letter only once.

- 11. ____ Bisexual, Bi
- 12. ____ Cisgender
- 13. ____ Coming out
- 14. ____ Cross-dresser
- 15. ____ Gay
- 16. ____ Gender identity
- 17. ____ Heterosexual (straight)
- 18. ____ Lesbian
- 19. ____ LGBTQ
- 20. ____ Nonbinary
- 21. ____ Queer
- 22. ____ Sexual orientation
- 23. ____ Transgender
- 24. ____ Transition
- (A) Acronym for lesbian, gay, bisexual, transgender, and queer
- (B) A person whose physical, emotional, and/or romantic attraction is for people of the opposite sex
- (C) A person's physical, emotional, and/or romantic attraction to another person
- (D) A person whose physical, emotional, and/or romantic attraction may be for people of the same gender or different gender
- (E) A person whose gender identity matches his or her birth sex (sex assigned at birth due to anatomy)
- (F) A person whose gender identity conflicts with his or her birth sex (sex assigned at birth due to anatomy)
- (G) A deeply felt sense of one's gender
- (H) A term used to describe sexual orientation that is not exclusively heterosexual; may not be accepted by everyone within the LGBTQ community

(I)	A person whose physical, emotional, and/or
	romantic attraction is for people of the same
	sex

- (J) A heterosexual man who sometimes wears clothing and other items associated with women
- (K) A person whose gender identity does not fit into the category of man or woman; the person's gender may be in between those two categories or may be entirely different from them
- (L) The process of changing genders, which can include legal procedures and medical measures
- (M) A woman whose physical, emotional, and/or romantic attraction is for other women
- (N) A continual process of revealing one's sexual orientation or gender identity to others

2. Define holistic care

Short Answer

In your own words, briefly describe holistic care and person-centered care.		

Ivaliic.

3. Identify ways to help clients meet their spiritual needs

Short Answer

Place a check mark (\checkmark) next to examples of appropriate ways to help clients with their spiritual needs.

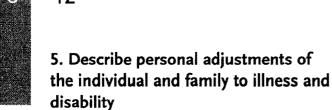
- A client tells his HHA that he cannot drink milk with his hamburger due to his religious beliefs. He asks for some water instead. The HHA takes the milk away and brings him some water.
- 2. ____ A client tells her home health aide that she is a Baptist and wants to know when the next Baptist service will be. The HHA asks, "Why don't you just attend a Catholic service instead? I'm Catholic, and my church is close by."
- 3. ____ A client asks his HHA to read a passage from his Bible. The HHA opens the Bible and begins to read.
- 4. ____ A client wants to see a rabbi. His home health aide calls the rabbi he wants to see.
- 5. ____ A home health aide sees a Buddha statue in a client's bedroom. The HHA chuckles and tells the client, "This little guy is so cute."
- 6. ____ A spiritual leader is visiting with a client. The home health aide leaves the room and quietly shuts the door.
- 7. ____ A client tells his home health aide that he is Muslim. The HHA begins to explain Christianity to him and asks him to attend a Christian service just to see what it is like.
- 8. ____ A client tells her home health aide that she does not believe in God. The HHA does believe in God but does not argue with the client. The HHA listens quietly as the client explains her reasoning.

4. Discuss family roles and their significance in health care

Multiple Choice

Read each description below. Choose the term that best defines the type of family that is being described.

- Mr. Dane's wife died giving birth to their twin girls. Mr. Dane never remarried and raised the girls himself.
 - (A) Single-parent family
 - (B) Nuclear family
 - (C) Blended family
 - (D) Extended family
- Ms. Cone has lived with her best friend, Ms. Lawrence, since they graduated from college together. They both dated many men throughout their lives but were never married. Ms. Cone has a teenaged daughter who was raised in their household.
 - (A) Single-parent family
 - (B) Nuclear family
 - (C) Blended family
 - (D) Extended family
- 3. Mrs. Rose had three children with her first husband. She divorced him when their youngest child was two years old. Two years later she remarried, and she and her second husband raised her three children as well as one child from his first marriage.
 - (A) Single-parent family
 - (B) Nuclear family
 - (C) Blended family
 - (D) Extended family
- Mrs. Parker was married to her husband for 30 years. They lived together with their two children.
 - (A) Single-parent family
 - (B) Nuclear family
 - (C) Blended family
 - (D) Extended family
- Mr. Nicholson has been with his husband for 10 years. Their five-year-old son lives with them.
 - (A) Single-parent family
 - (B) Nuclear family
 - (C) Blended family
 - (D) Extended family



Short Answer

1.	may need to make due to a client's illness or disability.
<u></u>	

6. Identify community resources for individual and family health

Short Answer

1.	If a home health aide believes that a client needs help finding community resources, what should he do?

7. List ways to respond to emotional needs of clients and their families

- 1. A home health aide arrives at her client's house to find the client's wife, Mrs. McNabb, upset and close to tears. She tells the HHA that her husband simply will not eat his breakfast. When the HHA asks what she served him for breakfast, Mrs. McNabb begins to cry. What would be the best response by the HHA?
 - (A) The HHA should ask her not to cry.
 - (B) The HHA should ask her why she is crying over something so unimportant.
 - (C) The HHA should reassure her that the HHA is there to help.
 - (D) The HHA should tell her that her reaction is probably increasing her stress
- 2. The home health aide encourages Mrs. McNabb to talk about what is bothering her. Mrs. McNabb confesses that she is feeling very overwhelmed. What would be the best response by the HHA?
 - (A) "I know just how you feel. My kids are a handful, too."
 - (B) "It sounds like you are under a lot of stress. Can I help in some way?"
 - (C) "Well, I work two jobs myself, and it's no
 - (D) "I think attending church services more often would help you."
- 3. Mrs. McNabb asks if the HHA can stay longer to help her out with the cooking and cleaning. What would be the best response by the HHA?
 - (A) "I'll talk to my supervisor and see what she says. Maybe we can work something out."
 - (B) "You can call a cleaning service for help."
 - (C) "That's not in my job description."
 - (D) "If you will pay me extra money, I can consider it."

Body Systems and Related Conditions

1.	Describe	the	integumentary	system
an	d related	con	ditions	

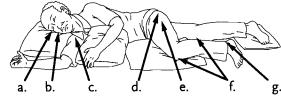
Fill in the Blank

- 1. The largest organ and system in the body is
- to internal organs.
- 3. Skin also prevents the loss of too much _____, which is essential to life.
- 4. The skin is also a ___ _ organ that feels heat, cold, pain, touch, and pressure.
- 5. Blood vessels_ or widen, when the outside temperature is too high.
- 6. Blood vessels_ or narrow, when the outside temperature is

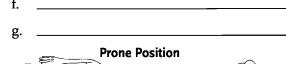
Labeling

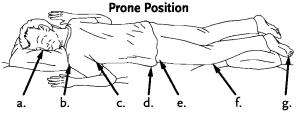
For each position shown, list the areas at risk for skin breakdown.

Lateral Position

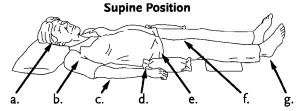


- 7. Lateral Position





- 8. Prone Position



- **Supine Position**

Name:

True or Fa	ılse	9. Pain and stiffness of osteoarthritis may		
10	With a stage 1 pressure injury, skin is intact but may be red or a different color than the surrounding area.	increase with (A) Hot weather (B) Cold weather		
11	Pressure injuries usually occur in areas of the body where bone lies close to the skin.	(C) An active lifestyle(D) Intake of fluids10. Arthritis is generally treated with		
	Another name for pressure injuries is decubitus ulcers. Common sites for pressure injuries	(A) Botox(B) Plastic surgery(C) Deep breathing exercises(D) Anti-inflammatory medications		
13	are the chest, nose, and hands.	11. What happens to the body when a person		
14	A contusion is a type of open wound.	suffers from an autoimmune illness?		
15	An open wound has skin that is not intact.	(A) The circulatory system stops functioning and blood backs up into the heart.		
16	Stasis dermatitis occurs due to a buildup of fluid in the lower legs and ankles.	(B) The immune system attacks diseased tissue in the body.(C) The immune system attacks normal tissue in the body.(D) The integumentary system becomes		
2. Descr	ibe the musculoskeletal system	diseased.		
and rela	ted conditions	12. Rheumatoid arthritis affects the		
True or Fa	The body is shaped by muscles, bones, ligaments, tendons, and cartilage.	joints first. (A) Smaller (B) Larger (C) Elbow (D) There is no typical progression.		
2	The human body has 215 bones.	True or False		
	Bones protect the body's organs. Two bones meet at a joint.	13 Muscular dystrophy (MD) is an inhe ited disease that causes gradual was		
	Muscles provide movement of body parts.	ing away of the muscles. 14 Most forms of MD become apparen		
6	Range of motion exercises help prevent problems related to immobility.	in middle adulthood. 15 Many forms of MD are very slow to		
7	Atrophy occurs when the muscle weakens, decreases in size, and wastes away.	progress. 16 On average, a person who has amyoutrophic lateral sclerosis (ALS) lives		

Multiple Choice

- 8. Arthritis is a general term referring to __ of the joints.
 - (A) Immobility
 - (B) Inflammation
 - (C) Redness
 - (D) Stiffness

	9.	increa (A) Ho (B) Co (C) An	and stiffness of osteoarthritis may se with ot weather old weather on active lifestyle take of fluids
	10.	(A) Bo (B) Pl (C) Do	tis is generally treated with otox astic surgery eep breathing exercises nti-inflammatory medications
	11.	suffer (A) Th an (B) Th tis (C) Th su (D) Th	happens to the body when a person is from an autoimmune illness? The circulatory system stops functioning and blood backs up into the heart. The immune system attacks diseased issue in the body. The immune system attacks normal tiste in the body. The integumentary system becomes seased.
	12.	joints (A) Sr (B) La (C) El	maller orger
Trees follows:	Tru	e or Fa	lse
	13.		Muscular dystrophy (MD) is an inherited disease that causes gradual wasting away of the muscles.
	14.		Most forms of MD become apparent in middle adulthood.
*******************	15.		Many forms of MD are very slow to progress.
	16.		On average, a person who has amyotrophic lateral sclerosis (ALS) lives another 20 years after diagnosis.
*****************	17.		Having brittle bones due to osteoporosis means that bones become stron-

ger and healthier.

3. Describe the nervous system and related conditions

Multiple Choice

- 1. The nervous system
 - (A) Gives the body shape and structure
 - (B) Controls and coordinates body function
 - (C) Is the largest organ in the body
 - (D) Pumps blood through the blood vessels to the cells
- 2. The basic unit of the nervous system is the
 - (A) Neuron
 - (B) Message
 - (C) Brain
 - (D) Spinal cord
- 3. The two main parts of the nervous system are
 - (A) Cardiovascular system and integumentary system
 - (B) Neurons and receptors
 - (C) The body and the brain
 - (D) Central nervous system and peripheral nervous system
- 4. The central nervous system (CNS) is made up of
 - (A) The brain and spinal cord
 - (B) Muscles and bones
 - (C) Neurons and receptors
 - (D) The heart and lungs
- 5. The peripheral nervous system (PNS) deals with the outer part of the body via the
 - (A) Brain
 - (B) Cerebrum
 - (C) Nerves
 - (D) Right hemisphere

True or False

Mark each of the following statements regarding CVA (stroke) with either a T for true or an F for false.

- 6. ____ Clients with paralysis or loss of movement will not need physical therapy.
- 7. ____ Range of motion exercises strengthen muscles and keep joints mobile.
- 8. ____ Leg exercises improve circulation.

9	When helping with transfers or ambulation, the home health aide (HHA) should stand on the client's stronger side.
10	The HHA should always use a transfer belt for safety when helping a client who has had a stroke with transfers.
11	The HHA should refer to the side that has been affected by stroke as the "bad" side so that clients will understand which side the HHA is talking about.
12	Gestures and facial expressions are important in communicating with a client who has had a stroke.
13	Clients who suffer confusion or memory loss due to a stroke may feel more secure if the HHA establishes a routine of care.

14	Clients with a loss of sensation could
	easily burn themselves.

15	Food should always be placed in the
	unaffected, or stronger, side of the
	mouth.

16	When assisting with dressing a cli-
	ent who has had a stroke, the HHA
	should dress the stronger side first.

Short Answer

Read each of the following scenarios about caring for someone recovering from a CVA (stroke) and answer the questions.

17. Kate, a home health aide, is getting ready to prepare lunch for Mr. Manhas, who is recovering from a stroke. Mr. Manhas has difficulty communicating and also suffers from confusion. "Let's see," Kate says. "For lunch we can have soup, sandwiches, some leftover casserole, or I can make a salad. Now, what would you like to eat?" What is wrong with the way Kate is communicating with Mr. Manhas?

18. Mr. Manhas's wife comes home after running some errands and asks how her husband is doing. As she and Kate walk into the kitchen where Mr. Manhas is sitting, Kate says, "Mr. Manhas is having trouble today with his eating. Just look at him. He's spilled	 True or False Mark each of the following statements regarding Parkinson's disease with either a T for true or an F for false. 20 Parkinson's disease puts a person at a high risk for falls. 21 Parkinson's disease causes a shuffling gait and a mask-like facial expression. 22 Pill-rolling is something that people with Parkinson's disease must do before taking their medication. 23 Clients with Parkinson's disease
all over himself." What is wrong with what Kate has just said?	should be discouraged from performing their own care to save their energy.
	Fill in the Blank Fill in the blanks for each of the following statements regarding multiple sclerosis (MS).
	24. For a person who has MS, nerves cannot send to and from the brain in a normal way.
	25. Symptoms of MS include vision, fatigue, tremors, poor balance, and difficulty walking.
19. Kate notices that Mr. Manhas seems to be having trouble saying words clearly. He is	26. The HHA should offer
beginning to get frustrated because he can- not tell Kate what he wants. Kate decides to ask only yes or no questions, so she tells Mr. Manhas, "If you find it too difficult to speak right now, why don't you try nodding your head for 'yes' and shaking your head for 'no'?" What is Kate doing right?	periods as necessary for clients with MS. 27. The HHA should give clients plenty of time to because people with MS often have trouble forming their thoughts. 28
	can worsen the effects of MS, so the HHA should remain calm and listen to clients when they want to talk.
	True or False Mark each of the following statements regarding head and spinal cord injuries with either a T for true or an F for false.
	29 The effects of a spinal cord injury depend on the location of the injury and the force of impact.

Name: _

30	The lower the injury on the spinal cord, the greater the loss of function will be.
31	Quadriplegia is a loss of function of the lower body and legs.
32	Rehabilitation is of little help for people who have had spinal cord injuries.
33	Clients with head or spinal cord injuries will need emotional support as well as physical help.
34	People with spinal cord injuries may not feel burns because of loss of sensation.
35	The HHA should help clients change positions at least every two hours to prevent pressure injuries.
36	Clients with spinal cord injuries should drink very little fluid to prevent urinary tract infections.
Short Ans Answer the	wer e following question regarding amputa-
	space provided.
37. What	is phantom limb pain?
	, MUSEL
·	

Multiple Choice

Name: _

Circle the letter of the answer that best completes the statement or answers the question regarding hearing impairment.

- 38. To best communicate with a client who has a hearing impairment, the HHA should
 - (A) Use short sentences and simple words
 - (B) Shout words slowly
 - (C) Approach the client from behind
 - (D) Raise the pitch of her voice

- 39. If a client is difficult to understand, the HHA should
 - (A) Pretend to understand the client so as not to hurt his feelings
 - (B) Mouth the words in an exaggerated way so that the client will mimic that behavior next time
 - (C) Ask the client to repeat what he said, and then tell the client what the HHA thinks she heard
 - (D) Ask the client to shout

Matching

For each of the following terms regarding vision impairment, write the letter of the correct definition from the list below. Use each letter only once.

- 40. ____ Cataract
- 41. ____ Farsightedness (hyperopia)
- 42. ____ Glaucoma
- 43. ____ Nearsightedness (myopia)
- (A) Condition that causes increased pressure in the eye and may cause blindness
- (B) The ability to see objects in the distance better than objects nearby
- (C) Condition that causes cloudiness of the lens of the eye, which can cause loss of vision
- (D) The ability to see objects that are nearby better than objects in the distance

4. Describe the circulatory system and related conditions

- 1. The two lower chambers of the heart are called
 - (A) Veins
 - (B) Cells
 - (C) Ventricles
 - (D) Pericardia

- 2. What functions as the pump of the circulatory system?
 - (A) Heart
 - (B) Lungs
 - (C) Lymph
 - (D) Blood
- 3. What occurs during the resting phase, or diastole?
 - (A) Ventricles pump blood through the blood vessels.
 - (B) The heart begins beating rapidly until the next contraction.
 - (C) Circulation stops.
 - (D) The chambers fill with blood.
- 4. Which of the following is one of the functions that the circulatory system performs?
 - (A) Senses and interprets information from the environment
 - (B) Supplies food, oxygen, and hormones to cells
 - (C) Adds waste products to the cells
 - (D) Processes carbohydrates and proteins to meet the body's energy needs

Matching

Use each letter only once.

- 5. ____ Angina pectoris
- 6. ____ Atherosclerosis
- 7. ____ Congestive heart failure
- 8. ____ Diuretic
- 9. ____ Hypertension
- 10. ____ Myocardial infarction
- 11. ____ Nitroglycerin
- (A) Condition in which the heart fails to pump effectively, causing blood to back up into the lungs or the legs, feet, or abdomen
- (B) Medical term for high blood pressure
- (C) Chest pain, pressure, or discomfort
- (D) Medication that relaxes the walls of the coronary arteries, allowing them to open and get more blood to the heart

- (E) Condition in which blood flow to the heart muscle is blocked and the muscle cells die
- (F) Medications that reduce fluid in the body
- (G) Hardening and narrowing of the blood vessels

5. Describe the respiratory system and related conditions

Fill in the Blank

1.	Respiration is the body taking in and removing
2.	Respiration involves breathing in, or, and breathing
	out, or
3.	Theaccomplish the process of respiration.

- 4. Clients with chronic obstructive pulmonary disease (COPD) have difficulty with
 - (A) Breathing
 - (B) Urination
 - (C) Losing weight
 - (D) Vision
- 5. For a person with COPD, a common fear is
 - (A) Constipation
 - (B) Incontinence
 - (C) Not being able to breathe
 - (D) Heart attack
- 6. The best position for a client with COPD is
 - (A) Lying flat on his back
 - (B) Sitting upright
 - (C) Lying on his stomach
 - (D) Lying on his side
- 7. Part of the home health aide's role in caring for a client with COPD includes
 - (A) Being calm and supportive
 - (B) Adjusting oxygen levels
 - (C) Making changes in the client's diet
 - (D) Doing everything for the client as much as possible

Name:	49
 8. Emphysema usually develops as a result of (A) Cigarette smoking (B) Alcohol use (C) Radiation therapy (D) Excessive weight loss 	 Multiple Choice 4. Which of the following statements is true of urinary incontinence? (A) It is a normal part of getting older. (B) It is a risk factor for pressure injuries.
 9. Chronic bronchitis and emphysema are grouped under (A) Chronic obstructive pulmonary disease or COPD (B) Muscular dystrophy, or MD (C) Hypertension, or HTN (D) Coronary artery disease, or CAD 	 (C) Drinking plenty of fluids makes the problem worse. (D) It is treated by using inhalers and doing deep breathing exercises. 5. Clients who are are more likely to have urinary incontinence. (A) Bedbound (B) Active (C) Vegetarians
6. Describe the urinary system and related conditions	(D) Strong
Short Answer 1. List two vital functions of the urinary system.	6. What can clients do to help prevent urinary tract infections? (A) Limit their fluid intake (B) Increase their fluid intake (C) Increase their fiber intake (D) Avoid cleaning the perineal area
	7. Describe the gastrointestinal system and related conditions
	Crossword Across
2. What is one reason why women are more likely than men to have urinary tract infections?	Position that the body should be in during sleep if the client has heartburn or gastroesophageal reflux disease
	 Disorder that occurs from decreased fluid intake, poor diet, inactivity, medications, aging, certain diseases, or ignoring the urge to eliminate
	8. Process of expelling solid wastes made up of the waste products of food that are not absorbed into the cells
3. In which direction should clients wipe after elimination to help avoid a urinary tract	Down

infection (UTI)?

1. Abbreviation for gastroesophageal reflux

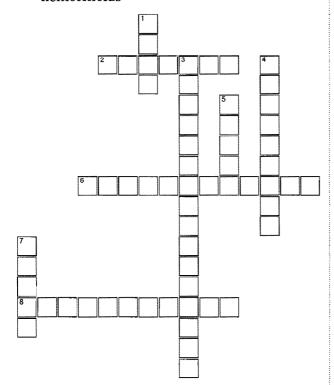
3. Another name for the digestive system

4. The process of preparing food physically and chemically so that it can be absorbed into

disease

the cells

- 5. Artificial opening through the abdomen to which waste is diverted
- 7. Adding this into the diet may help treat hemorrhoids



Multiple Choice

- 9. When a client has gastroesophageal reflux disease, it is best for the client not to lie down until at least _____ hours after eating.
 - (A) 2
 - (B) 3
 - (C) 4
 - (D) 8
- 10. Surgical treatment for ulcerative colitis may include a
 - (A) Liver transplant
 - (B) Colostomy
 - (C) Heart bypass
 - (D) Gastric sleeve

8. Describe the endocrine system and related conditions

Fill in the Blank

1.	The endocrine system is made up of		dif
	ferent areas of the body.	111	WII.

2.	Chemical substances created by the body
	that control numerous body functions are
	called

3. One function of the endocrine system is to regulate levels of phosphate and

- 4. Diabetes is a condition in which the pancreas does not produce enough or properly use
 - (A) Insulin
 - (B) Glucose
 - (C) Growth hormones
 - (D) Adrenaline
- 5. Sugars collecting in the blood cause problems with
 - (A) Breathing
 - (B) Circulation
 - (C) Pain level
 - (D) Ambulation
- 6. Type 1 diabetes
 - (A) Continues throughout a person's life
 - (B) Is most common in the elderly
 - (C) Is first treated with surgery
 - (D) Does not require a change of diet
- 7. Changes in the circulatory system from diabetes can cause
 - (A) Hair loss
 - (B) Heart attack and stroke
 - (C) Multiple sclerosis
 - (D) COPD
- 8. The most common form of diabetes is
 - (A) Insulin reaction
 - (B) Gestational diabetes
 - (C) Type 1 diabetes
 - (D) Type 2 diabetes
- 9. Poor circulation and impaired wound healing may result in
 - (A) Urinary tract infections
 - (B) Cancer
 - (C) Leg and foot ulcers
 - (D) An autoimmune disease

Name:		
Haille.	 	

- 10. Gangrene can lead to
 - (A) Loss of bowel control
 - (B) Peripheral vascular disease
 - (C) Congestive heart failure
 - (D) Amputation
- 11. What condition occurs when a person's blood glucose level is above normal but not high enough for a diagnosis of type 2 diabetes?
 - (A) Gestational diabetes
 - (B) Type 1 diabetes
 - (C) Prediabetes
 - (D) Hyperglycemia
- 12. Careful _____ care is especially important for people with diabetes.
 - (A) Foot
 - (B) Hair
 - (C) Facial
 - (D) Mouth
- 13. Diabetes can lead to the following complication:
 - (A) Insulin reaction
 - (B) Mastectomy
 - (C) Cancer
 - (D) Arthritis
- 14. What type of shoe material is best for people who have diabetes because the material helps prevent a buildup of moisture?
 - (A) Plastic
 - (B) Cotton
 - (C) Rubber
 - (D) Metal
- 15. For a client who has diabetes, where should lotion not be applied?
 - (A) Upper arms
 - (B) Lower back
 - (C) Back of the legs
 - (D) Between the toes
- 16. The meal plan for a client with diabetes may involve
 - (A) Counting carbohydrates
 - (B) Eating more sugary items
 - (C) Fasting for long periods to get blood glucose levels near normal
 - (D) Eating fatty foods to gain weight

- 17. Which of the following is true of a home health aide's responsibilities for a client who has diabetes?
 - (A) The HHA may need to inject insulin at regular times.
 - (B) The HHA may assist with the client's exercise program.
 - (C) The HHA will create the meal plan for the client.
 - (D) The HHA needs to cut the client's toenails when giving foot care.
- 18. What is another name for hypoglycemia?
 - (A) Sugar coma
 - (B) Diabetic ketoacidosis
 - (C) Insulin reaction
 - (D) Diabetes
- 19. What is a common symptom of hypothyroidism?
 - (A) Rapid heartbeat
 - (B) Weight gain
 - (C) High blood pressure
 - (D) Bulging eyes

9. Describe the reproductive system and related conditions

- 1. The reproductive system allows humans to
 - (A) Move and speak
 - (B) Create human life
 - (C) Think logically
 - (D) Fight disease
- 2. The male and female sex glands are called the
 - (A) Glands
 - (B) Ureters
 - (C) Gonads
 - (D) Urethras
- 3. Vaginitis may be caused by bacteria, protozoa, or
 - (A) Hypertrophy
 - (B) Lymph
 - (C) Fungus
 - (D) Discharge

- Which of the following is a type of contact that can cause a sexually-transmitted infection (STI)?
 - (A) Holding hands with an infected person
 - (B) Having sexual intercourse with an infected person
 - (C) Hugging an infected person
 - (D) Dining with an infected person

True	or	Fa	se
------	----	----	----

5.	***************************************	Gonorrhea is easier to detect in men than in women.
6.		Genital herpes can be cured with antibiotics.
7.		Syphilis is caused by bacteria.
8.	V-100	Symptoms of chlamydia include yellow or white discharge from the penis or vagina and a burning sensation during urination.
9.	announced to appropriate the second	STIs can be transmitted by contact of the mouth with the genitals of an infected person.
10.		There is a vaccine available for human papillomavirus (HPV).
11.		Genital warts are a sign of genital HPV infection.

10. Describe the immune and lymphatic systems and related conditions

Short Answer

1.	What is the difference between nonspecific immunity and specific immunity?

2.		two systems are related to the lym- c system?
3.	How	is lymph fluid circulated?
Tri	ie or Fa	ilse
4.		Human immunodeficiency virus (HIV) can only be transmitted through sexual contact.
5.		The first stage of HIV infection involves symptoms similar to flu.
6.		There is no known cure for acquired immunodeficiency syndrome (AIDS).
7.		AIDS dementia complex occurs in the early stages of AIDS.
8.		There is a vaccine that can prevent a person from getting AIDS.

- 9. Care for a person who has HIV or AIDS should focus on
 - (A) Helping to find a cure for HIV
 - (B) Preventing visits from friends and family so as not to infect them
 - (C) Providing relief of symptoms and preventing infection
 - (D) Letting the person know that his life choices caused this disease
- 10. If a client with AIDS has a poor appetite, the HHA should
 - (A) Give the client an appetite stimulant
 - (B) Serve familiar and favorite foods
 - (C) Let the client know that if he does not eat, he might die
 - (D) Discuss this with the client's family to see what they recommend doing

Name:	53
 11. It is very important to follow safety guidelines when preparing food for the client who has AIDS because (A) Foodborne illnesses can cause death (B) The home health aide might become infected with HIV (C) The home health aide might infect family members with HIV (D) It is not important to follow safety guidelines regarding food preparation 	 Thickening or lump in a breast Memory loss Change in appearance of wart or mole Joint aches Nagging cough Indigestion or difficulty swallowing
12. Clients who have AIDS and have infections of the mouth and esophagus may need to eat food that is(A) Spicy(B) Low in acid(C) Dry(D) Very hot	25 Nausea 26 Sweet, fruity breath odor 27 Sores that do not heal 28 Unusual bleeding or discharge 29 Headache
 13. Someone who has nausea and vomiting should (A) Eat mostly dairy products (B) Eat high-fat foods (C) Drink liquids and eat salty foods (D) Reduce liquid intake 	Multiple Choice 30. The key treatment for malignant tumors of the skin, breast, bladder, colon, rectum, stomach, and muscle is
 14. Fluids are important for clients who have diarrhea because (A) Diarrhea rapidly depletes the body of fluids (B) Diarrhea can be prevented by drinking a lot of fluids (C) Diarrhea is an infection that can be flushed out by fluids (D) Diarrhea can make a client's throat dry 	 (A) Surgery (B) Homeopathic pills (C) Radiation (D) Hormone therapy 31. Nausea, vomiting, diarrhea, hair loss, and decreased resistance to infection are all side effects of which treatment? (A) Surgery (B) Chemotherapy
 15. The following is helpful in dealing with neuropathy (numbness, tingling, and pain in the feet): (A) Wrapping the feet in bandages (B) Wearing tight shoes (C) Using a bed cradle (D) Tucking in bed sheets over the feet tightly 	 (C) Diet and exercise (D) Herbal remedies 32. This treatment method uses medications to destroy cancer cells and limit the rate of cell growth: (A) Surgery (B) Chemotherapy (C) Radiation
Short Answer Mark an X beside the American Cancer Society's warning signs of cancer.	(D) Herbal remedies33. This treatment method involves removing as much of the tumor as possible to prevent

16. ____ Change in bowel or bladder function

17. ____ Difficulty breathing

18. ____ Dizziness

cancer from spreading:

(A) Surgery
(B) Chemotherapy

(D) Hormone therapy

(C) Radiation

- 34. This treatment method kills normal and abnormal cells in a limited area, sometimes causing skin to become sore, irritated, or burned:
 - (A) Surgery
 - (B) Chemotherapy
 - (C) Radiation
 - (D) Immunotherapy
- 35. To help promote proper nutrition for a client with cancer, the home health aide should do the following:
 - (A) Use metal utensils when serving meals
 - (B) Serve favorite foods that are high in
 - (C) Restrict nutritional supplements
 - (D) Serve foods with little nutritional content
- 36. If a client is experiencing pain, the home health aide should
 - (A) Assist with comfort measures
 - (B) Let the client know that there is little the HHA can do
 - (C) Prescribe pain medication
 - (D) Give the client a shot of pain medication
- 37. When providing skin care, which of the following should the home health aide do?
 - (A) Use lotion regularly on dry skin
 - (B) Remove markings that are used in radiation therapy
 - (C) Clean the client's face with soap
 - (D) Apply lotion to areas receiving radiation therapy
- 38. Which of the following should a home health aide do regarding oral care for a client with cancer?
 - (A) Rinse the client's mouth with a type of commercial mouthwash
 - (B) Use a soft-bristled toothbrush to brush the client's teeth
 - (C) Use rubbing alcohol for any mouth sores the client has
 - (D) Avoid giving the client oral care

- 39. Which of the following should the home health aide do when communicating with a client who has cancer?
 - (A) Insist that the client tell the HHA what he is going through
 - (B) Let the client know about any new medications that might help him
 - (C) If the client is worried, tell him, "Don't worry. It will all be fine."
 - (D) Listen to the client if he wishes to share his feelings
- 40. Mrs. Brady is a client who has cancer. She has a lot of visitors, and most of them call before they come over. One visitor has a habit of stopping by whenever she happens to be in the area, and today she has come at a very bad time for Mrs. Brady. What would be the best response by the HHA?
 - (A) "Mrs. Brady enjoys your visits, but unfortunately this is not a good time for her. I'll certainly let her know you were here."
 - (B) "You should think about calling before you come over because Mrs. Brady is often busy when you come by."
 - (C) "Mrs. Brady does not like it when you drop in without calling first."
 - (D) "Mrs. Brady does not enjoy surprise guests."

Confusion, Dementia, and Alzheimer's Disease

1. Discuss confusion and	delirium
--------------------------	----------

Short Answer

1.	can take when helping care for a client who is confused?
2.	Name four possible causes of delirium.

-	

2. Describe dementia

Multiple Choice

- The ability to think logically and quickly is called
 - (A) Cognition
 - (B) Dementia
 - (C) Awareness
 - (D) Respiration
- 2. When a person has cognitive impairment, that means her _____ are affected.
 - (A) Blood pressure readings and ambulatory abilities
 - (B) Motor skills and fine motor skills
 - (C) Concentration and memory
 - (D) Diet choices and exercise abilities
- 3. Home health aides can help clients by
 - (A) Doing as much as possible for them
 - (B) Encouraging them to make lists of things to remember
 - (C) Reminding them every time they forget something
 - (D) Telling them to think as hard as they can
- 4. The most common cause of dementia is
 - (A) Lewy body dementia
 - (B) Alzheimer's disease
 - (C) Reproductive cancers
 - (D) Chronic obstructive pulmonary disease

3. Describe Alzheimer's disease and identify its stages

True or False

1. ____ A person with Alzheimer's disease is usually able to continue using skills that he used often during his lifetime.

56		Na	ıme:
2	Each person with Alzheimer's disease shows the same symptoms at the same times during their lives.	3.	Work with the symptoms and behaviors noted.
3	An HHA should perform as many activities as possible for clients with Alzheimer's disease.		
ł	Alzheimer's disease cannot be cured.		
5	Most people who have Alzheimer's disease will eventually be dependent on others for care.		
	ify personal attitudes helpful g for clients with Alzheimer's	4. —	Work as a team.
attitude is Alzheime	of the following, briefly describe why each is helpful when caring for clients with r's disease.		
l. Don	ot take things personally.	5.	Be aware of difficulties associated with caregiving.
		_	TO THE PARTY OF TH
2. Be er	npathetic.	6.	Work with family members.

7. Remember the goals of the care plan.

Name:	3/
5. List strategies for better communication with clients with Alzheimer's disease Short Answer Read each scenario below and state an appropriate response.	4. Makayla is helping Mr. Collins get ready to eat dinner with his family. Makayla asks him to put his shoes on, but Mr. Collins does not understand what Makayla wants him to do.
Mrs. Hays, a client with AD, has awakened from her nap and does not recognize her room or anyone around her.	
	Multiple Choice
2. Makayla, an HHA, has been trying to give Mr. Collins, a client with AD, a bath. Mr. Collins has become agitated and is asking Makayla "Who are you?" over and over again, although Makayla has already identified herself twice.	 5. When communicating with a client with Alzheimer's disease, the HHA should (A) Quietly approach the client from behind. (B) Stand as close as possible to the client. (C) Communicate in a loud area to help cheer up the client. (D) Speak slowly, using a lower voice than normal.
3. Mrs. Hays has been telling Makayla a story	 6. If a client is frightened or anxious, which of the following should the HHA do? (A) Check her body language so that she does not appear tense or hurried (B) Turn up the television or radio to try to distract the client (C) Use complex, longer sentences to calm the client (D) Give multiple instructions at one time so that the client has something to process
about her niece. She is showing her a necklace that her niece gave her as a gift. She is having trouble remembering the word necklace and is getting upset.	 7. If a client perseverates, this means he is (A) Repeating words, phrases, questions, or actions (B) Suggesting words that sound correct (C) Hallucinating (D) Gesturing instead of speaking

Name:

- 8. If the client does not remember how to perform basic tasks, the HHA should
 - (A) Do everything for him
 - (B) Break each activity into simple steps
 - (C) Skip explaining each activity
 - (D) Say "don't" as often as the HHA feels is necessary

6. Explain general principles that will help assist clients with personal care

Short Answer

1.	. What three principles will help home health aides give clients with dementia the best personal care?			

7. List and describe interventions for problems with common activities of daily living (ADLs)

Short Answer

For each of the following statements, write G if the statement is a good idea for clients with Alzheimer's disease or B if the statement is a bad idea.

- 1. ____ Use nonslip mats, tub seats, and handholds to ensure safety during bathing.
- 2. ____ Always bathe the client at the same time every day, even if the client does not want to do it.
- 3. ____ Break tasks down into simple steps, introducing one step at a time.
- Do not attempt to groom the client; people with Alzheimer's disease usually do not care about their appearance.

5	Choose clothes that are simple to put on.			
6	If the client has urinary incontinence, do not give her fluids because it makes the problem worse.			
7	Mark the bathroom with a sign as a reminder of when to use it and where it is.			
8	Check the skin regularly for signs of irritation.			
9	Follow Standard Precautions when caring for the client.			
10	Do not encourage exercise as this will make the client more agitated.			
11	Serve finger foods if the client tends to wander during meals.			
12	Schedule meals at the same time every day.			
13	Serve new kinds of foods as often as possible to stimulate the client.			
14	Put only one kind of food on the plate at a time.			
15	Use plain white dishes for serving food.			
16	Do not encourage independence as this can lead to aggressive behavior.			
17	Reward positive behavior with smiles and warm touches.			
8. List and describe interventions for common difficult behaviors related to Alzheimer's disease				
that the cl	wer lescription below, identify the behavior ient with Alzheimer's disease is exhibiting, be one way of dealing with it.			
every	ejer gets upset at about nine o'clock night. He repeatedly asks for snacks or s and refuses to go to bed.			

59

3. Mrs. Martin gets very upset every time she sees the president on television. She yells at the screen and tells everyone what a poor state our country is in.

2. Mr. Noble is playing chess with a friend who is visiting. Mr. Noble becomes angry when he loses the game. He shoves his friend and when the HHA approaches them, he tells

her he is going to hit her.

Name:

4. Ms. Desmond used to enjoy talking to people and reading, but lately she does not seem to enjoy anything. She sleeps most of the day and never talks to anyone unless she is asked to.

6. Mrs. Calderon tells her HHA that her husband just called her on the phone. She says he is coming to pick her up and they are going to dinner at the restaurant where they went on their first date. The HHA knows that her husband has been dead for several years, and their favorite restaurant has long since closed down.

Confusion, Dementia, and Alzheimer's Disease

Name: _____

9. Describe creative therapies for clients with Alzheimer's disease

Short Answer

For each situation described below, identify the therapy that the home health aide is using.

- 1. Ms. Lee's husband died 10 years ago and she misses him very much. Imani, an HHA who works with her, always asks about her life with her husband and what it was like. Ms. Lee seems to enjoy telling Imani stories about what they did when they were young and how happy she was when they were together.
- 2. Mr. Elking tells Imani that he has a date with Rose, the pretty girl who lives across the street. He is going to take her dancing and out to a movie. Imani knows that Rose lived in his neighborhood when he was a teenager and that he has not seen her for decades. Mr. Elking rarely gets out of bed. Instead of correcting him, Imani asks him what kind of movie they are going to see and what he thinks he should wear.
- 3. Mr. Tennant sometimes gets depressed, especially in the evenings. Imani knows that he loves classical music, so she starts playing it for him in the evenings a little before he usually starts feeling sad. He sorts through albums and places them in stacks.

10. Discuss how Alzheimer's disease may affect the family

Short Answer

1. Why might families of people who have AD have a difficult time?

 	······································					
 						~
 					***************************************	~~~
 						· · · · · · · · · · · · · · · · · · ·
Wh	at tw	o majo	r resou	rces at	ffect the ith AD?	abil
OI C	TIC1117	s iaiiiii	ies to c	.ope w	iui AD:	
		<u></u>				

Human Development and Aging

1. Describe the stages of human development and identify common disorders for each group

True or False

- 1. ____ From the time an infant is born, it takes approximately three years for him to be able to move around, communicate basic needs, and feed himself.
- _ Infants develop from the hands to the head.
- Caregivers should encourage infants to stand as soon as they can hold their heads up.
- Putting an infant to sleep on its back can reduce the risk of sudden infant death syndrome (SIDS).
- Tantrums are common among toddlers.
- The best way to deal with tantrums is to give the toddler what he wants.
- Preschool children are too young to know right from wrong.
- Children learn language skills between the ages of 3 to 5.
- From the ages of 5 to 10 years, children learn to get along with each other.
- School-age children (ages 5 to 10) develop cognitively and socially.
- Preadolescents are often easy to get along with and are able to handle more responsibility than they could as younger children.

- Puberty is the stage of growth when secondary sex characteristics, such as body hair, appear.
- _ Most adolescents do not feel that peer acceptance is important.
- 14. ____ Adolescents may be moody due to changing hormones and body image concerns.
- Eating disorders are difficult to deal with but cannot be life-threatening.
- 16. ____ Due to changes they are experiencing, adolescents may become depressed and may attempt suicide.
- By 19 years of age, most young adults have stopped developing physically, psychologically, and socially.
- 18. ____ One developmental task that most young adults undertake is to choose an occupation or career.
- Middle-aged adults usually do not experience any physical changes due to aging.
- By the time a person reaches late adulthood, he is no longer able to develop new interests or make new friends.

2. Distinguish between fact (what is true) and fallacy (what is not true) about the aging process

True or False

- ____ Older adults have different capabilities depending upon their health.
- As people age, they often become lonely, forgetful, and slow.

- 3. ____ Diseases and illnesses are not a normal part of aging.
- 4. ____ Many older adults can lead active and healthy lives.
- Prejudice against older people is as unfounded and unfair as prejudice against racial, ethnic, or religious groups.
- 6. ____ Movies often present an accurate image of what it is like to grow old.

3. Discuss normal changes of aging and list care guidelines

- 1. Older adults experience changes in their skin due to aging because
 - (A) Much of the fatty layer beneath the skin is lost
 - (B) They develop allergies to skin care products
 - (C) Circulation to the skin is increased
 - (D) There is not enough moisture in the air
- 2. Normal changes of aging in the musculoskeletal system include
 - (A) Brittle bones
 - (B) More flexible joints
 - (C) Stronger muscles
 - (D) Increased appetite
- 3. For clients who have poor vision, the home health aide should
 - (A) Discourage wearing sunglasses outside
 - (B) Keep eyeglasses clean
 - (C) Dim the lights
 - (D) Have them read a newspaper daily
- 4. For clients who have trouble hearing, the home health aide should
 - (A) Speak in a low-pitched voice
 - (B) Exaggerate her movements as she speaks
 - (C) Shout to be heard
 - (D) Remove excess earwax if possible

- 5. For clients with a decreased sense of taste and smell, the home health aide should
 - (A) Stop seasoning foods
 - (B) Make sure there are working smoke detectors in the home
 - (C) Only cook spicy meals
 - (D) Perform oral care less often
- 6. For clients who have a decreased sense of touch, the home health aide should
 - (A) Serve food at hotter temperatures
 - (B) Bathe these clients less often
 - (C) Keep heating pads on the skin longer
 - (D) Be careful when serving hot drinks
- 7. Clients with heart conditions should
 - (A) Exercise vigorously to regain strength
 - (B) Avoid vigorous activity
 - (C) Avoid doing any activity
 - (D) Stand up quickly to avoid dizziness
- 8. If a client is cold due to poor circulation, the best response by the home health aide is to
 - (A) Use a heating pad on the client's legs and arms
 - (B) Remove the client's slippers
 - (C) Layer the client's clothing
 - (D) Put a hot water bottle on the client's feet
- 9. The best position for clients who have difficulty breathing is usually
 - (A) Lying on the left side
 - (B) Lying on the stomach
 - (C) Lying flat on the back
 - (D) Sitting upright
- 10. Older clients may need to urinate more frequently due to
 - (A) The bladder not being able to hold as much urine
 - (B) Drinking more fluids than younger adults
 - (C) Incontinence
 - (D) Being thirsty more often
- 11. Which of the following statements is true of urinary incontinence?
 - (A) It is a normal part of getting older.
 - (B) It could be a sign of illness.
 - (C) It occurs when a person drinks too much fluid.
 - (D) It is treated by withholding fluids.

Name:	
-------	--

- 12. Constipation could be the result of
 - (A) Faster digestion process due to aging
 - (B) Eating too much food during the day
 - (C) Getting too much fiber in the diet
 - (D) Slower peristalsis
- 13. Because insulin production lessens due to aging, some clients may
 - (A) Need to take insulin to regulate blood sugar
 - (B) Need to fast each day
 - (C) Eat more sugary foods to increase insu-
 - (D) Have the home health aide give hormone injections
- 14. Normal changes in the reproductive system due to aging often result in
 - (A) Loss of sexual drive
 - (B) Thinning of vaginal walls in females
 - (C) Inappropriate sexual advances
 - (D) Decrease in the size of the prostate gland in males
- 15. Which of the following is a result of a weakened immune system due to normal changes of aging?
 - (A) Increased risk of infection
 - (B) More bouts of insomnia
 - (C) Lower risk of falls
 - (D) Increased risk of hypertension
- 16. Insomnia, withdrawal, and moodiness are common signs of
 - (A) Anorexia
 - (B) Depression
 - (C) Confusion
 - (D) Forgetfulness
- 17. Which of the following is a healthy way for an HHA to respond to a client's lifestyle changes due to aging?
 - (A) Assume that the client is depressed and needs medication
 - (B) Insist that the client discuss her feelings
 - (C) Listen to the client if she wants to discuss her feelings
 - (D) Talk about the HHA's own problems to make the client forget her problems

- 18. What is the most important thing for a home health aide to do if she observes any changes in her client's condition?
 - (A) Report it to her supervisor
 - (B) Report it to her supervisor
 - (C) Report it to her supervisor
 - (D) All of the above

4. Identify attitudes and habits that promote health

Short Answer

List six things that home health aides can do to encourage clients to stay active, maintain self-esteem, and live independently.

Human Development and Aging

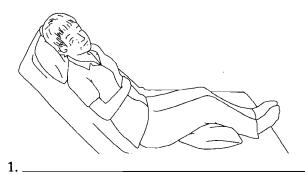
11

Positioning, Transfers, and Ambulation

1. Explain positioning and describe how to safely position clients

Labeling

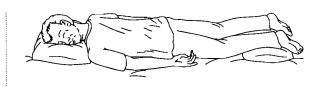
Label each position illustrated below and describe appropriate comfort measures for each.



Comfort measures:	



Comfort measures:		



3	
Comfort measures:	

|--|

Comfort measures:	



э	
Comfort measures:	

ame: _____

Multiple Choice

- 6. Why do clients who spend a lot of time in bed or wheelchairs need to be repositioned often?
 - (A) Repositioning helps prevent boredom.
 - (B) They are at risk for skin breakdown and pressure injuries.
 - (C) Repositioning makes it easier to talk to visitors.
 - (D) Their family members will usually sue the agency if they are not.
- 7. In this position, the client is lying on either side:
 - (A) Supine
 - (B) Lateral
 - (C) Prone
 - (D) Fowler's
- 8. In this position, the client is lying on his stomach:
 - (A) Sims'
 - (B) Lateral
 - (C) Prone
 - (D) Fowler's
- 9. Logrolling is
 - (A) A way to measure a bedbound client's weight
 - (B) One way to record vital signs for clients who cannot get out of bed easily
 - (C) Moving a client as a unit without disturbing alignment
 - (D) A special method of bedmaking

10. Dangling is

- (A) Lying in the supine position
- (B) Doing a few sit-ups in bed to get used to the upright position
- (C) Elevating the client's feet with pillows
- (D) A way to help clients regain balance before standing up
- 11. A client in the Fowler's position is
 - (A) In a semi-sitting position (45 to 60 degrees)
 - (B) Lying flat on his back
 - (C) In a left side-lying position
 - (D) Lying on his stomach

- 12. A draw sheet is used to
 - (A) Make changing the bottom bed sheet easier
 - (B) Help clients sleep better
 - (C) Reposition clients without causing shearing
 - (D) Prevent incontinence

2. Describe how to safely transfer clients

- 1. Which of the following is an accurate guideline for home health aides working with clients in wheelchairs?
 - (A) Before transferring a client, the HHA should make sure the wheelchair is unlocked and movable.
 - (B) The HHA should check the client's alignment in the chair after a transfer is complete.
 - (C) To fold a standard wheelchair, the HHA should turn it upside down to make the seat flatten.
 - (D) All clients will need their HHA to transfer them to their wheelchairs.
- 2. Some clients have a side of the body that is weaker than the other one. The weaker side of the body should be referred to as the
 - (A) Released side
 - (B) Separated side
 - (C) Ambulated side
 - (D) Involved side
- 3. When applying a transfer belt, the home health aide should place it
 - (A) Around the wheelchair's backrest
 - (B) Underneath the client's clothing, on bare skin
 - (C) Over the client's clothing and around the
 - (D) Around the home health aide's waist so the client can hold on to it

- 4. The following piece of equipment may be used to help transfer a client who is unable to bear weight on her legs:
 - (A) Sling
 - (B) Slide board
 - (C) Wheeled table
 - (D) Folded blanket
- 5. Which of the following statements is true of using mechanical (hydraulic) lifts to assist with transfers?
 - (A) When doing this type of transfer, it is safer for one person to transfer the client by himself.
 - (B) The legs of the stand need to be closed, in their narrowest position, before helping the client into the lift.
 - (C) Lifts help prevent injury to the home health aide and the client.
 - (D) It is best to use mechanical lifts when moving the client a long distance.
- 6. When transferring clients who have a one-sided weakness, which side moves first?
 - (A) Left side
 - (B) Either side
 - (C) Weaker side
 - (D) Stronger side

3. Discuss how to safely ambulate a client

- 1. If a client starts to fall while walking, the best response by the home health aide would be to
 - (A) Widen his stance and bring the client's body close to him
 - (B) Catch the client under the arms to stop the fall
 - (C) Move out of the way to allow the client to fall because the HHA could be injured trying to break the fall
 - (D) Let the client fall on top of the HHA to break the fall

- 2. If a client falls, what is the first thing the home health aide should do?
 - (A) Help the client get up and into bed
 - (B) Help the client walk around the room until she is steady
 - (C) Call for help if a family member is around
 - (D) Give the client ibuprofen and perform a physical examination to check for broken bones
- A client who has some difficulty with balance but can bear weight on both legs should use a
 - (A) Walker
 - (B) Crutch
 - (C) Wheelchair
 - (D) Transfer board
- 4. Ambulation is another word for
 - (A) Moving or walking
 - (B) Palpating
 - (C) Riding in an ambulance
 - (D) Logrolling
- 5. In addition to a transfer belt, what equipment should the home health aide have when assisting a client to ambulate?
 - (A) Mechanical lift
 - (B) Rocking chair
 - (C) Extra pillows
 - (D) Nonskid shoes
- 6. If the client is unable to stand without help, the home health aide should
 - (A) Hold the client close to the home health aide's center of gravity
 - (B) Tell the client to stand on the count of three
 - (C) Brace the client's lower extremities
 - (D) Adjust the bed to its highest position
- 7. When helping a client who is visually impaired to walk, it is important for the home health aide to
 - (A) Keep the client in front of her
 - (B) Let the client walk beside and slightly behind her
 - (C) Walk quickly
 - (D) Avoid mentioning stepping up or down

68	Name:
 3. Which of the following assistive devices for walking has four rubber-tipped feet? (A) C cane (B) Quad cane (C) Crutch (D) Transfer belt 	
 When using a cane, the client should place it on his side. (A) Left (B) Right (C) Weaker (D) Stronger 	Matching Use each letter only once. 3 Abduction pillows 4 Backrests 5 Bed cradles
4. List ways to make clients more comfortable Short Answer	6 Bed tables 7 Draw sheets 8 Footboards
List four things the home health aide can do to provide for the comfort and safety of clients in and around the bed.	 9 Handrolls 10 Orthotic devices 11 Trochanter rolls (A) Placed against the feet to keep them properly aligned and to prevent foot drop (B) Keep bed covers from resting on the legs and feet (C) Used to help clients who cannot help with turning or moving up in bed; helps preven skin damage from shearing (D) Keep the hand and/or fingers in a normal, natural position (E) Rolled towels or blankets that keep the hips
	and legs from turning outward (F) Help support and align a limb and improve its functioning (e.g., a splint)

2. Name two benefits of giving a client a back

rub.

(G) Made of pillows, cardboard, or wood, they

(H) Keep food or other often used items close to the client while he is in bed; one option can be made at home using a cardboard box(I) Special pillows used to keep the hips in the

provide support for the back

proper position after hip surgery

Personal Care Skills

Describe the home health aide's role in assisting clients with personal care	5 Older skin produces more perspiration than younger skin.
Short Answer 1. Why should the home health aide explain	6 The client should test the tem- perature of the water before bathing because she is best able to choose a
to the client what he will be doing before beginning a task?	7 When washing a female's perineal area, the home health aide should wipe from back to front.
	8 Using bath oils during baths is helpful for clients with dry skin.
List three things that the home health aide should observe when providing or assisting	9 Checking to make sure the room is warm enough for the client before bathing is important.
with personal care.	10 Before performing perineal care, the home health aide should change his gloves.
	:
	3. Describe guidelines for assisting with grooming
	_
2. Explain guidelines for assisting with bathing	grooming True or False 1 It is better for a client to wear night-clothes during the day, rather than
	grooming True or False 1 It is better for a client to wear night-clothes during the day, rather than regular clothes, because nightclothes
bathing	 True or False 1 It is better for a client to wear night-clothes during the day, rather than regular clothes, because nightclothes are more comfortable. 2 The home health aide, rather than the client, should choose a client's cloth-
True or False 1 Bathing promotes health and removes perspiration and dirt from the skin. 2 The axillae (underarms) should be	 grooming True or False 1 It is better for a client to wear night-clothes during the day, rather than regular clothes, because nightclothes are more comfortable. 2 The home health aide, rather than the
True or False 1 Bathing promotes health and removes perspiration and dirt from the skin. 2 The axillae (underarms) should be washed three times per week. 3 When washing a client's eyes and	 True or False It is better for a client to wear night-clothes during the day, rather than regular clothes, because nightclothes are more comfortable. The home health aide, rather than the client, should choose a client's clothing for the day because the home
True or False 1 Bathing promotes health and removes perspiration and dirt from the skin. 2 The axillae (underarms) should be washed three times per week.	True or False 1 It is better for a client to wear night-clothes during the day, rather than regular clothes, because nightclothes are more comfortable. 2 The home health aide, rather than the client, should choose a client's clothing for the day because the home health aide can do it faster. 3 Front-fastening bras are easier for cli-

5	Clothing that is a size smaller than the client normally wears is easier to put on.	4. Dentures must be handled carefully because(A) A client cannot eat without them(B) They do not cost much
6	If a client has a weaker left arm due to a stroke, the home health aide should place the weaker arm through the garment first.	(C) A client will look unattractive without them(D) They are sharp5. How should dentures be stored?
7	As long as the client has no cuts on his face, the home health aide does not need to wear gloves while shaving him.	(A) In denture solution (B) On the counter near the sink (C) Wrapped in a paper towel (D) In hot water
8	Lice eggs are brown or white.	6. If a home health aide is reinserting a client's
9	When providing foot care, the home health aide should put lotion on dry areas between the toes.	dentures, the client should be (A) Lying flat on his back (B) Standing (C) Sitting upright
10	When assisting with grooming, the home health aide should let the client do all that he can for himself.	(D) Lying down on his side
11	Before giving nail care to a client, the home health aide should soak the cli- ent's hands and nails in water.	5. Explain care guidelines for prosthetic devices True or False
12	 Clients who are taking anticoagulant medication (blood thinners) may need to use an electric razor rather 	Hearing aids should be soaked in warm water before cleaning them.
4. Ider	than a safety or disposable razor.	2 When cleaning the eyelid after an artificial eye is removed, the home health aide should wipe gently from the outer area toward the inner area.
	. •	3 Prostheses are relatively inexpensive
Multiple Choice		and are easy to replace.
(A)	en must oral care be done? After the last snack of the day Before lunch is eaten	4 Artificial eyes are held in place by a special type of glue.

- (B) Before lunch is eaten
- (C) After the afternoon snack
- (D) Before dinner is served
- 2. The inhalation of food, fluid, or foreign material into the lungs is called .
 - (A) Peristalsis
 - (B) Aspiration
 - (C) Pediculosis
 - (D) Hygiene
- 3. In which position should an unconscious client be placed before giving oral care?
 - (A) Sitting upright
 - (B) Flat on his back
 - (C) Reclining slightly in a chair
 - (D) Turned on his side

- _ In general, hearing aids should be cleaned daily.
- A prosthesis is a device that replaces a body part that is missing or deformed because of an accident, injury, illness, or birth defect.
- Artificial eyes should be rinsed in rubbing alcohol to prevent infection.
- If a prosthesis is broken, it is best for the home health aide to try to repair it before bothering her supervisor about it.

9.	-	When observing the skin on the
		stump, it is important that the home
		health aide check for signs of skin
		breakdown.

6. Explain guidelines for assisting with elimination

Multiple Choice

- 1. A fracture pan is used for urination with
 - (A) Any client who cannot get out of bed
 - (B) Clients who cannot raise their hips
 - (C) Clients who have problems with incontinence
 - (D) Clients who have difficulty urinating
- 2. Men will generally use a _ _ for urination when they cannot get out of bed.
 - (A) Urinal
 - (B) Fracture pan
 - (C) Toilet
 - (D) Portable commode
- 3. Clients who can get out of bed but cannot walk to the bathroom may use a(n)
 - (A) Toilet
 - (B) Urinal
 - (C) Portable commode
 - (D) Indwelling catheter
- 4. The best position for bowel elimination is
 - (A) Squatting and leaning forward
 - (B) Lying flat on the back
 - (C) Lying on the left side
 - (D) Leaning backward
- 5. Which of the following statements is true of properly positioning a standard bedpan?
 - (A) A standard bedpan should be positioned with the narrower end aligned with the client's buttocks.
 - (B) A standard bedpan can be positioned either toward the foot or head of the bed.
 - (C) A standard bedpan should be positioned with the wider end aligned with the client's buttocks.
 - (D) A standard bedpan should be positioned sideways and slightly tilted.

- 6. When should the removable container in a portable commode be cleaned?
 - (A) After each use
 - (B) Once a week
 - (C) When the client requests it to be cleaned
 - (D) Once per hour

7. Describe how to dispose of body wastes

Short Answer

1.	How must washcloths that have been used to clean perineal areas be washed?
2.	Why must gloves be worn when handling bedpans, urinals, or basins that contain wastes?

Personal Care Skills

Core Healthcare Skills

1. Explain the importance of monitor	
vital signs	7 Person is unconscious.
Short Answer	8 Person has a broken leg.
1. What may changes in vital signs indica	te? 9 Person is likely to have a seizure.
	10 Person has a nasogastric tube.
	11 Person has had children.
2. Which changes should be immediately reported to a supervisor?	Short Answer For each of the illustrations of thermometers shown below, write the temperature reading to the nearest tenth degree in the blank provided.
Teported to a supervisor.	9 6 9 8.6 1 00 2 4 6 7 10 8
	96 98 6 100 2 4 6 F 108 36 37 38 39 40 41 C42
3. What are five sites for measuring body temperature?	9 6 9 8 6 1 00 2 4 6 F 10 8
	14
	946 948 6 1100 2 14 16 F 1018
	15
	946 948 6 1000 2 4 6 1 1048
Short Answer Mark an X by each person for whom an oral t perature should NOT be taken.	16
4 Person is disoriented.	36 37 38 39 40 41 ° 412
5 Person has sores in his mouth.	17

1	9 6 9 8.6 1 00 2 4 6 7 10 8
18	
	9 6 9 8.6 1000 2 4 6 7 10 8
19	
	96 98.6 100 2 4 6 F 108
20	
	9 6 9 8 .6 1 00 2 4 6 7 10 8

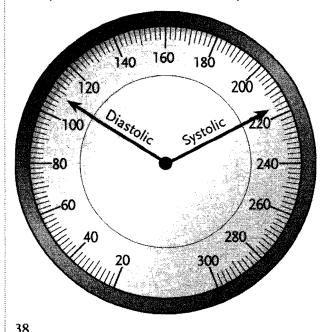
- 22. Which of the following is the normal temperature range for the oral method?
 - (A) 90.6-94.6 degrees Fahrenheit
 - (B) 93.6-97.9 degrees Fahrenheit
 - (C) 98.6-100.6 degrees Fahrenheit
 - (D) 97.6-99.6 degrees Fahrenheit
- 23. Which of the following thermometers is used to take a temperature in the ear?
 - (A) Temporal artery thermometer
 - (B) Rectal thermometer
 - (C) Axillary thermometer
 - (D) Tympanic thermometer
- 24. Which of the following temperature sites is another word for the armpit area?
 - (A) Temporal artery
 - (B) Rectum
 - (C) Axilla
 - (D) Tympanum
- 25. Which temperature site is considered to be the most accurate?
 - (A) Mouth (oral)
 - (B) Rectum (rectal)
 - (C) Temporal artery (forehead)
 - (D) Ear (tympanic)

- 26. A rectal thermometer is usually color-coded
 - (A) Red
 - (B) Green
 - (C) Black
 - (D) Blue
- 27. What is the most common site for monitoring the pulse rate?
 - (A) Apical pulse
 - (B) Femoral pulse
 - (C) Pedal pulse
 - (D) Radial pulse
- 28. For adults, the normal pulse rate is
 - (A) 20 to 40 beats per minute
 - (B) 40 to 60 beats per minute
 - (C) 60 to 100 beats per minute
 - (D) 90 to 120 beats per minute
- 29. The medical term for difficulty breathing is
 - (A) Dyspeptic
 - (B) Dyspnea
 - (C) Dysphagia
 - (D) Dystolic
- 30. The medical term for rapid respirations is
 - (A) Apnea
 - (B) Eupnea
 - (C) Orthopnea
 - (D) Tachypnea
- 31. The normal respiration rate for adults ranges from
 - (A) 5 to 10 breaths per minute
 - (B) 7 to 11 breaths per minute
 - (C) 12 to 20 breaths per minute
 - (D) 25 to 32 breaths per minute
- 32. Why is it important for the home health aide to observe respirations without letting the client know what she is doing?
 - (A) People may breathe more quickly if they know they are being observed.
 - (B) People will hold their breath if they know what the HHA wants to measure.
 - (C) The procedure takes less time if the client is unaware of what is happening.
 - (D) Observing respirations is a painful process for most people.

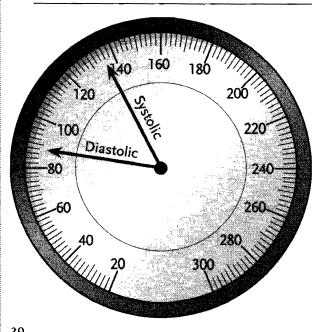
- 33. Which of the following is considered a high blood pressure reading?
 - (A) 119/79
 - (B) 130/75
 - (C) 110/70
 - (D) 100/79
- 34. Which of the following is used to measure blood pressure?
 - (A) Sphygmomanometer
 - (B) Urostoscope
 - (C) Reflex hammer
 - (D) Otoscope
- 35. The second measurement of blood pressure reflects the phase when the heart relaxes. It is called the _____ phase.
 - (A) Systolic
 - (B) Mercurial
 - (C) Hyperbolic
 - (D) Diastolic
- **36.** Blood pressure measurements are recorded as
 - (A) Rhythms
 - (B) Fractions
 - (C) Decimals
 - (D) Equations
- 37. Which measurement of blood pressure is always higher than the other?
 - (A) Systolic
 - (B) Dystemic
 - (C) Diastolic
 - (D) Systemic

Short Answer

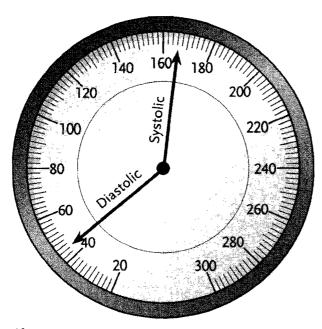
For each of the gauges shown below, record the blood pressure shown and answer the question.



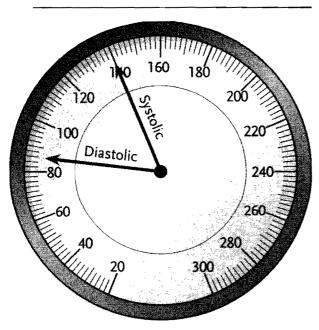
Is this reading within normal range?



Is this reading within normal range?



40. ______ Is this reading within normal range?



41. _____ Is this reading within normal range?

Short Answer

42. If a client complains of pain, what questions should the home health aide ask to get the most accurate information?

mine ead	wer t each of the readings shown below, do client's weight for questions 43 to 46 questions 47 to 50.	eter-
14444444444444444444444444444444444444	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
100	34 36 38 40 4 44 5 48 50 150 200 250	
100	34 36 38 40 42 44 46 B 50 150 200 250	
45	1777777 17777777777777777777777777777	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

200

150

47.
48.
49.
72
50.

2. List three types of specimens that may be collected from a client

Matching

Use each letter only once.

- 1. ___ Clean-catch specimen
- 2. ____ Hat
- 3. ____ Routine urine specimen
- 4. ____ Specimen
- 5. ____ Sputum specimen
- 6. ____ Stool specimen
- (A) Collection container put into the toilet bowl to collect and measure stool and urine
- (B) Urine and toilet paper should not be included with this specimen
- (C) A sample that is used for analysis in order to try to make a diagnosis
- (D) Urine sample collected any time the client voids
- (E) Excludes the first and last urine voided from the sample
- (F) A specimen of thick mucus that is best collected in the early morning

3. Describe the importance of fluid balance and explain intake and output (I&O)

True or False

	Fluids come in the form of liquids a
	person drinks, as well as semiliquid
	foods such as soup or gelatin.

- 2. ____ The fluid a person consumes is called intake or input.
- 3. ____ All the body's fluid output is in the form of urine.
- Fluid balance means taking in and eliminating equal amounts of fluid.
- Most people need to consciously monitor their fluid balance.

Conversions

6.	A general recommendation for daily fluid
	intake for a healthy person is 64 ounces (oz).

How many milliliters (mL) is this mL
How many cups is this?
cups

7. Mrs. Wyant drinks half of a glass of orange juice. The glass holds about 1 cup of liquid.

How many milliliters of orange juice did Mrs. Wyant drink?
_____mL

8. Mr. Ramirez just ate some chocolate pudding from a 6-ounce container. The leftover pudding is measured and is about 35 mL.

How many milliliters of pudding did Mr. Ramirez eat?

9. Ms. Sumiko has a bowl of soup for lunch. The soup bowl holds about 1½ cups of liquid.

How many milliliters (mL) is this?

Ms. Sumiko finishes most of her soup, but leaves about 25 mL.

How many mL of soup did Ms. Sumiko eat?
mL
Short Answer
10. List three guidelines that a home health aide should follow when a client vomits.
4 Dog that a like of contains
4. Describe the guidelines for catheter care
Matching
Use each letter only once.
1 Catheter
2 Condom catheter
3 Indwelling catheter
4 Straight catheter
5 Urinary catheter
(A) Urinary catheter that has an attachment that fits onto the penis
(B) Urinary catheter that is removed immediately after urine is drained
(C) Thin tube used to drain urine from the bladder
(D) Urinary catheter that remains inside the bladder for a period of time
(E) Thin tube inserted into the body that is used to drain or inject fluids
True or False

The drainage bag for a urinary catheter must always be kept lower than

the bladder or hips.

Name: _____

- 7. ____ For clients who have urinary catheters, daily care of the genital area is important to avoid infection.
- 8. ____ The home health aide is responsible for removing a urinary catheter once the doctor says it is no longer needed.
- When cleaning the area near the catheter, the home health aide should use a clean area of the washcloth for each stroke

5. Explain the benefits of warm and cold applications

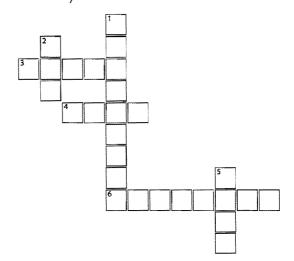
Crossword

Across

- 3. Cold applications can bring this down
- 4. Type of application that helps stop bleeding
- 6. A warm soak of the perineal area to clean perineal wounds and reduce pain

Daw

- A condition that could cause a person to be unable to feel or notice damage occurring from a warm or cold application
- 2. Numbness, pain, blisters, and skin that is this color should be reported to the supervisor
- 5. Type of application that increases blood flow to an injured area



Name:	
Timitio.	

Multiple Choice

- 7. Which of the following is a type of dry warm application?
 - (A) Cold compress
 - (B) Warm tub bath
 - (C) Warm soak
 - (D) Disposable warm pack
- 8. A benefit of heat is that it
 - (A) Increases blood flow to the affected area
 - (B) Decreases oxygen to the tissues
 - (C) Brings down high fevers
 - (D) Causes numbness in the affected area
- 9. Which of the following is a type of moist cold application?
 - (A) Warm sitz bath
 - (B) Warm compress
 - (C) Disposable cold pack
 - (D) Ice pack
- 10. What is the proper water temperature when making a warm compress?
 - (A) No higher than 95 degrees Fahrenheit
 - (B) No higher than 105 degrees Fahrenheit
 - (C) No higher than 120 degrees Fahrenheit
 - (D) No higher than 125 degrees Fahrenheit

6. Explain how to apply nonsterile dressings

Short Answer

What is the difference between sterile and nonsterile dressings?		

7. Describe the purpose of elastic stockings and how to apply them

Multiple Choice

- 1. Why are elastic (compression) stockings ordered for some clients?
 - (A) They help prevent diabetes.
 - (B) They help prevent anemia.
 - (C) They help prevent blood clots.
 - (D) They help prevent chronic obstructive pulmonary disease.
- 2. The best time to apply elastic stockings is
 - (A) In the evening, before the client goes to bed
 - (B) In the morning, before the client gets out of bed
 - (C) In the early afternoon, before the client gets back in bed to rest
 - (D) In the late morning, before the client has lunch
- 3. Where should the heel of the stocking be after the stocking is applied?
 - (A) Over the client's toes
 - (B) Over the client's heel
 - (C) Over the client's lower calf
 - (D) Over the client's shin

8. Define ostomy and list care guidelines

True or False

1.	An ostomy is the surgical creation of an opening from an area inside the body to the outside.
2.	 The artificial opening in the abdome through which stool is eliminated is

3.	 Clients who have ileostomies will
	need to restrict their fluid intake.

called a stoma.

4.	 The home health aide should wear
	gloves when providing ostomy care

Short Answer

5.	why might a client be embarrassed by his ostomy?

Multiple Choice

- 6. How often should an ostomy pouch be emptied and cleaned or replaced?
 - (A) Once a day
 - (B) Every hour
 - (C) Whenever stool is eliminated
 - (D) Before a client gets out of bed for the day
- 7. What could cause a food blockage in a client who has an ileostomy?
 - (A) Too much liquid
 - (B) A large amount of high-fiber food
 - (C) Skin irritation
 - (D) Using skin barriers around the stoma

9. Describe how to assist with an elastic bandage

- 1. Elastic bandages are also known as
 - (A) Nonsterile bandages
 - (B) Plastic bandages
 - (C) Liquid bandages
 - (D) Aseptic bandages
- 2. One purpose of an elastic bandage is to
 - (A) Elevate a cast
 - (B) Hold a dressing in place
 - (C) Cover a pressure injury
 - (D) Help with ambulation

- 3. Elastic bandages should be applied snugly enough to control _____ and prevent movement of _____.
 (A) Temperature, the client
 (B) Bleeding, dressings
 (C) Elevation, dressings
 (D) Movement, the client
 4. How soon should the home health aide check on a client after applying a bandage?
 (A) 60 minutes
 (B) 30 minutes
 - (C) 2 hours
 - (D) 10 minutes

Medications and Technology in Home Care

1. List four guidelines for safe and proper use of medications

True or False

- 1. ____ Home health aides must not handle or give medications unless specifically trained and assigned to do so.
- Home health aides are not allowed to touch the client's medication containers in any way.
- It is not important for the home health aide to know what medications the client is taking, as long as the HHA documents when they are
- Home health aides should report symptoms such as stomachache or vomiting because these could indicate a side effect or drug interaction.
- Aspirin is an example of an over-thecounter drug.

2. Identify the "rights" of medications

Multiple Choice

- 1. Checking the label for instructions on how the medication should be taken is which right of medication?
 - (A) The Right Client
 - (B) The Right Route
 - (C) The Right Time
 - (D) The Right Medication

- 2. Checking the label for instructions on how much medication to take is which right of medication?
 - (A) The Right Amount
 - (B) The Right Client
 - (C) The Right Time
 - (D) The Right Route
- 3. Making sure the medication name on the container matches the name listed in the care plan is which right of medication?
 - (A) The Right Time
 - (B) The Right Medication
 - (C) The Right Client
 - (D) The Right Amount
- 4. Checking the label to make sure the client's name is on it is which right of medication?
 - (A) The Right Client
 - (B) The Right Medication
 - (C) The Right Time
 - (D) The Right Route
- 5. Checking the label for instructions on how often the medication should be taken is which right of medication?
 - (A) The Right Route
 - (B) The Right Client
 - (C) The Right Time
 - (D) The Right Amount

3. Explain how to assist a client with self-administered medications

True or False

__ All medications should be taken with food to avoid stomach irritation.

8	2		Name:
2.		To avoid any problems with drug interactions, the home health aide should document every medication the client takes, whether it is part of the treatment plan or not.	
3.	<u> </u>	Sedatives should never be mixed with alcohol.	
4.	**************************************	The home health aide can remind a client when it is time to take medication.	
5.		Allergic reactions to medication may require emergency help.	8. Name five common side effects that clients may experience from their medications.
Sh	ort Ans	wer	
6.		even ways in which home health aides nelp clients with self-medication.	
			4. Identify observations about medications that should be reported right away
			Short Answer
			1. What should the home health aide do if a client shows signs of a reaction to a medication or complains of side effects?
7.		en actions involving self-medication come health aides are NOT allowed to	
<u></u>	uo.		2. What should the home health aide do if a client takes medication in the wrong amount, at the wrong time, or takes the wrong kind of medication?

5.	Describe	what	to	do	in	an	emergency
in	volving m	edica	tio	ns			

Short Answer

1.	Mrs. Mallory takes several prescription med-
	ications each day as ordered by her physi-
	cian. One day her HHA arrives to find Mrs.
	Mallory sitting down in a chair and looking
	very ill. When the HHA asks her if she is
	okay, Mrs. Mallory says that she feels very
	sick to her stomach and thinks she might
	faint. Mrs. Mallory says that she might have
	taken too much medication because she
	could not remember if she had already taken
	her morning dosage. What would be the
	best response by the HHA?

2.	The home health aide arrives at Mr. MacIntyre's home at 8:30 a.m. and finds him lying in bed. The HHA is unable to wake him, and then she notices several bottles of pills on the table next to the bed. They are all open, and some of the pills are scattered on the table and the floor. What would be the best response by the HHA?

-	
-	

6. Identify methods of medication storage

True or False

- 1. ____ The client's medication should be kept separate from medicine used by other members of the household.
- 2. ____ If young children are present in the home, medications should be stored on top of the counter.
- 3. ____ Medications should be stored away from heat and light.
- If a medication has expired, the home health aide should discard it in the trash.

7. Identify signs of drug misuse and abuse and know how to report these

- 1. Proper medication usage includes which of the following?
 - (A) Refusing to take medications
 - (B) Taking medication with alcohol
 - (C) Sharing medication with others
 - (D) Taking the right dose at the right time
- 2. The best thing the home health aide can do if a client refuses to take medication is to
 - (A) Push the client to take the medication, explaining that it is good for him
 - (B) Try to find out why the client does not want to take the medication and report to the supervisor
 - (C) Call 911 for emergency medical help
 - (D) Call the client's doctor immediately

- 3. A common reason why people avoid taking prescribed medication is
 - (A) They dislike the side effects
 - (B) They are stubborn
 - (C) They do not want to feel better
 - (D) They would rather get well without it
- 4. Signs of drug misuse or abuse include
 - (A) Increased appetite and weight gain
 - (B) Unusual cheerfulness
 - (C) Depression and moodiness
 - (D) Better relationships with family members
- 5. The drugs that pose the highest risk for causing drug dependency are
 - (A) Pain medications
 - (B) Antihistamines (allergy medicines)
 - (C) Beta blockers
 - (D) Multivitamins

8. Demonstrate an understanding of oxygen equipment

Tru	True or False				
1.		Oxygen therapy is the administration of oxygen to increase the supply of oxygen to the lungs.			
2.		Oxygen is prescribed by a doctor.			
3.		Home health aides are usually responsible for adjusting oxygen settings for clients.			
4.	****	Oxygen supports combustion; this means it makes other things burn.			
5.		A flammable liquid like alcohol is fine to have in a room when oxygen is in use as long as it is covered.			
6.		If oxygen is stored in a room but is not in use, the client can smoke in that room.			
7.		Oxygen should be turned off in the event of a fire.			
8.		It is important for the home health aide to check the skin around oxygen			

masks and tubing for irritation.

9. ____ If a client has skin irritation around a nasal cannula, the HHA should use Vaseline to soften the skin.

- 10. Which of the following is a box-like device that changes air in the room into air with more oxygen?
 - (A) Oxygen cannula
 - (B) Oxygen face mask
 - (C) Oxygen concentrator
 - (D) Oxygen prongs
- 11. Who is responsible for servicing oxygen tanks or concentrators in a client's home?
 - (A) The doctor who prescribed the oxygen
 - (B) The home health aide
 - (C) The client's family members
 - (D) The agency that supplies the oxygen
- 12. When should the home health aide administer a client's oxygen?
 - (A) Whenever the client requests that she do so
 - (B) Every three days
 - (C) According to the care plan
 - (D) Never
- 13. Which of the following can liquid oxygen cause?
 - (A) Frostbite
 - (B) Addiction
 - (C) Digestive problems
 - (D) Congestive heart failure
- 14. What kind of water is used in humidifying bottles for oxygen concentrators?
 - (A) Sparkling water
 - (B) Natural spring water
 - (C) Distilled water
 - (D) Tap water
- 15. What is the purpose of a humidifier?
 - (A) To put only warm moisture in the air
 - (B) To remove moisture from the air
 - (C) To put warm or cool moisture in the air
 - (D) To clean the air without adding moisture

9. Explain care guidelines for intravenous (IV) therapy

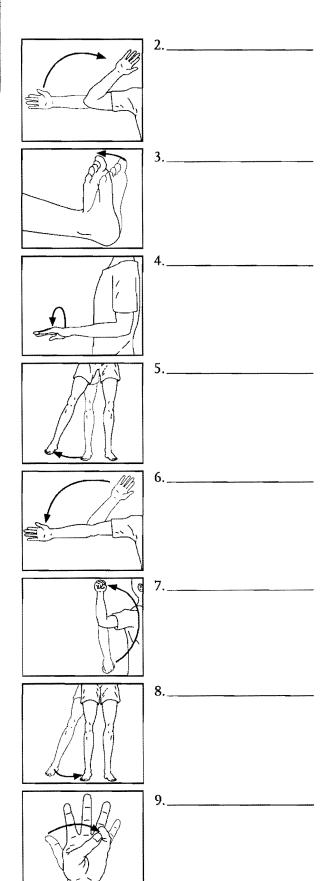
- 1. IVs allow direct access to
 - (A) The heart
 - (B) The lungs
 - (C) The bloodstream
 - (D) The muscles
- 2. What is the home health aide's responsibility for IV care?
 - (A) Inserting IV lines
 - (B) Removing IV lines
 - (C) Care of the IV site
 - (D) Documenting and reporting observations
- 3. Which of the following refers to treatments that are used in addition to the conventional treatments prescribed by a doctor?
 - (A) Western medicine
 - (B) Complementary medicine
 - (C) Oxygen therapy
 - (D) Respiratory medicine
- 4. Treating a person with acupuncture means
 - (A) Putting the hands on both sides of the spine to realign it
 - (B) Taking tablets that contain a specific healing substance
 - (C) Using targeted laser light on specific body parts
 - (D) Inserting very fine needles into points on the body

Medications and Technology in Home Care

16

Rehabilitation and Restorative Care

1. Discuss rehabilitation and restorative care	3. Describe guidelines for assisting with rehabilitation and restorative care			
Short Answer	True or False			
List four goals of a rehabilitative program.	1 The HHA should ignore any setbacks a client experiences so the client does not become discouraged.			
	All clients will enjoy being encouraged in an obvious way.			
	3 The home health aide should do everything for the client, rather than having him try to do it himself. Doing this will help speed recovery.			
2. What is the goal of restorative care?	4 The HHA should not report any decline in a client's ability because all clients in restorative care will have a decline in ability.			
	5 Family members and clients will take cues from the home health aide on how to behave.			
	6 The HHA should break tasks down into small steps.			
2. Explain the home care rehabilitation model	7 It is important for the home health aide to report any signs of depression or mood changes in a client.			
Short Answer	· ·			
1. List five members of the team who may participate in a client's restorative care.	4. Describe how to assist with range of motion exercises			
	Labeling For the following illustrations, write the correct term for each body movement.			
	1.			



Multiple Choice

- 10. In what order should the HHA perform range of motion (ROM) exercises?
 - (A) He should start from the feet and work upward.
 - (B) He should start from the shoulders and work downward.
 - (C) He should start at the hands and work inward.
 - (D) He should exercise the arms last.
- 11. If a client reports pain during ROM exercises, the home health aide should
 - (A) Continue with the exercises as planned
 - (B) Continue, but perform the motion that caused pain more gently
 - (C) Stop the exercises and report the pain to his supervisor
 - (D) Stop the motion for one minute before starting again
- 12. How many times should each ROM exercise be repeated?
 - (A) At least 6 times
 - (B) At least 10 times
 - (C) At least 12 times
 - (D) At least 3 times

5. Explain guidelines for maintaining proper body alignment

Fill in the Blank

Observe principles of body			
Remembe			
that proper alignment is based on straight			
or rolled o			
folded ma			
be needed to support the small of the bac and raise the knees or head in the supine position.			
Keep body parts in natural			
In a natu			
ral hand position, the fingers are slightly			
Use			
to keep co			
ers from resting on feet for clients in the			
supine position.			

3.	Prevent external rotation of		
	Change		
	frequently		
	to prevent muscle stiffness and pressure		
	injuries. This should be done at least every		
	hours.		

6. List guidelines for providing basic skin care and preventing pressure injuries

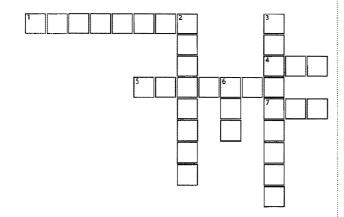
Crossword

Across

- What the bottom sheet on a client's bed must be kept free from
- 4. Skin should be kept clean and _____
- 5. One type of material that prevents air from circulating, causing the skin to sweat
- 7. Skin this color should not be massaged

Down

- 2. May be caused by pulling a client across the sheet when transferring him
- 3. Keeps top sheets from resting on the legs and feet
- 6. At a minimum, the number of hours at which immobile clients should be repositioned



7. Describe the guidelines for caring for clients who have fractures or casts

Multiple Choice

- When caring for a client who has a cast,
 ______ the extremity that is in a cast to help stop swelling.

 (A) Lower
 (B) Double bandage
 (C) Elevate
 (D) Shake

 Keep the cast ______ at all times.

 (A) Dry
- 3. Osteoporosis occurs more frequently in people.
 - (A) Young

(D) Pointed

(B) Wet (C) Hot

- (B) Active
- (C) Elderly
- (D) Diabetic
- 4. Signs and symptoms of a fracture include
 - (A) Moistness at the site
 - (B) Cold area at the site
 - (C) Swelling at the site
 - (D) Dryness at the site
- 5. Fractures are broken bones and may be caused by
 - (A) Excessive fiber
 - (B) Asthma
 - (C) Osteoporosis
 - (D) Too much progesterone
- 6. Casts that are made of fiberglass are
 - (A) Heavy
 - (B) Unable to dry properly
 - (C) Lightweight
 - (D) Less reliable than other types of casts
- 7. When should a client insert something inside the cast?
 - (A) When skin itches
 - (B) After the cast dries
 - (C) When the cast is wet
 - (D) Never

8. List the guidelines for caring for clients who have had a hip replacement

True or False

1.		Most fractured hips require surgery.
2.		The home health aide should perform range of motion exercises on the operative leg to help with healing.
3.	***************************************	Preventing falls is an important part of preventing hip fractures.
4.		Elderly people heal slowly.
5.		Home health aides may disconnect a traction assembly if the client requests it.
6.		When transferring a client from the bed, a pillow should be used between the thighs to keep the legs separated.
7.		The home health aide should begin with the unaffected, or stronger, side first when dressing a client who is recovering from a hip replacement.
8.		The stronger side always leads in standing, pivoting, and sitting.

Multiple Choice

- 9. Which side should clients recovering from hip replacements dress first?
 - (A) Affected/weaker side
 - (B) Right side
 - (C) Unaffected/stronger side
 - (D) Left side
- 10. What does the abbreviation PWB stand for?
 - (A) Previously-weakened bones
 - (B) Partial weight-bearing
 - (C) Patient's weight before
 - (D) Patient wants baths
- 11. If a home health aide sees NWB on a client's care plan, the client
 - (A) Can support 100 percent of his body weight on a step
 - (B) Can support some weight, but not all, on one or both legs
 - (C) Is unable to support any weight on one or both legs
 - (D) Can use stairs without assistance

9. List ways to adapt the environment for people with physical limitations

Short Answer Choose an assistive device from Figure 16-27 in the textbook (one you did not choose to answer
question 14 in the Chapter Review). Describe how it might help a client who is recovering from or adapting to a physical condition.
10. Identify reasons clients lose bowel or

bladder control

Fill in the Blank		
1.	When people cannot control the muscles of the bowel or bladder, they are said to be	
2.	A(n)placed on the bed helps protect the bed.	
3.	Clients who are incontinent need to be kept	
	and free from odor.	
4.	Urine and feces need to be washed off completely by bathing and proper	

5. Home health aides should not refer

to incontinence briefs or pads as

because clients are not infants.

care.

91
3. Pete has been very encouraging and positive with Ms. Potter. He has charted her bathroom schedule. He encourages her to drink more fluids. He makes sure he is nearby to help her during the usual times that she needs to go to the bathroom.
12. Describe the benefits of deep breathing exercises Short Answer
What can deep breathing exercises help?

Rehabilitation and Restorative Care

Clients with Disabilities

1.	Identify common causes of disabilities	with a disability may face	
Sh	ort Answer	• •	
1.	List three factors that affect how well a per-	Short Answer	
	son copes with a disability.	List five daily challenges a person with a disability may face.	
-			
2.	List six diseases and disorders that may cause disability.	3. Define terms related to disabilities and explain why they are important	
		Short Answer	
		What are some terms you use to define yourself (e.g., race, sexual orientation, gender identity, religion, political affiliation)?	
3.	What are two types of disabilities that can be caused by injury to the head or spinal cord?		
	,		

2.	To avoid using terms that are offensive to a client with a disability, what should the HHA do?	6. Identify skills that can be applied to clients with disabilities Short Answer List three skills that can be applied to working with clients with disabilities.	
	Identify social and emotional needs of ersons with disabilities	7. List five goals to work toward when assisting clients who have disabilities	
Fill	l in the Blank	Fill in the Blank	
1.	Basic psychosocial needs include independence, social interaction, acceptance, a sense of worth, and	 Promote self-care and Assure the client's 	
2.	Home health aides should treat all clients with	3. Promote the client's health and	
3.	Home health aides should not push clients beyond their	4. Maintain the client's and self-worth.	
4.	Home health aides can give clientsto show	5. Maintain the of the client's household.	
	what they can do by themselves. Explain how a disability may affect	8. Identify five qualities of excellent service needed by clients with disabilities Short Answer	
se	xuality and intimacy	List the five qualities of excellent service needed	
True or False		by clients with disabilities.	
1.	Most disabled people do not experi- ence sexual desires.		
2.	For disabled people, the ability to meet sexual needs may be limited.		
3.	People in wheelchairs are unable to have sexual relationships.		
4.	It is important for home health aides not to judge any sexual behavior they see.		

Name: _

9. Explain how to adapt personal care procedures to meet the needs of clients with disabilities

True or False

1.	 Children who have Down syndrome
	do not appear physically different
	from any other child.

- 2. ____ Developmental disabilities normally appear and are diagnosed when a person is middle-aged.
- 3. ____ The most common type of developmental disorder is an intellectual disability.
- 4. ____ Having an intellectual disability is the same as having a mental health disorder.
- 5. ____ Clients who have an intellectual disability have the same emotional and physical needs that others have.
- 6. ____ Speech impairment is one effect of cerebral palsy.
- 7. ____ It is possible that some babies born with spina bifida will be able to walk and will experience no lasting disabilities.
- 8. ____ One sign of autism spectrum disorder is that the child does not engage in pretend play.
- An inability to be empathetic is one symptom of autism spectrum disorder.
- Treatment for autism spectrum disorder should be started early and tailored to the individual.

10. List important changes to report and document for a client with disabilities

Short Answer

1.	What should the home health aide do if he notices that a client is unable to perform a task that she was previously able to do?		
2.	Give two signs of depression that should be reported.		

Clients with Disabilities

Mental Health and **Mental Health Disorders**

1. Identify seven characteristics of menta health	2 A situation response may be triggered by severe changes in the environment.
Short Answer 1. Define mental health.	3 A person who is mentally healthy cannot experience a situation response.
	4 A mental health disorder can be caused by substance abuse or a chemical imbalance.
	- 5 The building blocks of mental health are self-respect and self-worth.
	6 Traumatic experiences early in life do not cause mental health disorders.
2. List seven characteristics of a person who is	7 Mental health disorders cannot be inherited.
mentally healthy.	8 Extreme stress may result in a mental health disorder.
	3. Distinguish between fact and fallacy concerning mental health disorders True or False
	concerning mental health disorders
	concerning mental health disorders True or False
	concerning mental health disorders True or False 1 A fallacy is a false belief. 2 People who have a mental health disorder have the power to control their
2. Identify four causes of mental health	concerning mental health disorders True or False 1 A fallacy is a false belief. 2 People who have a mental health disorder have the power to control their disorder if they really want to. 3 People who have a mental health disorder.
2. Identify four causes of mental health disorders True or False 1 Signs and symptoms of mental health	concerning mental health disorders True or False 1 A fallacy is a false belief. 2 People who have a mental health disorder have the power to control their disorder if they really want to. 3 People who have a mental health disorder usually do not want to get well. 4 A mental health disorder is a disorder just like any physical illness. 5 People who have a mental health disorder often cannot control their emotions and responses.

4. Explain the connection between mental and physical wellness

Short Answer

Briefly describe why mental health is important to physical health.

5. List guidelines for communicating with clients who have a mental health disorder

Short Answer

1. When communicating with a client who has a mental health disorder, why is it important for the home health aide to treat the client as an individual and to tailor the HHA's style of communication to the situation?

Why is it important for the home health aide not to talk to adults as if they were children?

6. Identify and define common defense mechanisms

Short Answer

Read each description below and identify the defense mechanism that is being used.

- 1. When Aaron's mother yells at him for breaking a vase in the living room, he goes into his room and yells at his stuffed bear.
- 2. When Gia was 10, she was very badly injured in a car accident. She was in the hospital for almost three months, but now she tries not to think about that time.
- 3. When Marco accuses his little sister Ana of having a crush on the boy who sits next to her in class, she blushes and cries, "I do not!"
- 4. When Esther was 42, her husband died of lung cancer. After his death, she got out the quilt she used to sleep with as a child and curled up in bed with it for days.
- 5. Wayne is fixing a leaky sink in the bathroom. When his wife teases him about taking a long time to fix it, he replies, "It's not my fault. I can't concentrate on anything with you bothering me all the time."

7. Describe types of mental health disorders

- 1. Uneasiness, worry, or fear, often about a situation or condition, is called
 - (A) Anxiety
 - (B) Withdrawal
 - (C) Fatigue
 - (D) Apathy

Na	me:	99
2.	An intense, irrational fear of or anxiety about an object, place, or situation is called a(n)	8. Explain common treatments for mental health disorders
	(A) Depressive episode(B) Delusion(C) Phobia(D) Hallucination	 True or False Mental health disorders cannot be treated. Medication and psychotherapy are
3.	Which type of mental health disorder is most commonly associated with suicide in older adults? (A) Anxiety	commonly used to treat mental health disorders. 3 Home health aides are usually
	(B) Apathy (C) Irritability (D) Depression	responsible for prescribing medication for clients who have a mental health disorder. 4 Medication can allow those who have
4.	Which of the following means a lack of interest in activities? (A) Guilt (B) Depression	a mental health disorder to function more completely. 5 A common type of psychotherapy
5.	(C) Apathy(D) DelusionA persistent false belief, such as a person	used to treat anxiety disorders is electroconvulsive (electroshock) therapy.
	believing that someone else is controlling his thoughts, is a (A) Defense mechanism (B) Delusion (C) Phobia	9. Explain the home health aide's role in caring for clients who have a mental health disorder Short Answer
6.	(D) Hallucination A disorder that is characterized by recurring intrusive behavior or thoughts, such as repeatedly checking that the door is locked, is (A) Major depressive disorder	List four care guidelines for clients who have a mental health disorder.
	(B) Panic disorder(C) Obsessive-compulsive disorder(D) Manic disorder	
7.	Experiencing periods of extreme activity or excitement along with periods of deep depression or sadness is characterized as	

(A) Major depressive disorder

(C) Posttraumatic stress disorder (D) Bipolar disorder

(B) Panic disorder

10. Identify important observations that should be made and reported

True or False

- 1. ____ It is important for the home health aide to report to the supervisor if a client who has a mental health disorder stops taking her medication.
- As long as a client is joking when talking about suicide, the home health aide does not need to report it.

11. List the signs of substance abuse

- 1. Circle any of the following substances that can be abused:
 - (A) Alcohol
 - (B) Cigarettes
 - (C) Decongestants
 - (D) Diet aids
 - (E) Illegal drugs
 - (F) Glue
 - (G) Paint
 - (H) Prescription medicine
- 2. A client has been acting a little strangely lately. She gets upset very easily, and her eyes are always red. She does not eat much, and sometimes her home health aide can smell alcohol on her breath, even in the morning. What is the best response by the HHA?
 - (A) Confront the client about what the HHA has noticed.
 - (B) Contact Alcoholics Anonymous to get advice on how to handle the situation.
 - (C) Document the HHA's observations and report them to her supervisor.
 - (D) Search the client's cabinets for alcohol and throw away any alcohol found.

- 3. Which of the following statements about opioid medication is true?
 - (A) All opioids are legally prescribed by doctors.
 - (B) When a person takes opioids, her tolerance for the drug decreases, requiring lower doses of the medication.
 - (C) Opioids are powerful pain medications that pose a high risk for addiction.
 - (D) Opioids are available over the counter, without a prescription.

New Mothers, Infants, and Children

1. E	xplain	the	gro	wth	of	home	care	for
new	moth	ers	and	infa	int	S		

True or False

- 1. ____ Most new mothers stay in the hospital for several days to a week after childbirth.
- 2. ____ Bed rest is ordered if a woman shows signs of early labor.
- 3. ____ Home health aides may be needed when an expectant mother is put on bed rest by her doctor.
- 4. ____ New mothers today are generally more energetic when they come home than women in the past.
- 5. ____ Bed rest may help prevent labor from starting before the baby is ready to be born.
- 6. ____ Natural childbirth has been increasing in popularity.

2. Identify common neonatal disorders

Short Answer

List three common neonatal disorders.						

***************************************		<u></u>		***************************************	 	_

3. Explain how to provide postpartum care

Fill in the Blank

Use this list of words and phrases to fill in the blanks in the following sentences.

bathing Cesarean section
diapering episiotomy
feeding housekeeping
lactation lochia
monitor pink
red

- 1. An incision sometimes made in the perineal area during vaginal delivery to enlarge the vaginal opening for the baby's head is a(n)
- 2. The home health aide may need to monitor the amount and color of the new mother's

which is the vaginal flow that occurs after giving birth.

3.	Basic care for the baby includes
	, and
4.	The home health aide may be required to do light to

A surgical procedure in which the baby is delivered through an incision in the mother's abdomen is called a

help the new mother.

6.	Home health aides may be asked to
	the
	equipment if the baby is receiving oxygen.

- 8. If a new mother needs help with breastfeeding, a _____consultant can help.

4. List important observations to report and document

Short Answer

Read this scenario and answer the questions that follow.

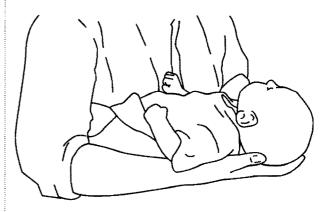
The home health aide arrives at a client's house at 8 a.m. to care for baby Eric, a two-day-old newborn, and finds the house dirty, the new mother Anne in a sitz bath, and baby Eric in the crib crying. The mother is also crying and complains of getting "no sleep last night." What course of action should the HHA take? How would the HHA document this?

	 ······	
-111111	 <u> </u>	
	 	 -
414144	 · · · · · · · · · · · · · · · · · · ·	

5. Explain guidelines for safely handling a baby

Labeling

Label the type of hold shown in each figure.



1



2. .



3. _

6.	Desc	ribe	guidelines	for	assisting	with
fee	eding	a ba	aby			

Multiple Choice

Name:

- 1. If the baby does not latch onto the nipple right away, the mother should stroke his
 - (A) Toes
 - (B) Elbows
 - (C) Cheek
 - (D) Forehead
- 2. Many professionals recommend that mothers try breastfeeding for _____ week(s) before deciding whether to continue or stop.
 - (A) Five
 - (B) Ten
 - (C) One
 - (D) Two
- 3. Powdered formula is sold in
 - (A) Crates
 - (B) Cans
 - (C) Sterilized pitchers
 - (D) Covered plastic bowls
- 4. The cheapest formula is usually
 - (A) Ready-to-use
 - (B) Concentrated liquid
 - (C) Powdered
 - (D) Ready-made
- 5. A good position for breastfeeding is
 - (A) Lying face down on the bed
 - (B) Sitting upright in a comfortable chair
 - (C) Rocking rapidly in a chair
 - (D) Bending over the crib
- Before feeding, the home health aide should check the temperature of the formula on her wrist. It should feel
 - (A) Warm
 - (B) Hot
 - (C) Cold
 - (D) Boiling
- 7. The mother can break the suction of a nursing baby by
 - (A) Pulling down the baby's ears
 - (B) Putting her finger in the baby's mouth
 - (C) Sucking on the baby's toes
 - (D) Shaking the baby

- 8. Which of the following is best for bottle-fed newborns?
 - (A) Whole milk
 - (B) Infant formula
 - (C) Fruit smoothies
 - (D) Skim milk

7. Explain guidelines for bathing and changing a baby

True or False

- The home health aide should wear disposable gloves when changing or bathing a baby.
- Leaving a diaper off for a few minutes when changing the baby can help prevent diaper rash.
- 3. ____ The proper way to test a baby's bath temperature is by dipping the baby's hand in it.
- 4. ____ Moisture contributes to diaper rash.
- 5. _____ It is okay for the home health aide to take both hands off the baby if it is for less than a minute.
- 6. ____ Children generally wear diapers until they are 8 to 12 months old.
- 7. ____ Newborns will need between 8 and 12 diaper changes in 24 hours.
- 8. ____ The home health aide should apply baby powder to the baby's body after giving the baby a bath.
- 9. ____ It is a sign of a medical problem if a newborn baby has a loose bowel movement with every feeding.
- 10. ____ Babies should be changed frequently to avoid diaper rash.

Name:

8. Identify how to measure weight and length of a baby

Multiple Choice

- 1. When weighing a baby, the home health aide should
 - (A) Keep one hand on the baby at all times
 - (B) Step back from the scale after the baby is on it so as not to interfere with an accurate measurement
 - (C) Place the scale on the floor to see if the baby will crawl onto it
 - (D) Stand the baby up on the scale for an accurate weight
- 2. How can a baby's length be determined?
 - (A) By standing the baby up against a wall, making a pencil mark at the top of his head, and measuring the height of the mark
 - (B) By holding the baby against the home health aide's leg and measuring how high the baby's head reaches
 - (C) By placing the baby on paper, making pencil marks at the head and heel, and measuring the distance between the marks
 - (D) By putting the baby on a standing scale and lowering the measuring rod until it rests flat on the baby's head

9. Explain guidelines for special care

Matching

1.		Apnea		
2.	***************************************	Circumcision		
3.		Oxygen		
4.		Umbilical cord		
(A)	The cord that connects the baby to the placenta			

- (B) The removal of part of the foreskin of the penis
- (C) The state of not breathing
- (D) Given to some babies who have breathing problems; considered a medication

10. Identify special needs of children and describe how children respond to stress

1.	List some examples of physiological needs
	that children have.

2.	List an example of a mental need that chil-
	dren have.
3.	List four examples of emotional needs that
٠.	children have.
-	

4.	List five reasons that children may experi-
4.	ence stress.
	circo biress.

5. List five factors that influence the way in which children respond to stress.	 Frequent loose or watery bowel movements are called
6. In what ways might school-age children react to stress?	6. Doctors usually recommend that children resume their normal, well-balanced diet within hours of having diarrhea. 7. Rest and are recommended for fevers. 8. Too much acetaminophen can cause damage. 12. Identify guidelines for working with
7. In what negative ways might adolescents react to stress?	children Scenarios Read the following scenarios and decide how to respond. 1. Zack and his older brother Lee have just returned home from school. Zack is upset because he did not win a prize for his science project, but his brother did. He cried at school, and some of the other kids made fun of him. He becomes visibly distressed again as he relates this story to the home health aide at his home. What would be the best response by the home health aide?
11. List symptoms of common childhood illnesses and the required care Fill in the Blank 1	

Name: _

Name:
3. Child neglect is

Dying, Death, and Hospice

1. Discuss the stages of grief

Multiple Choice

Read each scenario below and choose which stage of grief the person described is experiencing.

- 1. Mr. Cane was told two years ago that a tumor in his brain was inoperable and would eventually be fatal. Since that time, he has visited many specialists. Despite receiving the same diagnosis from every doctor, he continues to seek further opinions, insisting that each doctor try to remove the tumor. Which stage of grief is Mr. Cane in?
 - (A) Denial
 - (B) Anger
 - (C) Bargaining
 - (D) Depression
 - (E) Acceptance
- 2. Mrs. Tyler is dying of heart disease. One day as her home health aide, Makayla, is assisting her with personal care, Mrs. Tyler lashes out at her. She tells Makayla that she is a dumb girl who is wasting her life and does not deserve the many years she has left to live. Which stage of grief is Mrs. Tyler in?
 - (A) Denial
 - (B) Anger
 - (C) Bargaining
 - (D) Depression
 - (E) Acceptance
- 3. Mr. Lopez is dying of AIDS. He has called his friends to say goodbye and has discussed with his family the kind of memorial service he would like them to arrange. Which stage of grief is Mr. Lopez in?
 - (A) Denial
 - (B) Anger
 - (C) Bargaining
 - (D) Depression
 - (E) Acceptance

- 4. Ms. Corke has always been lively and happy. Since she learned that she has Lou Gehrig's disease, however, her mood has changed drastically. Although she is still healthy enough to do activities, she rarely leaves her bedroom or even changes out of her pajamas. Which stage of grief is Ms. Corke in?
 - (A) Denial
 - (B) Anger
 - (C) Bargaining
 - (D) Depression
 - (E) Acceptance
- 5. Mr. Celasco has had lung cancer for several years. During that time, he has tried to quit smoking but has been unsuccessful. When he finds out that there are no further treatments for him to try, he pledges that he will give up smoking in exchange for a few more years of life. Which stage of grief is Mr. Celasco in?
 - (A) Denial
 - (B) Anger
 - (C) Bargaining
 - (D) Depression
 - (E) Acceptance

Name: _____

2. Describe the grief process

Multiple Choice

Read each scenario below and choose which reaction to a loved one's death each person is experiencing.

- Malcolm's wife died during the birth of their second daughter. Malcolm is so upset with her for abandoning him and the children that he cannot even stand to hear her name spoken. Which reaction is Malcolm experiencing?
 - (A) Loneliness
 - (B) Denial
 - (C) Anger
 - (D) Guilt
 - (E) Sadness
- 2. Shanice's mother had been ill for many years before she died when Shanice was 15 years old. After her death, Shanice remembers how she used to resent helping her mother around the house and wishes that she had been kinder and more cheerful. Which reaction is she having?
 - (A) Anger
 - (B) Sadness
 - (C) Guilt
 - (D) Denial
 - (E) Relief
- 3. Melinda's grandmother, to whom she was very close, died after a long illness on Sunday afternoon. On Monday morning, Melinda's mother is astonished to find Melinda cheerfully getting ready for school as she does every Monday morning. Which reaction is Melinda having?
 - (A) Loneliness
 - (B) Denial
 - (C) Relief
 - (D) Guilt
 - (E) Regret

- 4. Micah's best friend, Lawrence, died of cancer at the age of 45. Whenever Micah spends time with the friends that they had in common, he is reminded of Lawrence and feels sad. He is not as close to his other friends as he was to Lawrence, and he feels he has no one to confide in since Lawrence is gone. Which reaction is he having?
 - (A) Shock
 - (B) Denial
 - (C) Anger
 - (D) Loneliness
 - (E) Guilt
- 5. Theresa's 9-year-old son went to a pool party for a friend's birthday and accidentally drowned. Theresa has been unable to forgive herself for letting him go to the party. Which reaction is she having?
 - (A) Anger
 - (B) Loneliness
 - (C) Denial
 - (D) Guilt
 - (E) Shock
- 6. Casey's brother was killed suddenly in a car accident. He is surprised that he seems to feel very little emotion regarding the death. Which reaction is Casey having?
 - (A) Relief
 - (B) Shock
 - (C) Guilt
 - (D) Anger
 - (E) Regret
- 7. When Elizabeth's boyfriend was killed by a drunk driver on his way home one night, Elizabeth was inconsolable. She has stopped seeing her friends and stays in her room crying for hours at a time. Which reaction is she having?
 - (A) Anger
 - (B) Sadness
 - (C) Guilt
 - (D) Denial
 - (E) Regret

8. Marcela's father recently died after battling congestive heart failure for many years. When he got sicker, Marcela had to take a leave of absence from work to help deal with his care, which greatly affected her income and caused her worry. She found herself resenting him at times. After he died, Marcela felt sad, but she also thinks about how she is free to make her own decisions about her life again. Which reaction is she having? (A) Anger (B) Denial (C) Relief (D) Guilt (E) Loneliness	3. What cultural background do you have? What cultures are you familiar with? Briefly describe how your culture or other cultures you are familiar with feel about death.
3. Discuss how feelings and attitudes about death differ	
Short Answer	
Have you ever experienced the death of a loved one? If so, what are some of the emotions you felt?	4. Discuss how to care for a client who is dying True or False
	1 Advance directives do not need to be honored if the medical professional feels he can save the person's life.
	2 Listening to a client who is dying is an important thing that a home health aide can do.
2. What, if any, religious beliefs do you subscribe to? How do they influence your feelings shout doub. If you do not have any	3 Hearing is usually the last sense to leave the body, so the home health aide should continue to speak in a normal tone.
ings about death? If you do not have any religious or spiritual beliefs, what are your feelings about death?	4 When a person is dying, he no longer needs skin care.
	5 Keeping the room lighting low is best for a client who is dying.
	6 It is important for home health aides to observe clients for signs of pain, as they may not be able to communicate that they are in pain.
·	

Name: _____

Name:	

7 Back massage is one way to help clients who are in pain.	6. Define the goals of a hospice program and identify guidelines for hospice work
8 It is best to keep a client who is dying isolated (by himself).	Multiple Choice
9 To help a client who is dying to think positively, the home health aide can tell the client that he could still recover.	 Hospice care is the term for compassionate care given to (A) Clients who have respiratory diseases (B) Clients who are dying (C) Clients with Parkinson's disease (D) Clients with developmental disabilities
5. Explain legal rights for clients who are dying and describe ways to promote dignity	Hospice care encourages clients to (A) Allow hospice care teams to handle all care decisions
Short Answer 1. List three legal rights that must be honored	(B) Allow lawyers to make care decisions(C) Allow doctors to make care decisions(D) Participate in their own care as much as
when working with clients who are dying.	possible possible
2. Look at <i>The Dying Person's Bill of Rights</i> on page 345 of your textbook. Pick three rights that you feel would be most important to you. Briefly describe why they would be important to you.	 Hospice goals focus on (A) Recovery of the dying person (B) Comfort and dignity of the dying person (C) Curing the dying person's disease (D) Creating a will and other legal documents for the dying person Focusing on pain relief, controlling symptoms, and preventing complications is called care. (A) Palliative (B) Personal (C) Professional (D) Pediatric Short Answer
	5. List seven guidelines that are helpful for hospice work.
	1

6. How do you alleviate stress in your life?	5 Healthy skin tone
	6 Heightened sense of touch
	7 Impaired speech
	8 Incontinence
	9 Perspiration
	10 Strong pulse
	8. Describe postmortem care
	Multiple Choice
7. What are three ways you can take care of	 After death, the muscles in the body become (A) Warm and pulsating (B) Bendable (C) Stiff and rigid (D) Hot and sharp
yourself?	2. Caring for a body after death is called (A) Postmortem care (B) Mortician care (C) Funeral home care (D) Before-burial care
	 3. After death, the home health aide should place drainage pads under the body. These pads are most often needed (A) Under the arms (B) Under the perineum (C) Under the axillary area (D) Under the feet
7. Explain common signs of approaching	 4. If family members would like to remain with their loved one's body after death, the home health aide should (A) Let them do so (B) Inform them that the HHA needs to ask the doctor first (C) Ask them to perform the postmortem
death	care since they are staying with the body (D) Talk to them about the importance of
Short Answer Place a check mark (V) beside the signs of approaching death.	organ donation
1 High blood pressure	9. Understand and respect different
2 Fever	postmortem practices
3 Cold, pale skin	True or False
4 Disorientation	1 Most people grieve in the same way.

Name: ______

Some people like to remain with the body to perform religious rituals. The overall mood at a wake is usually very sad and somber. Having an open casket means the preserved body will be displayed to others. Some people will choose to be cremated, which means the body is burned until it is reduced to ashes. Readings of religious scripture and prayers may take place at a funeral. An atheist's funeral will normally involve prayers or hymns. A natural burial involves embalming the body before burying it in a composting coffin. The home health aide should remain professional and respectful whether or not he agrees with the rituals that

take place after a client has died.

Environments	Tealtry		
1. Describe how housekeeping affects physical and psychological well-being	5 Using proper body mechanics when performing housekeeping activities helps prevent injury.		
 What are some reasons that home health aides should maintain orderly, clean house- 	6 It is important for HHAs to be sensitive to each client's customs and beliefs.		
holds for their clients?	7 The HHA will need to use cleaning materials and methods that are approved by clients and their families.		
	8 The HHA should clean up and straighten up after every activity.		
	9 One HHA responsibility is observing for infestation of insects and animals.		
	3. Describe cleaning products and equipment		
	True or False		
	All-purpose cleaners can be used on several types of surfaces.		
2. List qualities needed to manage a	2 For really dirty surfaces, it is best to use a mixture of bleach and ammonia.		
home and describe general housekeeping guidelines	3 Abrasive cleaners are used mostly for bathing clients.		
True or False	4 A sponge is generally used to soften		
1 The HHA's primary responsibility is to clean the client's kitchen.	and remove soil on washable surfaces.5 Vacuum cleaner bags should be		
2 The HHA should expect that all members of the household will be able to help with housekeeping.	checked frequently. 6 Some cleaning products can cause burns.		
3 The HHA will need to be flexible with regard to household maintenance.	7 Lemon juice is an example of an environmentally friendly cleaning solution.		
4 Vacuuming is not part of an HHA's duties.	8 White vinegar mixed with water can be used to clean glass.		

Baking soda is a type of toxic abrasive scouring powder.

4. Describe proper cleaning methods for living areas, kitchens, bathrooms, and storage areas

Multiple Choice

- 1. Examples of essential items that should be kept close by the client include
 - (A) Eyeglasses
 - (B) Potato chips
 - (C) Nail polish
 - (D) Cosmetics
- 2. Falls and accidents in the home are frequently caused by
 - (A) Contaminated counters
 - (B) Wet floors
 - (D) Full trash containers
 - (D) Leftover food scraps
- 3. In the kitchen, diseases may be transmitted by
 - (A) Soap
 - (B) Medications
 - (C) Contaminated food surfaces
 - (D) Bleach
- 4. Unless the client has allergies, it is a good idea for the home health aide to dust this frequently:
 - (A) Five times a week
 - (B) Once a week
 - (C) Once every two months
 - (D) Twice a month
- 5. In order to remove odors, the home health aide can use
 - (A) Flour
 - (B) Baking soda
 - (C) Sugar
 - (D) Baking powder
- 6. Dishes may be sterilized by
 - (A) Using a dishwasher
 - (B) Using cold water
 - (C) Using an oven cleaner
 - (D) Drying them with a dish towel

- 7. How often should the home health aide dispose of garbage?
 - (A) Daily
 - (B) Weekly
 - (C) Monthly
 - (D) Every two weeks
- 8. Basic bathroom hygiene includes
 - (A) Washing from dirty areas to clean areas
 - (B) Placing soiled towels on the bathroom sink
 - (C) Cleaning the tub and shower after each
 - (D) Leaving toothbrushes in the sink
- 9. Instead of glass cleaner, the home health aide can mix water and _____ to clean glass.
 - (A) Wine
 - (B) Vinegar
 - (C) Apple juice
 - (D) Spray starch
- 10. In what environments do mold and mildew grow best?
 - (A) In cold areas
 - (B) In dry places
 - (C) In warm, moist places
 - (D) In windy areas
- 11. Floors and rugs should be vacuumed at least
 - (A) Once a month
 - (B) Twice a week
 - (C) Once a week
 - (D) Once a day
- 12. Which of the following materials is commonly recycled?
 - (A) Wood
 - (B) Plastic
 - (C) Polyester
 - (D) Marble
- 13. A nontoxic solution that can be used to remove grease on surfaces is:
 - (A) Acetone solution
 - (B) Ammonia solution
 - (C) Bleach solution
 - (D) Lemon juice solution

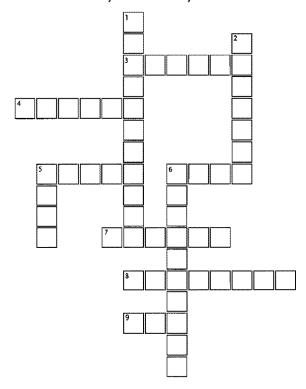
schedule	
Short Answer Create a sample cleaning schedule for an immobile client.	
Immediately:	6. List special housekeeping procedures to use when infection is present
	Fill in the Blank
	surfaces that come into contact with body fluids, such as
	urinals, and toilets.
Daily:	2. Frequently remove
	used tissues.
	3. Keep any of urine, stool, or sputum in double bags away from food.
	4 dishes and utensils should be used for the client.
Weekly:	5. Wash dishes in hot, soapy water with, and rinse in water.
	6 the client's
	bathroom daily.
	7. Explain how to do laundry and care for clothes
Monthly:	Crossword Across
	 Washing cycle used for sturdy permanent press items and cottons
	4. Chemical that whitens clothing and removes stains
	5. Substance used to dilute bleach
Less often:	6. Delicate fabric requires time in the dryer.
	7. Washing cycle used for delicate items

Name: _

- 8. One way to reduce these is to fold clothes immediately after they are dried
- 9. Water temperature used for whites and towels

Down

- 1. Type of bleach used on washable fabrics; most effective in hot water
- 2. Parts of a shirt that are ironed first, after collars, cuffs, and garment facings
- 5. The safest water temperature for most garments
- 6. Cleaned every time the dryer is used



8. List special laundry precautions to use when infection is present

True or False

- It is best to use cold water when doing laundry for a client who has an infectious disease.
- The home health aide should wear gloves when doing the laundry for a client who has an infectious disease.

3.		Dirty laundry should be shaken to remove dirt before putting it in the washing machine.
4.		The home health aide should keep the client's laundry separate from other family members' laundry.
5.		Dirty laundry should remain in the client's room as long as possible so as to avoid contamination of the rest of the house.
6.		Agency-approved disinfectants should be used in loads of laundry.
ho	_	uidelines for teaching eping skills to clients' family rs
Rei	enario ad the j pond.	following scenario and decide how to
tio cle of two	awford us dise aning instruc o famil	ome health aide, is explaining to Mrs. 's family how to protect against infectases when doing the laundry and the kitchen. He has written a long list ctions, and when he is done explaining, ly members still seem confused about points. How should Dave respond in tion?
	··-	

Na	ıme:
an	Discuss the importance of sleep and explain why careful bedmaking is apportant
М	ultiple Choice
1.	Why is it important for home health aides to change bed linens often?(A) To get clients out of their beds and moving around(B) To rotate clean sheets evenly(C) To keep skills up-to-date(D) To prevent infection and to promote
2	comfort
2.	When removing dirty linen, the HHA should (A) Fold it so that the soiled area is outside (B) Roll it so that the soiled area is inside (C) Gather it in a bunch (D) Shake it to remove particles
3.	A bed made with the bedspread and blankets in place is called a(n) (A) Open bed (B) Stretcher bed (C) Closed bed (D) Completed bed
	. Identify hazardous household aterials
Sh	ort Answer
Ide	entify five hazardous household materials.

Clean, Safe, and Healthy Environments

Clients' Nutritional Needs

1. Describe the importance of proper nutrition and list the six basic nutrients

Short Answer

Write the letter of the correct nutrient beside each description. Use a W for water, C for carbohydrates, P for protein, F for fats, V for vitamins, and M for minerals. Letters may be used more than once.

- 1. ____ Sources include seafood, beans, poultry, and vegetarian meat substitutes.
- 2. ____ A person can survive only a few days without this.
- 3. ____ These build bones and help in blood formation.
- 4. ____ These add flavor to food and help to absorb certain vitamins.
- 5. ____ Examples include bread, cereal, and potatoes.
- 6. ____ They are essential for tissue growth and repair.
- 7. ____ The body cannot make most of these nutrients; they must be obtained by eating certain foods.
- 8. ____ They provide fiber, which is necessary for bowel elimination.
- 9. ____ They may come from plant sources such as olives and nuts.
- 10. ____ This is the most essential nutrient for
- 11. ____ Categories include monounsaturated and saturated.
- 12. ____ This helps to maintain body temperature through perspiration.
- 13. ____ These can be fat-soluble or water-soluble.

- 14. ____ These help the body store energy.
- 15. ____ Iron and magnesium are examples.

2. Describe the USDA's MyPlate

Short Answer

The USDA developed the MyPlate icon and website to help promote healthy eating practices. Looking at the MyPlate icon below, fill in the food groups.



1.	
3.	
4.	

Short Answer

Read the following descriptions and mark which each is describing—V for vegetables, F for fruits, G for grains, P for protein, and D for dairy. Letters will be used more than once.

6.	 This group includes foods that retain
	their calcium content, such as yogurt
	and cheese.

 Wheat, rice, oats, cornmeal, and barley are examples. Plant sources of this include beans and soy products. Eating seafood twice a week in place of meat or poultry is recommended for this group. Most choices from this group should be fat-free or low-fat. They are important sources of dietary 	 21. What kinds of grains are best to consume (A) Refined grains (B) White grains (C) Whole grains (D) Corn grains 22. Which of the following is considered a plus based protein? (A) Salmon (B) Eggs (C) Sausage (D) Beans 		
fiber and many nutrients, including folic acid and vitamin C. 12 Half of a person's plate should consist of choices from these two groups. 13 At least half of all of these consumed	23. Oatmeal and pasta are examples of foods made from which food group? (A) Vegetables (B) Fruits (C) Grains (D) Protein		
should be "whole." 14 One subgroup of these contains bran, germ, and endosperm. 15 These products contain calcium, potassium, vitamin D, and protein. 16 Within this group, dark green, red, and orange types have the best nutritional content. 17 Animal sources of this include meat, poultry genfood, and again.	24. Most dairy group choices should be (A) Whole-fat (B) 2% fat (C) Half-and-half (D) 1% fat 25. Which of the following foods is considered high in sodium? (A) Apple (B) Pickle		
poultry, seafood, and eggs. Multiple Choice	(C) Avocado (D) Corn		
18. MyPlate's guidelines state that half of a person's plate should be made up of(A) Grains and protein(B) Vegetables and fruits(C) Seafood and dairy(D) Grains and dairy	3. Identify ways to assist clients in maintaining fluid balance True or False 1 Ice chips should be offered when a		
19. Vegetables that are this color have the best nutritional content:(A) Dark green(B) Light yellow(C) Dark purple(D) Light brown	client has a swallowing problem. 2 Fluid overload occurs when the body is unable to handle the amount of fluid consumed. 3 The sense of thirst diminishes in		
20. Most of a person's fruit choices should be(A) Frozen fruit(B) Smoothies(C) Cut-up fruit(D) Fruit juice	elderly people. 4 People can become dehydrated by vomiting too much. 5 If a client has an NPO order, he can drink water but no other type of fluid.		

6.	 In general the home health aide
	should encourage clients to drink
	every time she sees them to help pre-
	vent dehydration.

7. ____ One symptom of dehydration is dark urine.

4. Identify nutritional problems of the elderly or ill

Crossword

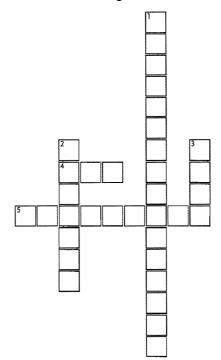
Across

Name:

- Type of tube placed into the stomach through the abdominal wall for feeding a person (abbreviation)
- 5. Type of liquid that may be used for someone who has difficulty swallowing

Down

- 1. Skin breakdown due to weight loss can lead to these
- 2. Position clients should be in for eating
- 3. Temperature of food that may be preferable for someone suffering from nausea



Short Answer

Make a check mark (\checkmark) by all of the correct guidelines for working with clients who require tube feedings.

- 6. ____ The home health aide should remove the tube when the feeding is finished.
- 7. ____ During the feeding, the client should remain in a sitting position with the head of the bed elevated at least 45 degrees.
- Redness or drainage around the opening should be reported.
- 9. ____ HHAs are responsible for slowly pouring feedings into the tube.
- 10. ____ HHAs should give careful skin care for clients who must remain in bed for long periods to help prevent pressure injuries.
- 11. _____ It is important for the HHA to wash his hands before assisting in any way with a tube feeding.
- 12. ____ After a client has had a tube feeding, the HHA should help the client to lie down flat on his back.

5. Demonstrate awareness of regional, cultural, and religious food preferences

Short Answer

Briefly describe some of the foods you ate while
growing up. Were there any special dishes that
your family made that were related to your cul-
ture, religion, or region?

Name:

6. List and define common health claims on food labels

grains.

	n
ani	altry, eggs, and dairy products come f mals that are given no antibiotics or wth hormones.
	prod
	y contain artificial sweeteners, such a charin or aspartame.
If a	product is labeled
1101	ually does not contain much fat.
	e claims of
	lthy, or good for you may have little or aning.
	ents who must reduce their sodium of intake should eat foods labeled
Th	e best way to limit
avc	id foods containing animal fats.
If a	product is labeled
hav	ans that the chickens producing the vector allowed access to the outside unspecified period of time.
Foi	a product to be labeled
mi	must be limited to less than 20 parts llion (ppm) and it should not contain eat, rve, barley, or crossbreeds of thes

7. Explain the information on the FDA-required Nutrition Facts label

Multiple Choice

- 1. Why does the label have a subcategory of added sugars under total sugars?
 - (A) Because most people do not get enough sugar in their diet
 - (B) Because added sugar is healthier than the normal amount of sugar that a product contains
 - (C) Because it gives a suggestion for how much sugar to add to a food to make it
 - (D) Because it helps people understand how much sugar has been added to a product, as excessive sugar has been linked to many diseases
- 2. Which of the following minerals is required to be on the Nutrition Facts label?
 - (A) Zinc
 - (B) Selenium
 - (C) Phosphate
 - (D) Iron
- 3. The standardized nutrition label on all packaged foods is called the
 - (A) Percentage label
 - (B) Food Information label
 - (C) Nutrition Facts label
 - (D) Serving Size Information label
- 4. The recommended daily totals on the label are based on a _____-calorie diet.
 - (A) 2,500
 - (B) 2,000
 - (C) 1,000
 - (D) 5,000

8. Explain special diets

For each of the following diets, choose the best description from those listed below. Use each letter only once.

- 1. ____ Bland Diet
- 2. ____ Diabetic Diet

3	Flexetarian Diet
4	Fluid-Restricted Diet
5	Gluten-Free Diet
6	High-Potassium Diet
7	High-Residue Diet
8	Liquid Diet
9	Low-Fat Diet
10	Low-Protein Diet
11	Low-Residue Diet
12	Low-Sodium Diet
13	Mechanical Soft Diet
14	Modified Calorie Diet
15	Pescatarian Diet
16	Pureed Diet
17	Soft Diet
18	Vegan Diet
19	Vegetarian Diet

Name:

- (A) To prevent further heart or kidney damage, doctors may restrict fluid intake on this diet.
- (B) This diet consists of foods that are in a liquid state at body temperature, and it is usually ordered as clear or full.
- (C) This diet consists of soft or chopped foods that are easy to chew; foods that are hard to chew and swallow, such as raw vegetables, are restricted.
- (D) People who have kidney disease may also be on this diet, which encourages foods like breads and pasta.
- (E) People who have had heart attacks or who have heart disease may be placed on this diet, which at a minimum limits the intake of saturated fat.
- (F) Carb counting may be part of this diet, as the amount of carbohydrates eaten must be carefully regulated.
- (G) Salt is restricted in this diet.
- (H) This diet is used for losing weight or preventing weight gain.
- (I) The food used in this diet has been ground into a thick paste of baby-food consistency.

- (J) Often used for people who have gastric ulcers, this diet involves avoiding alcohol, spicy foods, and citrus juices, among other items.
- (K) Health reasons, a dislike of meat, a compassion for animals, or a belief in nonviolence may lead a person to this diet.
- (L) Used for people with celiac disease, this diet eliminates foods containing wheat flour, such as tortillas, crackers, breads, and pasta.
- (M) Foods high in this mineral will be encouraged in this diet; this includes bananas, prunes, dried apricots, figs, and sweet
- (N) This diet increases the amount of fiber and whole grains ingested and it helps prevent constipation.
- (O) This is a completely plant-based diet that eliminates all animals, eggs, dairy products, and foods derived from animals.
- (P) This diet is used for people who have bowel disorders and reduces the amount of fiber, whole grains, and raw fruits and vegetables ingested.
- (Q) Plant-based foods are eaten primarily in this diet, but meats and other animal products are also eaten occasionally.
- (R) Foods in this diet are chopped or blended and are prepared using blenders, food processors, meat grinders, or cutting utensils.
- (S) All meats and poultry are eliminated in this diet, but fish and other seafood are allowed.

9. Describe guidelines for assisting with eating

Multiple Choice

- In which position should clients be when they are eating?
 - (A) Sitting upright
 - (B) Reclining
 - (C) Lying on their sides
 - (D) Standing

- Ways to promote a client's dignity while feeding include
 - (A) Asking the client, "Can you eat quickly tonight? I've still got to give you a bath."
 - (B) Asking the client, "Which food would you like to try first?"
 - (C) Looking around the room while he is
 - (D) Mixing food whether or not the client has requested it
- 3. What is the best way for the home health aide to test the temperature of her client's food?
 - (A) The HHA should touch the food before serving it.
 - (B) The HHA should put the food in the freezer for a few minutes until the steam
 - (C) The HHA should try a bite before the client does.
 - (D) The HHA should put her hand over the dish to sense its heat.

iru	irue or raise				
4.		Clients who must be fed are often embarrassed and depressed about their dependence on another person.			
5.		It is a good idea for the HHA to alternate offering food and drink while helping a client eat.			
6.		The HHA should stand while helping a client eat.			
7.		The HHA should give the client her full attention while the client is eating.			
8.		The client's mouth should be empty before the HHA offers another bite of food.			

The HHA should refer to pureed green beans as "green stuff" so the client knows which dish the HHA is

talking about.

10. Describe eating and swallowing problems a client may have

Multiple Choice

- 1. In order to prevent aspiration, the HHA should keep the client in the _ tion after eating for at least 30 minutes.
 - (A) Upright
 - (B) Reclining
 - (C) Lying flat
 - (D) Side
- 2. Which consistency refers to the thickness of a thick juice, which is able to be drunk from a cup?
 - (A) Honey
 - (B) Pudding
 - (C) Pear
 - (D) Nectar
- 3. The medical term for difficulty swallowing
 - (A) Aspiration
 - (B) Dysphagia
 - (C) Edema
 - (D) Diuretic
- 4. If a client has a doctor's order for thickened liquids, which of the following can the HHA offer to the client?
 - (A) Water
 - (B) Thickened soup
 - (C) Broth
 - (D) Milk
- 5. Which consistency refers to the liquid being semisolid, in which a spoon can stand up straight in the glass?
 - (A) Honey
 - (B) Pudding
 - (C) Pear
 - (D) Nectar

Meal Planning, Shopping, Preparation, and Storage

٦.	Explair	n how to	prepare a	basic food
pla	an and	list food	l shopping	guidelines

Short Answer

Snack

Dinner

Snack

Make a basic food plan for Monday through Friday. Include breakfast, lunch, dinner, and snacks.

3 · · · · · · · · · · · · · · · · · · ·
MONDAY
Breakfast
Snack
Lunch
Snack
Dinner
Snack
TUESDAY
Breakfast
Snack
Lunch

Breakfast Snack Lunch Snack Dinner Snack THURSDAY

Snack

Lunch

Snack

Dinner

Snack

WEDNESDAY

	FRIDAY			
Br	eakfast			
Sn	ack	9.		u buy any organic and/or locally grown If so, why is that important to you?
Lu	nch			
Sn	ack			
Di	nner			
Sn	ack			
		2.	List g	uidelines for safe food preparation
Fill	in the Blank	Tru	e or Fa	lse
1.	Avoid overly, already-	1.		The home health aide should wash his hands before handling food, but
	mixed, or ready-made foods because they are more expensive.			does not need to wash his hands again afterward.
2.	ingredients that may be harmful to a client,	2.		Sponges should be washed in the dishwasher to disinfect them.
3.	such as excessive salt. Estimate the	3.		Frozen foods should be defrosted on the counter.
	by dividing the total cost by the number of servings.	4.		Food can be left out safely for about five hours.
4.	For clients on a low-fat diet, take the off chicken	5.		Poultry needs to be cooked thoroughly to kill microorganisms.
	and turkey parts.	6.		If the HHA sneezes while around
5.	Buy fresh foods that are in season when they are at their			food, she should wash her hands again.
6.	flavor. Large amounts or larger sizes are usually	7.		It is best to use separate cutting boards for meat and vegetables.
7.	Cheaper cuts of meat tend to have more	8.		It is not necessary to change knives between cutting fresh meat and cut-
	and fat.	a		ting vegetables.
Sh	ort Answer	9.		If a person has a weakened immune system because of cancer, a foodborne illness can be deadly.
8.	List four factors to consider when buying food for clients.	10.	—	Elderly people are at increased risk for foodborne illnesses because they do not care about how food tastes.

Name: __

Name:	
rianic.	

3. Identify methods of food preparation

Matching

For each method of food preparation, identify the correct description. Use each letter only once.

- 2. ____ Boiling
- 3. ____ Braising
- 4. ____ Broiling
- 5. ____ Frying
- 6. ____ Microwaving
- 7. ____ Poaching
- 8. ____ Roasting
- 9. ____ Sautéing
- 10. ____ Steaming
- (A) Safe for defrosting, reheating, and cooking, but this method can cause cold spots.
- (B) Cooked in barely boiling water or other liquids; this is an ideal way to prepare fish and eggs.
- (C) Used for meats, poultry, and some vegetables, this method may involve mixing items with oils or spices before cooking and basting meats or poultry during cooking.
- (D) The best method for cooking pasta, noodles, and rice.
- (E) Used in an oven at moderate heat, this method is appropriate for many foods such as breads, fish, vegetables, and casseroles.
- (F) A quick way to cook vegetables and meats by using a small amount of oil in a frying pan and stirring constantly.
- (G) A small amount of water is boiled in the bottom of a saucepan, and food is set over it in a basket or colander.
- (H) The least healthy way to cook, this method uses a lot of fat.
- (I) This method can be used to melt cheese or brown the top of a casserole.
- (J) A slow-cooking method that uses moist heat to cook meat or vegetables at a temperature just below boiling.

4. Identify four methods of low-fat food preparation

Fill in the Blank

1.	allows fats
	in meat to drip out before food is consumed, which lowers fat content.
2.	Plan meals around
	out the fat content.
3.	Sometimes high-fat ingredients can be or replaced
	to lower the fat content of a recipe.
4.	meat on
	paper towels after you brown it.
5.	Leave out
	on sandwiches or on top of casseroles.
6.	An example of a low-fat meal based on vegetables and grains is beans and
7.	Boiling, steaming, broiling, roasting, and

methods of cooking that require little fat.

_ for mayon-

_ foods can

5. List four guidelines for safe food

be substituted for cheese and cream.

9. For people who follow a vegan diet,

Multiple Choice

storage

8. Try substituting

naise or sour cream.

- 1. After shopping, which of the following foods should be put away first?
 - (A) Crackers
 - (B) Milk
 - (C) Pasta
 - (D) Cereal

- 2. It is a good idea to keep easily spoiled items in the
 - (A) Door of the refrigerator
 - (B) Cupboard
 - (C) Rear of the refrigerator
 - (D) Pantry
- 3. Refrigerator temperature should be between
 - (A) 0°F and 10°F
 - (B) 36°F and 40°F
 - (C) 10°F and 20°F
 - (D) 62°F and 66°F
- 4. Food should not be left out for more than _____ hours.
 - (A) 5
 - (B) 3
 - (C) 2
 - (D) 12
- 5. If the home health aide is not sure whether food is spoiled, she should
 - (A) Discard it
 - (B) Serve it and see if anyone complains or feels ill
 - (C) Cook it for a longer time than usual
 - (D) Smell it after cooking it to be sure it is
- 6. Foods that can be composted include
 - (A) Canola oil
 - (B) Fish bones
 - (C) Yogurt
 - (D) Coffee grounds

Managing Time, Energy, and Money

	Explain three ways to work more	
eff	iciently	
Short Answer		
1.	For each of the three ways of working more efficiently described in this learning objective, give an example (other than what is in the book) of how you can put the method into action.	2. Describe how to follow an established work plan with the client and family
		Short Answer
		Pick the busiest day you will have next week, and draft a work plan for that day. List tasks to complete and prioritize them.
2.	List five ways to conserve time and energy.	

3. Discuss ways to handle inappropriate requests

Scenario

Read the following scenario and answer the question.

Richard, a home health aide, is preparing to leave his client's home for the day. Mr. Perez, his client, demands that Richard buy him some soup at the grocery store before he leaves. This errand is not in the care plan, but Mr. Perez tells him that he really wants some soup. Mr. Perez begins to cry. What should Richard do in this situation?

	-	······	

4. List five money-saving homemaking tips

Short Answer

List and briefly explain five money-saving tips.

5. List guideline	s for handling a clie	ent's
money		

Short Answer

Name:

1.	a client's money?	 ines for n	andling

True or False

2.	 It is fine for a home health aide to
	use her client's money for her own
	things as long as she pays it back
	soon.

- 3. ____ It is a good idea for the HHA to estimate the amount of money he will need before requesting it.
- 4. ____ The HHA should return receipts to the client or family member as soon as possible.
- 5. ____ The HHA should keep a client's cash separate from her own.
- If a client is unsure about his budget, the HHA should give him financial advice and budgeting tips.

Caring for Yourself and Your Career

1. [Discuss	different	types	of	careers	in
the	healtho	are field				

True	or	Fa	معا
ITIJE	CH	ГИ	150

1.	 people, waiters, and bartenders.
2.	 X-ray technicians work in diagnostic

	services.
3.	 Receptionists, office managers, and
	1.111

	healthcare field.
4.	 Health educators have job opportuni-

	ties within the healthcare field.
5.	 Counselors and social workers are no

part of the healthcare field.

2. Explain how to find a job

Short Answer

Snort Answer
List three resources you should try when lookin for potential employers.

3. Identify documents that may be required when applying for a job and explain how to write a résumé

Short Answer

1.		our documents that may be needed applying for a job.			
Tru	True or False				
2.	**************************************	Friends and relatives are the best references to use for a potential job.			
3.		A person's résumé should fit on one page.			
4.		A résumé should include a list of the person's educational experience.			
5.		A résumé should include a list of the person's religious and political beliefs.			

___ If a potential employer asks a person for proof of his legal status in this country, it means that the employer is

A cover letter should emphasize the skills a person has that would be a good match for the position.

being discriminatory.

Name: _____

4. Demonstrate completing an effective job application

Short Answer

Complete the sample job application.

Employme	nt Applic	ati	on
	Personal Ir	forma	tion
Name:			Date:
Home Address:			
City, State, Zip:			
Email Address:			
Home Phone:		Busin	ness Phone:
US Citizen?	If Not, Give Yisa No. 2	and Ex	piration Date:
	Position Ap	abiaa	So.
Title:	Position As	phylog	Salary Desired:
			,
Referred By:			Date Available:
-	Educi	ntion	
High School (Name, City, \$		ation	
Graduation Date:			
Technical or Undergraduat	e School:		
Dates Attended:			Degree Major:
	Refere	ences	
			4444

5. Demonstrate competence in job interview techniques

Short Answer

Make a check mark (\checkmark) next to the actions appropriate for job interviews.

1. ____ Wearing jeans 2. ____ Looking happy to be there 3. ____ Asking if it is okay to smoke during the interview 4. ___ Wearing very little jewelry 5. ____ Asking how many hours you would 6. ____ Bringing your child with you if you cannot find a babysitter Wearing your nicest perfume 8. ____ Sitting up straight 9. ____ Asking what benefits the employer 10. ____ Shaking hands with interviewer 11. ____ Eating a granola bar during the interview 12. ____ Asking if you got the job at the end of the interview 13. ____ Letting the interviewer know some of the negative things your former boss

6. Discuss appropriate responses to feedback

position will be made

Short Answer

Read the following and mark whether they are examples of constructive feedback or hostile criticism. Use a C for constructive and an H for hostile.

_ Asking how soon a decision about the

- "You are a horrible person."
 "If you weren't so slow, things might get done around here."
- 3. ____ "Some of your reports are not complete; try to be more accurate."

Name:	133
4 "That was the worst meal I've ever eaten."	
5 "I'm not sure that you understood what I meant. Let me rephrase the issue."	
6 "Where did you learn how to clean?"	
7 "That was a stupid idea."	
8 "That procedure could have been performed in a more efficient way."	
9 "Try to make more of an effort to listen carefully."	
10 "Stop being so lazy."	
7. Identify effective ways to make a complaint to an employer or supervisor and discuss how to manage conflict	Multiple Choice
Read the following scenario and answer the question. Anne is a home health aide who works three days a week for her client, Mrs. Singer. Generally, Mrs. Singer's son, Benjamin, is there as well, and he and Anne work as a team. Benjamin finds a new job and cannot be home during the day anymore. The next time Anne arrives, Mrs. Singer is moody and distant. She is reluctant to follow the care plan, and she tells Anne that she will not take a bath until Benjamin comes home. She also refuses to eat food that Anne has cooked, insisting she can only eat her son's cooking. After some gentle urging, Anne gets Mrs. Singer to eat and take a bath. The next time Anne works, Mrs. Singer drops her plate on the floor and tells Anne that she is a lousy cook. She tells her to fix a new meal and clean up the mess. Anne does both although she feels very upset. 1. Should this be reported to a supervisor? If	 When is an appropriate time to discuss an issue that is causing conflict in the workplace? (A) When the HHA decides she cannot take it anymore (B) When the HHA is upset because something has just occurred (C) Right before the HHA gives her notice (D) When the supervisor has decided on a proper time and place When trying to resolve a conflict, the HHA should (A) Interrupt the other person if the HHA might forget what she is going to say (B) Sit back in the chair with her arms crossed over her chest (C) Take turns speaking (D) Yell at the other person if it seems like her point is not understood When discussing conflict, the HHA should (A) State how she feels when a behavior occurs (B) Name call
so, how?	(B) Name-call

(C) Not look the other person in the eye(D) Keep the TV on to fill awkward silences



134 5. To resolve a conflict, the HHA should be ____ States require less continuing educaprepared to tion than the federal government. (A) Compromise In-service continuing education (B) Quit courses help keep knowledge fresh. (C) Argue **Short Answer** (D) Interrupt 5. List three of the responsibilities a home health aide has regarding continuing 8. Identify guidelines for making job education. changes Fill in the Blank 1. The HHA should always give an employer _ weeks' written notice that he will be leaving. 2. Potential future employers may talk with the HHA's past _ 3. If an HHA decides to change jobs, he should be _ 9. List your state's requirements for maintaining certification **Short Answer** 11. Define stress and stressors and list 1. How many hours of in-service education are examples required each year by your state? **Short Answer** What are some situations that make you experience stress? How do you react when you are stressed? 2. How long is an absence from working allowed, without retraining, in your state?

10. Describe continuing education for home health aides

True or False

- The federal government requires 20 hours of continuing education each
- Regulations regarding care can change.

i	
1	
:	
ŧ	
1	
į.	
1	
1	
1	
1	
1	
1	
i	
1	
1	
1	
1	
1	
:	
1	
:	
į	
:	
i	
i	
:	
1	
1	
í	
;	
÷	

Na	me:	135
		13. Demonstrate two effective relaxation techniques
***********		Short Answer
		Try one of the relaxation techniques listed on page 415 of the textbook. Describe how you felt after the experience.
	. Explain ways to manage stress	
M :	Stress is a(n) response. (A) Rare (B) Physical and emotional (C) Anti-inflammatory (D) Antibody	
2.	When the heart beats fast in stressful situations, it can be a result of an increase of the hormone (A) Testosterone (B) Estrogen (C) Adrenaline (D) Progesterone	
3.	 A healthy lifestyle includes (A) Eating when a person is not hungry to calm down (B) Exercising regularly (C) Smoking a few cigarettes a week (D) Complaining about a job 	14. Describe how to develop a personal stress management plan Short Answer Write out your own personal stress manage-
4.	Which of the following is a sign that a person is not managing stress? (A) Preparing meals ahead of time (B) Taking deep breaths and relaxing (C) Feeling alert and positive (D) Not being able to focus on work	ment plan. Be sure to include things like diet, exercise, relaxation exercises, entertainment, etc.
5.	Which of the following are appropriate people for a home health aide to turn to for help in managing stress? (A) Clients (B) Supervisors (C) Clients' family members (D) Clients' friends	

136	Name:
	17. Demonstrate an understanding that money matters are emotional
	Short Answer
	When was the last time you wanted something you could not afford? How did it make you feel? What did you do?
15. List five guidelines for managing time Short Answer	
List five guidelines for managing time.	
16. Demonstrate an understanding of the basics of money management Short Answer	18. List ways to remind yourself that your work is important, valuable, and meaningful
List five guidelines for managing money.	
List five guidelines for managing money.	Short Answer
	 List five things that you have learned in this course that have surprised or excited you.

ne:
 -
 · · · · · · · · · · · · · · · · · · ·

Caring for Yourself and Your Career

Procedure Checklists

5 Infection Prevention and Standard Precautions

Washing hands (hand hygiene)					
		yes	no		
1.	Turns on water at sink.				
2.	Wets hands and wrists thoroughly.				
3.	Applies soap to hands.				
4.	Keeps hands lower than elbows and fingertips down. Rubs hands together and lathers all surfaces of wrists, hands, and fingers, using friction for at least 20 seconds.				
5.	Cleans nails by rubbing them in palm of other hand.				
6.	Keeps hands lower than elbows and fingertips down. Without touching sink, rinses all surfaces of wrists and hands, running water from wrists to fingertips.				
7.	Uses clean, dry paper towel to dry all surfaces of fingers, hands, and wrists. Discards towel without touching container.				
8.	Uses clean, dry paper towel to turn off faucet and discards towel without contaminating hands.				
Date Reviewed Instructor Signature					
Date Performed Instructor Signature					

Putting on (donning) and removing (doffing)			
a gown			
		yes	no
1.	Washes hands.		

2.	Opens gown and allows it to unfold without shaking it or touching it to the floor. Places arms through each sleeve.		
3.	Fastens neck opening and pulls gown until it completely covers clothing. Secures gown at waist.		
4.	Puts on gloves after putting on gown.		
5.	When removing gown, removes and discards gloves first. Then unfastens gown at neck and waist.		
6.	Removes gown without touching the outside of gown. Rolls dirty side in while holding gown away from body. Discards gown. Washes hands.		
Date Reviewed Instructor Signature			
	Date Performed Instructor Signature		

Putting on (donning) a mask and goggles				
		yes	no	
1.	Washes hands.			
2.	Picks up mask by top strings or elastic strap. Does not touch mask where it touches face.			
3.	Pulls elastic strap over head or ties top strings first, then bot- tom strings if mask has strings.			
4.	Pinches the metal strip at the top of the mask tightly around nose. Fits mask snugly around face and below chin.			
5.	Puts on goggles.			
6.	Puts on gloves.			
Date Reviewed Instructor Signature				
Date Performed Instructor Signature				

Putting on (donning) gloves			
		yes	no
1.	Washes hands.		
2.	If right-handed, slides one glove on left hand (reverses if left-handed).		
3.	With gloved hand, slides other hand into the second glove.		
4.	Interlaces fingers to smooth out folds and create a comfortable fit.		
5.	Carefully checks for tears, holes, cracks, or spots. Replaces glove if needed.		
6.	Adjusts gloves for correct fit. If wearing a gown, pulls the cuff of the gloves over sleeves of gown.		
Date Reviewed Instructor Signature			
c	Date Performed Instructor Signatu	re	

Removing (doffing) gloves			
		yes	no
1.	Touches only the outside of one glove and grasps the other glove at the palm, pulling glove off.		
2.	With ungloved hand, slips two fingers underneath cuff of remaining glove. Does not touch any part of the outside of glove.		
3.	Pulls down, turning glove inside out and over the first glove. One glove from its clean inner side should be holding the other glove inside it.		
4.	Discards gloves.		
5.	Washes hands.		
Date Reviewed Instructor Signature			
Date Performed Instructor Signature			

Disinfecting using wet heat				
		yes	no	
1.	Washes hands.			
2.	Places items in the pot and fills			
	it with water, covering all items.			
3.	Places lid on pot and places pot			
	on stove.			
4.	Brings water to a boil. Boils			
	items for 20 minutes.			
5.	Turns off heat. Allows items and			
	water to cool.			
6.	After items have cooled,			
	removes cover and then items.			
	Places items on rack to dry.			
7.	Washes and dries equipment.			
	Returns to proper storage.			
8.	Washes hands.			
9.	Documents procedure.			
Date Reviewed Instructor Signature				
D	Date Performed Instructor Signature			

		yes	no
1.	Washes hands.		
2.	Places items in the pan and places pan or sheet in oven.		
3.	Turns on oven to 350°F and bakes items for one hour.		
4.	Turns off heat. Allows items to cool.		
5.	After items have cooled, removes items.		
6.	Stores items.		
7.	Washes and dries equipment. Returns to proper storage.		
8.	Washes hands.		
9.	Documents procedure.		
Date Reviewed Instructor Signature			
Date Performed Instructor Signature			

7 Emergency Care and Disaster Preparation

	Performing abdominal thrusts for the				
con	conscious person				
		yes	no		
1.	Stands behind person and				
	brings arms under person's				
	arms. Wraps arms around				
	person's waist.				
2.	Makes a fist with one hand.				
	Places flat, thumb side of the				
	fist against person's abdomen,				
	above the navel but below the				
	breastbone.				
3.	Grasps the fist with other hand.				
	Pulls both hands toward self				
	and up, quickly and forcefully.				
4.	Repeats until object is pushed				
	out or person loses				
	consciousness.				
5.	Reports and documents				
	incident.				
D	Date Reviewed Instructor Signature				
D.	Date Performed Instructor Signature				

	Clearing an obstructed airway in a conscious infant			
		yes	no	
1.	Lays the infant face down on forearm; if sitting, rests the arm holding the infant's torso on lap or thigh. Supports infant's jaw and head with hand.			
2.	Delivers up to five back blows.			
3.	If the obstruction is not expelled, turns infant onto his back while supporting the head. Delivers up to five chest thrusts.			
4.	Repeats, alternating five back blows and five chest thrusts until object is pushed out or infant loses consciousness.			

5.	5. Reports and documents incident.	
D	Pate Reviewed	Instructor Signature
	ate Performed	Instructor Signature

Res	ponding to shock			
		yes	no	
1.	Calls for help immediately.			
2.	Puts on gloves and controls bleeding if necessary.			
3.	Has the person lie down on her back unless bleeding from the mouth or vomiting. Elevates the legs unless person has a head, neck, back, spinal, or abdominal injury; breathing difficulties; or fractures.			
4.	Checks pulse and respirations if possible. Begins CPR if breathing and pulse are absent.			
5.	Keeps person as calm and com- fortable as possible.			
6.	Maintains normal body temperature.			
7.	Does not give person food or liquids.			
8.	Reports and documents incident.			
D	Date Reviewed Instructor Signature			
	ate Performed Instructor Signatu	re		

Responding to a myocardial infarction			
		yes	no
1.	Calls for help immediately.		
2.	Places person in a comfortable position. Encourages him to rest, and reassures him that he will not be left alone.		

N T	
Name: .	
mairic	

3.	Loosens clothing around the neck.		
4.	Does not give person food or liquids.		
5.	Monitors person's breathing and pulse. Begins CPR if breathing and pulse are absent.		
6.	Stays with person until help arrives.		
7.	Reports and documents incident.		
Date Reviewed Instructor Signature			
	Date Performed Instructor Signature		

Controlling bleeding					
		yes	no		
1.	Calls for help immediately.				
2.	Puts on gloves.				
3.	Holds thick sterile pad, clean cloth, or clean towel against the wound.				
4.	Presses down hard directly on the bleeding wound until help arrives. Does not decrease pressure. Puts additional pads over the first pad if blood seeps through. Does not remove the first pad.				
5.	Raises the wound above level of the heart to slow bleeding.				
6.	When bleeding is under control, secures dressing to keep it in place. Checks person for symptoms of shock. Stays with person until help arrives.				
7.	Removes and discards gloves. Washes hands.				
8.	Reports and documents incident.				
Date Reviewed Instructor Signature					
Date Performed Instructor Signature					

#					
irea	ating burns				
		yes	no		
	Minor burns:				
1.	Puts on gloves.				
2.	Uses cool, clean water (not				
	ice or ice water) to decrease				
	the skin temperature and pre-				
	vent further injury. Does not				
	use ointment, salve, or grease.				
	Dampens a clean cloth with cool				
_	water and covers burn.				
3.	Covers area with a dry, clean				
	dressing or nonadhesive sterile				
	bandage.				
4.	Removes and discards gloves. Washes hands.				
<u> </u>					
5.	Reports and documents				
	incident.		_		
	Serious burns:				
1.	Removes person from source of				
	the burn.				
2.	Calls for help immediately. Puts				
	on gloves.				
3.	Checks for breathing, pulse, and				
	severe bleeding. Begins CPR if				
	breathing and pulse are absent.				
	Does not apply ointment, water,				
_	salve, or grease.				
4.	Does not remove clothing from				
	burned areas. Covers burn with				
	sterile gauze or a clean sheet without rubbing skin.				
5.	Does not give person food or				
J.	liquids.				
6.	Monitors vital signs and waits		_		
0.	for emergency medical help.				
7.	Removes and discards gloves.	<u> </u>			
'`	Washes hands.				
8.	Reports and documents				
0.	incident.				
	THOUSE THE STATE OF THE STATE O	<u> </u>			
Date Reviewed Instructor Signature					
instruction digitation					
Date Performed Instructor Signature					
Date Performed Instructor Signature					

Res	Responding to seizures			
	,	yes	no	
1.	Notes the time. Puts on gloves.			
2.	Lowers person to the floor.			
3.	Has someone call emergency medical help. Does not leave person unless has to get medical help.			
4.	Moves furniture away to prevent injury.			
5.	Does not try to restrain the person or stop the seizure.			
6.	Does not force anything between the person's teeth. Does not place hands in the person's mouth.			
7.	Does not give food or fluids.			
8.	When the seizure is over, notes time. Turns person to left side if head, neck, back, spinal, or abdominal injuries are not suspected. Checks breathing and pulse. Begins CPR if breathing and pulse are absent.			
9.	Removes and discards gloves. Washes hands.			
10.	Reports and documents incident.			
D	ate Reviewed Instructor Signatu	re		
D;	Date Performed Instructor Signature			

Responding to fainting			
		yes	no
1.	Has person lie down or sit down		
	before fainting occurs.		

2.	If person is sitting, has him bend forward (and place his head between his knees if able). If person is lying flat on his back and there are no head, neck, back, spinal, or abdominal injuries; breathing difficulties; or fractures, elevates his legs about 12 inches.		
3.	Loosens any tight clothing.		
4.	Has person stay in position for at least five minutes after symptoms disappear.		
5.	Helps person get up slowly. Continues to observe him for symptoms of fainting.		
6.	If person faints, lowers him to floor, positioning him on his back. Elevates legs 12 inches if no head, neck, back, spinal, or abdominal injuries are suspected. Contacts supervisor.		
7.	Reports and documents incident.		
D	Date Reviewed Instructor Signature		
	ate Performed Instructor Signatu	re	
L			

Res	ponding to a nosebleed		
		yes	no
1.	Elevates head of the bed or tells client to remain in sitting position, leaning forward. Offers tissues or a clean cloth.		
2.	Puts on gloves. Applies firm pressure on both sides of the nose, near the bridge. Squeezes sides with thumb and forefinger.		
3.	Applies pressure consistently until bleeding stops.		
4.	Uses a cool cloth or ice wrapped in a cloth on bridge of nose to slow blood flow.		

Name:	
TIGHTILCE.	

5.	Removes and Washes hand	l discards gloves. s.	
6.	Reports and incident.	documents	
C	ate Reviewed	Instructor Signature	_
D	ate Performed	Instructor Signature	_

He	ping a client who has fallen		
		yes	no
1.	Assesses client's condition and gets help if condition warrants it.		
2.	Looks for broken bones.		
3.	Asks client to move each body part separately to observe.		
4.	If sprain or fracture is suspected:		
	Calls supervisor and reports fall.		
	Keeps injured area in one position. Does not move client.		
	Keeps client covered with blanket.		
	If no injury is suspected:		
	Makes client comfortable.		
	Calls supervisor and reports fall.		
	Does not move client until supervisor has been contacted.		
5.	Reports and documents incident.		
	Date Reviewed Instructor Signatu	re	
	Date Performed Instructor Signature		

Body Systems and Related Conditions

Prov	viding foot care for a client with dia	bete	5
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Fills the basin halfway with warm water. Tests water temperature and has client check water temperature. Adjusts if necessary.		
5.	Places basin on bath mat or towel in a comfortable position for client. Supports foot and ankle throughout.		
6.	Puts on gloves.		
7.	Removes socks and submerges feet. Soaks for 15 to 20 minutes.		
8.	Washes feet one at a time with washcloth and soap. Rinses the feet.		
9.	Pats the feet dry, including between the toes.		
10.	Gently rubs lotion into the feet with circular strokes. Does not put lotion between the toes.		
11.	Observes the skin for signs of dryness, irritation, etc.		
12.	Helps client put on socks and shoes or slippers.		
13.	Puts used linens in laundry. Cleans and stores basin and supplies.		
14.	Removes and discards gloves. Washes hands.		
15.	Documents procedure and any observations.		
D	ate Reviewed Instructor Signatu	re	
Date Performed Instructor Signature			

12 Positioning, Transfers, and Ambulation

Μον	ving a client up in bed		
		yes	no
	If client cannot assist:		
1.	Washes hands.		
2.	Explains procedure to client,		
	speaking clearly, slowly, and		
	directly. Maintains face-to-face		
_	contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to a safe working level. Locks bed wheels.		
5.	Lowers head of bed. Moves pil-		
	low to head of bed.		
6.	Stands behind head of bed with		
	feet apart and one foot slightly		
	in front of other.		
7.	Rolls and grasps top of draw		
	sheet. Bends knees, keeping		
ļ	back straight, and rocks weight		
	from front foot to back foot,		
	while pulling client toward head of bed.		
8.	Positions client comfortably,		
0.	arranges pillow and blankets,		
	unrolls draw sheet and leaves in		
	place, and returns bed to lowest		
	position.		
9.	Washes hands.		
10.	Documents procedure and any		
	observations.		
D	ate Reviewed Instructor Signatu	re	
Date Reviewed Instructor Signature			
1. When help from another person			
	is available:		
	Washes hands.		
2.	Explains procedure to client,		
	speaking clearly, slowly, and		
	directly. Maintains face-to-face		
	contact whenever possible.		

3.	Provides privacy.		
4.	Adjusts bed to a safe working		
	level. Locks bed wheels.		
5. .	Lowers head of bed. Moves pil-		
	low to head of bed.		
6.	Stands on opposite side of bed		
	from helper. Faces head of bed		
	and points foot closer to head of		
	bed toward head of bed.		
7.	Rolls draw sheet up to client's		
	side and grasps sheet, with one		
	hand at client's shoulders and		
	the other at client's hips.		
8.	Shifts weight to back foot and		
	on count of three, both workers		
	shift weight to forward feet while sliding draw sheet and client		
	toward head of bed.		
9.			
9.	Positions client comfortably, arranges pillow and blankets,		
	unrolls draw sheet, and returns		
	bed to lowest position.		
10.	Washes hands.		
11.	Documents procedure and any		
	observations.		
	Date Reviewed Instructor Signature		
	•		
D:	Date Performed Instructor Signature		
	<u></u>		

Moving a client to the side of the bed			
	_	yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to a safe working level. Locks bed wheels. Lowers head of bed.		
5.	Stands on same side of bed to which client will be moved.		

Name:	
-------	--

6.	With a draw sheet: Rolls draw sheet up to client's side and grasps sheet, with one hand at client's shoulders and the other at client's hips. Places one knee against side of bed, leans back, and pulls draw sheet and client toward self on the count of three.		
	Unrolls draw sheet and leaves in place.		
	Without a draw sheet: Slides hands under client's head and shoulders and moves toward self. Slides hands under client's midsection and moves toward self. Slides hands under client's hips and legs and moves toward self.		
7.	Returns bed to lowest position.		
8.	Washes hands.		
9.	Documents procedure and any observations.		
Date Reviewed Instructor Signature			
Di	ate Performed Instructor Signatur	re	

Positioning a client on his side			
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to a safe working level. Locks bed wheels. Lowers head of bed.		
5.	Moves client toward side of bed nearest self. Raises far side rail.		

6.	Turning a client away from self: Crosses client's arms over his chest and crosses his near leg over his far leg.				
	Stands with feet apart and knees bent. Places one hand on cli- ent's near shoulder and the other hand on his near hip.				
	Gently rolls client onto his side as one unit, toward the raised side rail.				
	Turning a client toward self: Crosses client's far arm over his chest and moves arm on side client is being turned to out of the way. Crosses his far leg over his near leg.				
	Stands with feet apart and knees bent. Places one hand on cli- ent's far shoulder and the other hand on his far hip.				
	Gently rolls client onto his side as one unit, toward self.				
7.	Positions client properly and comfortably, using pillows or other supports.				
8.	Returns bed to lowest position.				
9.	Washes hands.				
10.	Documents procedure and any observations.				
D	Date Reviewed Instructor Signature				
Da	ate Performed Instructor Signatur	re			

Logrolling a client				
		yes	no	
٦.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			

4.	Adjusts bed to a safe working level. Locks bed wheels. Lowers head of bed.	
5.	Both workers stand on same side of bed, one at the client's head and shoulders, one near the midsection.	
6.	Places pillow under the client's head. Places client's arm across his chest and places a pillow between his knees.	
7.	Stands with feet about shoulder- width apart, bends knees, and grasps draw sheet on far side.	
8.	Rolls client toward selves on count of three, turning client as a unit.	
9.	Positions client comfortably, arranges pillow and blankets, checks for proper body alignment, unrolls draw sheet, and returns bed to lowest position.	
10.	Washes hands.	
11.	Documents procedure and any observations.	
D	Date Reviewed Instructor Signature	
Da	ate Performed Instructor Signature	

		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts the bed to lowest position. Locks bed wheels.		

Raises head of bed to sitting position. Fanfolds top covers to foot of bed and assists client to turn onto side, facing self.

Assisting a client to sit up on the side of the

bed: dangling

6.	Has client reach across chest with top arm and place hand on edge of bed near opposite shoulder. Asks client to push down on that hand while swinging legs over the side of bed.		
7.	If client needs assistance, stands with legs shoulder-width apart and bends knees.		
8.	Places one arm under client's shoulder blades and the other under his thighs.		
9.	Turns client into sitting position on count of three.		
10.	With client holding onto edge of mattress, puts nonskid shoes on client and fastens them. Has client dangle as long as directed. Does not leave client alone.		
11.	Returns client safely to bed after removing shoes, or completes walking or transfer according to care plan. Returns bed to lowest position.		
12.	Washes hands.		
13.	Documents procedure and any observations.		
	Date Reviewed Instructor Signatur	re	
D	ate Performed Instructor Signatu	re	

Transferring a client from a bed to a wheelchair			
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		

Name: _____

4.	Places wheelchair at the head of the bed, facing the foot of the bed, or at the foot of bed, fac- ing the head of bed. Wheelchair should be on client's stronger side. Removes footrests. Locks wheelchair wheels.		
5.	Raises head of bed and adjusts bed level to lowest position. Locks bed wheels.		
6.	Assists client to sitting position with feet flat on floor. Lets client sit for a few minutes. Puts nonskid shoes on client and fastens them.		
7.	Stands in front of client with feet about shoulder-width apart. Bends knees. Places transfer belt around client's waist over clothing and grasps belt on both sides with hands in upward position.		
8.	Provides instructions to assist with transfer. Braces client's lower legs. Helps client stand on count of three.		
9.	Tells client to take small steps to the chair while turning his back toward chair. Helps client to pivot to front of chair if necessary.		
10.	Asks client to put hands on chair armrests and helps client to lower himself into the chair.		
11.	Attaches footrests and places client's feet on them. Positions client in the chair properly and removes transfer belt. Places robe over lap.		
12.	Washes hands.		
13.	Documents procedure and any observations.		
D	ate Reviewed Instructor Signatu	re	
	ate Performed Instructor Signatu	re	

Helping a client transfer using a slide board				
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Places wheelchair at the head of the bed, facing the foot of the bed, or at the foot of bed, fac- ing the head of bed. Wheelchair should be on client's stronger side. Removes footrests. Locks wheelchair wheels.			
5.	Raises head of bed and adjusts bed level to lowest position. Locks bed wheels.			
6.	Assists client to sitting position with feet flat on floor. Lets client sit for a few minutes. Puts nonskid shoes on client and fastens them.			
7.	Has client lean away from the transfer side.	_		
8.	Places one end of slide board under client's buttocks and thighs and the other end on the surface to which client is transferring.			
9.	Instructs client to push up with hands and scoot across the board.			
10.	If client needs assistance, braces client's knees, grasps the transfer belt, and instructs client to lean forward. Helps client scoot across the board, without dragging client. Removes slide board after trans-			
11.	fer is complete. Positions client comfortably and safely.			

12.	Washes han	ds.		
13.	Documents observations	procedure and any		
D	ate Reviewed	Instructor Signatur	re	
D;	ate Performed	Instructor Signatur	re	

Transferring a client using a mechanical lift			
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Locks bed wheels. Positions wheelchair next to bed and locks brakes.		
5.	Positions sling under client.		
6.	Positions mechanical lift next to bed, opening the base to its widest point; pushes base of lift under bed. Positions overhead bar directly over client.		
7.	Attaches straps to sling properly.		
8.	Raises client in sling two inches above bed, following manufacturer's instructions. Pauses to let client gain balance.		
9.	Rolls mechanical lift to position client over chair or wheelchair. Lifting partner supports and guides client's body.		
10.	Slowly lowers client into chair or wheelchair, pushing down gently on client's knees.		
11.	Undoes straps from overhead bar to sling, leaving sling in place.		
12.	Positions client comfortably and correctly.		

13.	Washes hands.		
14.	Documents procedure and any observations.		
D	Date Reviewed	Instructor Signature	
	ate Performed	Instructor Signature	

Ass	sisting a client to ambulate		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to lowest position and locks bed wheels. Assists client to sitting position with feet flat on floor. Lets client sit for a few minutes. Puts nonskid shoes on client.		
5.	Stands in front of and faces client.		
6.	Places transfer belt around client's waist over clothing and grasps belt on both sides with hands in upward position.		
7.	If client needs help, braces client's lower extremities and bends knees. Has client lean forward and push down on bed with hands. Rocks weight onto back foot to assist client to standing position on count of three.		
8.	Walks slightly behind and to one side of client, on weaker side, while holding on to transfer belt. Asks client to look forward, not down at feet.		
9.	Observes client's strength and provides chair if client becomes tired.		

Name:		

10.	Returns client to b and removes trans Positions client co Leaves bed in lowe	fer belt. mfortably.	
11.	Washes hands.		
12.	Documents proced observations.	dure and any	
Date Reviewed Instructor Signature			
Da	ate Performed	Instructor Signature	

11.	Returns chent t	o bed or chair		
	and removes tr	ansfer belt.		
	Positions client	comfortably.		
	Leaves bed in le	owest position.		
12.	Washes hands.			
13.	Documents pro	cedure and any		
	observations.	·		
D:	ate Reviewed	Instructor Signatur	e	
Da	ate Performed	Instructor Signatur	e	_
Da	ate Performed	Instructor Signatur	е	

Assisting with ambulation for a client using a			
cane	e, walker, or crutches		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to lowest position and locks bed wheels. Assists client to sitting position with feet flat on floor. Lets client sit for a few minutes. Puts nonskid shoes on client.		
5.	Stands in front of and faces client.		
6.	Places transfer belt around client's waist over clothing and grasps belt on both sides with hands in upward position.		
7.	Braces client's lower extremities and bends knees. Assists client to stand.		
8.	Helps as needed with ambulation with cane, walker, or crutches, walking slightly behind or on the client's weaker side.		
9.	Watches for obstacles in the client's path. Asks client to look forward, not down at feet.		
10.	Lets the client set the pace, encouraging rest as necessary.		

Giv	ing a back rub		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to a safe working level. Lowers head of bed. Locks bed wheels.		
5.	Positions client to lie on side or stomach. Covers client with blanket and folds back bed covers, exposing client's back to the top of the buttocks.		
6.	Warms lotion and hands. Pours lotion onto hands and rubs hands together. Warns client that lotion may still feel cool.		
7.	Starting at the upper part of the buttocks, makes long, smooth upward strokes with both hands. Circles hands up along spine, shoulders, and then back down along the outer edges of the back. At buttocks, makes another circle up to the shoulders without taking hands off client's skin. Repeats for three to five minutes.		

8.	Starting at the base of the spine, makes kneading motions using the first two fingers and thumb of each hand. Circles hands up along spine, circling at shoulders and buttocks.		
9.	Gently massages bony areas. Massages around any red areas, rather than on them.		
10.	Lets client know when back rub is almost completed.		
11.	Dries the back.		
12.	Removes blanket or towel, assists client with getting dressed, and positions client comfortably. Returns bed to lowest position.		
13.	Stores lotion and puts dirty linens in hamper.		
14.	Washes hands.		
15.	Documents procedure and any observations.		
D	ate Reviewed Instructor Signatur	re	
	ate Performed Instructor Signatu	re	

13 Personal Care Skills

Hel	Helping the client transfer to the bathtub				
		yes	no		
1.	Washes hands.				
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.				
3.	Helps client to the bathroom.				
4.	Provides privacy.				
5.	Seats client in chair facing tub. If using wheelchair, locks brakes, and removes footrests.				
6.	Asks client to place legs one at a time over sides of tub.				

7.	Assists client to sitting positi on edge of tub.	on
8.	Lowers client into tub or onto tub chair, assisting as necess	
9.	Reverses procedure to help cent out of tub.	li-
10.	Washes hands.	
11.	Documents procedure and a observations.	ny
D	Date Reviewed Instructor	Signature
Da	ate Performed Instructor	Signature

Helping the ambulatory client take a shower or tub bath			r or
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Cleans tub or shower if necessary, places mat, and sets up tub or shower chair. Places non-skid rug next to tub or shower.		
4.	Provides privacy.		
5.	Fills tub with warm water (no higher than 105°F) or adjusts shower water temperature. Has client test water temperature and adjusts as necessary.		
6.	Puts on gloves.		
7.	Assists client to undress and helps client transfer to tub or shower.		
8.	If client is able to bathe alone, places supplies and signal near client. Checks on client every five minutes. If client is weak, stays in bathroom.		
9.	If showering, stays with client and assists.		

Marana	
Name:	

10.	Assists client as necessary, washing from clean to dirty areas. Makes sure all soap is rinsed off.		
11.	Assists with shampooing.		
12.	Helps client out and assists client with drying if necessary.		
13.	Helps client get dressed and back to bed.		
14.	Cleans tub. Places soiled laundry in laundry hamper.		
15.	Removes and discards gloves. Washes hands.		
16.	Stores supplies.		
17.	Documents procedure and any observations.		
Date Reviewed Instructor Signature			
Date Reviewed Instructor Signature			
Da	Date Performed instructor Signature		

Giving a complete bed bath				
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Makes sure room is a comfortable temperature. Adjusts bed to a safe working level. Locks bed wheels.			
5.	Asks client to remove eyeglasses and jewelry. Offers bedpan.			
6.	Places blanket over client and removes or folds back top bedding while keeping client covered.			
7.	Fills basin and checks temperature. Has client test water temperature and adjusts if necessary.			
8.	Puts on gloves.			

9.	Asks and assists client to participate in washing.	
10.	Uncovers only one part of the body at a time. Places a towel under the body part being washed.	
11.	Washes, rinses, and dries one part of the body at a time. Starts at the head, works down, and completes front first. Uses a clean area of the washcloth for each stroke.	
	Eyes, Face, Ears, and Neck: Washes face with wet washcloth (no soap). Begins with eye farther away, and washes inner to outer area, using a different area of the washcloth for each stroke. Washes the face from the middle outward using firm but gentle strokes. Washes ears and behind the ears and washes neck. Rinses and pats dry.	
	Arms and Axillae: Begins with arm farther away, and washes upper arm and underarm. Uses long strokes from the shoulder down to the wrist. Rinses and pats dry. Repeats for other arm.	
	Hands: Washes the far hand in a basin. Cleans under nails. Rinses and pats dry, including between the fingers. Gives nail care. Repeats for other hand. Applies lotion.	
	Chest: Places towel across the chest. Lifts the towel only enough to wash the chest, rinse it, and pat dry. For a female client: washes, rinses, and dries breasts and under breasts.	

	Abdomen: Keeps towel across		
	the chest and folds blanket		
	down so that it still covers		
	genital area. Washes abdomen,		
	rinses, and pats dry. Covers with		
	a towel and pulls the blanket		
	up to the chin and removes the		
	towel.		
	Legs and Feet: Exposes the far		
	leg and places towel under it.		
	Washes the thigh, using long,		
	downward strokes. Rinses and		
	pats dry. Does the same from		
	the knee to the ankle.		
	Places another towel under the		
	far foot and washes foot and		
	between the toes in a basin.		
	Rinses foot and pats dry, mak-		
	ing sure area between toes is		
	dry. Gives nail care if it has		
	been assigned. Applies lotion		
	if ordered but not between the		
	toes. Repeats for other leg and		
	foot.		
	Back: Helps client move to the		
	center of the bed, and raises the		
	far side rail. Then turns client		
	onto his side, toward the raised		
	side rail. Returns to working	,	
	side so client's back is facing		
	self. Washes neck and back with		
	long, downward strokes. Rinses		
	and pats dry. Applies lotion if		
	ordered.		
12.	Places towel under buttocks		
12.			
	and upper thighs. Helps client		
	turn onto back. Removes and		
	discards gloves. Washes hands		
	and puts on clean gloves before		
	washing perineal area.		
13.	Perineal area and buttocks:		
	Changes bath water. Washes,		
	rinses, and dries perineal area,		
	working from front to back.		

For a female client: Washes the perineum with small amount of soap and water from front to back, using single strokes. Uses a clean area of washcloth or clean washcloth for each stroke. Working from front to back, wipes one side of the labia majora. Then wipes the other side, using a clean part of the cloth. Gently separates the labia majora and wipes from front to back on one side. Then wipes from front to back on the other side. Wipes from front to back down the center. Cleans the perineum last with a front to back motion. Rinses the area thoroughly in the same way, making sure all soap is removed. Dries entire perineal area moving from front to back, using a blotting motion with the towel. Asks client to turn on her side. Washes, rinses, and dries buttocks and anal area. Cleans anal area without contaminating the perineal area.

For a male client: If client is uncircumcised, pulls back the foreskin first. Gently pushes skin toward the base of penis. Holds the penis by the shaft and washes in a circular motion from the tip down to the base. Uses a clean area of washcloth or clean washcloth for each stroke. Rinses the penis and pats dry. If client is uncircumcised, gently returns foreskin to normal position. Then washes the scrotum and groin. Rinses and pats dry. Asks client to turn on his side. Washes, rinses, and dries buttocks and anal area. Cleans anal area without contaminating the perineal area.

Name:	
· · ·	

14.	Covers client. Places soiled washcloths and towels in proper container. Empties, rinses, and dries basin.		
15.	Removes and discards gloves. Washes hands.		
16.	Gives back rub if time permits.		
17.	Assists client with grooming as necessary. Returns bed to lowest position.		
18.	Stores everything. Dons clean gloves if bed sheets and blankets need to be changed.		
19.	Washes hands.		
20.	Documents procedure and any observations.		
D	ate Reviewed Instructor Signatu	re	
	ate Performed Instructor Signatur	re	

Shampooing hair				
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy. Makes sure that room is a comfortable temperature.			
4.	Tests water temperature and has client check water temperature. Adjusts if necessary.			
5.	Positions client in sink, tub, shower, or bed, and wets hair.			
6.	Applies shampoo, and massages scalp with fingertips (not fingernails).			
7.	Rinses hair thoroughly. Repeats.			
8.	Wraps client's hair in towel. Dries client's face and neck.			
9.	Removes towel and gently rubs scalp and hair. Combs or brushes hair.			

10.	Dries and styles hair.		
11.	Washes and stores equipment. Places soiled washcloths and towels in proper container. Returns bed to lowest position.		
12.	Washes hands.		
13.	Documents procedure and any observations.		
D	Date Reviewed Instructor Signature		
Da	Date Performed Instructor Signature		

Prov	viding fingernail care		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to a safe working level. Locks bed wheels.		-
5.	Removes rings and nail polish if necessary.		
6.	Fills basin and checks temperature. Has client test water temperature and adjusts if necessary.		
7.	Puts on gloves.		
8.	Soaks hands and nails for 5-10 minutes.		
9.	Removes hands from water. Washes hands with soapy wash- cloth. Rinses. Dries client's hands with a towel, including between fingers. Removes basin.		
10.	Cleans under nails with orange- wood stick. Wipes orangewood stick on towel after each nail. Washes the hands again and dries, including between fingers.		

11.	Shapes fingernails with an emery board or nail file. Finishes with nails smooth and free of rough edges. Applies lotion. Removes excess lotion and replaces rings on fingers.			
12.	Discards water and rinses and dries basin. Places towels in			
	proper place and stores supplies. Returns bed to lowest			
	position.			
13.	Removes and discards gloves. Washes hands.			
14.	Documents procedure and any observations.			
D	ate Reviewed Instructor Signatu	re		
D	ate Performed Instructor Signatu	re		

Pro	viding foot care		
		yes	по
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Fills basin and checks temperature. Has client test water temperature and adjusts if necessary.		
5.	Places basin on a bath mat or bath towel on the floor or on a towel at the foot of the bed. Supports foot and ankle throughout the procedure.		
6.	Puts on gloves.		
7.	Soaks feet for 10-20 minutes, adding warm water as needed.		
8.	Removes one foot from water. Washes entire foot, including between the toes and around nail beds with soapy washcloth.		

9.	Rinses and dries entire foot, including between the toes.		
10.	Repeats steps for other foot.		
11.	Applies lotion to the feet (except between toes).		
12.	Helps client put on socks.		
13.	Discards water and rinses and dries basin. Places towels in proper place and stores supplies. Returns bed to lowest position.		
14.	Removes and discards gloves. Washes hands.		
15.	Documents procedure and any observations.		
D	Date Reviewed Instructor Signature		
Da	ate Performed Instructor Signatur	re	

Sha	ving a client		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Places equipment within reach. Places client in an upright position. Adjusts bed to a safe working level. Locks bed wheels. Places towel across client's chest.		
5.	Puts on gloves.		
6.	If using a safety or disposable razor, softens beard, lathers face, holds skin taut, and shaves in direction of hair growth. Rinses blade often. Rinses and dries face. Offers mirror.		

Name:	

	If using an electric razor, turns it			
	on, holds skin taut, and shaves			
	with smooth, even movements.			
	Shaves back and forth in direc-			
	tion of beard growth with			
	foil shaver. Shaves in circular			
	motion with three-head shaver.			
	Shaves the chin and under the			
	chin. Offers mirror.			
7.	Applies aftershave lotion if client			
	wants it.			
8.	Puts towel and linens in ham-			
	per. Returns bed to lowest			
	position. Cleans and stores			
	equipment properly.			
9.	Removes and discards gloves.			
	Washes hands.			
10.	Documents procedure and any			
	observations.			
D	Date Reviewed Instructor Signature			
D	Date Performed Instructor Signature			

Combing or brushing hair				
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	If in bed, raises head of bed to get client into an upright sitting position. Adjusts bed to a safe working level. Locks bed wheels. If ambulatory, provides a chair. Places towel under head or around shoulders.			
5.	Removes hair pins, hair ties, or clips.			
6.	If hair is tangled, detangles the hair gently.			
7.	Brushes or combs hair properly.			

8.	Styles hair in the way the client prefers. Offers a mirror to client.			
9.	Removes towel, shakes excess hair in wastebasket, and places linen in hamper. Cleans and stores supplies. Returns bed to lowest position.			
10.	Washes hands.			
11.	Documents procedure and any observations.			
Date Reviewed Instructor Signature				
Da	Date Performed Instructor Signature			

Dressing a client				
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	If in bed, raises head of bed to get client into an upright sitting position. Adjusts bed to a safe working level. Locks bed wheels.			
5.	Asks what client would like to wear and dresses her in outfit of choice.			
6.	Places blanket over client and folds back bedding to the foot of bed. Removes gown or top, keeping client covered. Takes clothes off stronger side first, then weaker side. Places gown in hamper. Moves blanket down to cover the lower body.			
7.	Helps put weaker arm through sleeve of top, then stronger side. Smooths top down and fastens it.			

8.	Removes blanket and places it in hamper. Helps put on skirt or pants, putting weaker leg through first, then stronger leg. Fastens pants or skirt.			
9.	Puts on sock on weaker foot, then stronger foot. Makes sure there are no wrinkles or twists.			
10.	Places bed in lowest position and has client sit on the side of the bed with legs dangling. Starting with weaker foot, puts on nonskid shoe and fastens it. Puts on second shoe and fastens it.			
11.	Finishes with client dressed appropriately, with zippers and buttons fastened. Places worn clothing in hamper. Leaves bed in lowest position.			
12.	Washes hands.			
13.	Documents procedure and any observations.			
Date Reviewed Instructor Signature				
D	Date Performed Instructor Signature			

Pro	Providing oral care				
		yes	no		
1.	Washes hands.				
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.				
3.	Provides privacy.				
4.	If in bed, raises head of bed to get client into an upright sitting position. Adjusts bed to a safe working level. Locks bed wheels.				
5.	Puts on gloves. Places towel across chest.				
6.	Removes dental bridgework.				

7.	Wets brush and puts a small			
	amount of toothpaste on brush.			
8.	Gently brushes teeth, includ-			
	ing tongue and all surfaces of			
	teeth and gumline. First brushes			
	inner, outer, and chewing surfac-			
	es of the upper teeth, then does			
	the same with the lower teeth.			
	Brushes tongue.			
9.	Gives client water to rinse her			
	mouth and has client spit water			
	into emesis basin.			
10.	Wipes client's mouth and			
	removes towel.			
11.	Replaces dental bridgework.			
	Applies moisturizer to lips.			
12.	Rinses toothbrush and places			
	in proper container. Discards			
	water, and rinses and dries			
	basin. Places towels in hamper			
	and stores supplies. Returns			
	bed to lowest position.			
13.	B			
	Washes hands.			
14.	Documents procedure and any			
<u></u>	observations.			
D	Date Reviewed Instructor Signature			
D	Date Performed Instructor Signature			

Providing oral care for the unconscious client				
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Adjusts bed to a safe working level. Locks bed wheels.			
5.	Puts on gloves.			

6.	Turns client on his side and places a towel under cheek and chin. Places basin next to cheek and chin.			
7.	Holds mouth open with tongue depressor. Dips swab in solution and squeezes swab to remove excess solution. Wipes inner, outer, and chewing surfaces of upper and lower teeth, gums, tongue, and inside surfaces of mouth. Changes swab often. Repeats until clean.			
8.	Rinses with clean swab dipped in water. Squeezes swab first to remove excess water.			
9.	Removes towel and basin. Pats face dry. Applies moisturizer to lips.			
10.	Discards water, and rinses and dries basin. Places towels in hamper and stores supplies. Returns bed to lowest position.			
11.	Removes and discards gloves. Washes hands.			
12.	Documents procedure and any observations.			
D	Date Reviewed Instructor Signature			
Da	ate Performed Instructor Signatur	re		

Flossing teeth				
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	If in bed, raises head of bed to get client into an upright sitting position. Adjusts bed to a safe working level. Locks bed wheels.			
5.	Puts on gloves.			

6.	Wraps floss around index		
	fingers.		
7.	Flosses teeth, starting with the		
	back teeth.		
8.	Uses clean area of floss after		
	every two teeth.		
9.	Offers water periodically and		
	offers a towel when done.		
10.	Discards floss, discards water,		
	and rinses and dries basin.		
	Places towels in hamper and		
	stores supplies. Returns bed to		
	lowest position.		
11.	Removes and discards gloves.		
	Washes hands.		
12.	Documents procedure and any		
	observations.		
Date Reviewed Instructor Signature			
Da	ate Performed Instructor Signatur	re .	

Cleaning and storing dentures			
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Puts on gloves.		
5.	Lines sink or basin with towel and partially fills with water.		
6.	Removes lower denture properly if client is unable and places it in denture cup filled with moderate/cool water.		
7.	Removes upper denture properly and places it in denture cup filled with moderate/cool water.		

8.	Rinses dentures in clean, moderate/cool running water. Applies denture cleanser to toothbrush and brushes all surfaces. Rinses all surfaces under clean, moderate/cool running water.		
9.	Rinses denture cup and lid.		
10.	If client prefers, soaks dentures in solution.		
11.	Stores dentures in moderate/ cool water or solution in labeled denture cup, or returns dentures to client.		
12.	Rinses toothbrush and places in proper container. Washes and stores supplies.		
13.	Removes and discards gloves. Washes hands.		
14.	Documents procedure and any observations.		***************************************
D	ate Reviewed Instructor Signatu	re	
	ate Performed Instructor Signatu	re	

Reinserting dentures				
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Positions client in upright position.			
5.	Puts on gloves.			
6.	Applies denture cream to dentures.	,		
7.	Inserts upper denture at an angle, pressing it firmly onto upper gumline.			
8.	Inserts lower denture, pressing it firmly onto the lower gumline.			

9.	Offers client face towel.		
10.	Rinses and stores denture cup. Places towel in hamper and stores supplies.		
11.	Removes and discards gloves. Washes hands.		
12.	Documents procedure and any observations.		
D	Date Reviewed Instructor Signature		
Date Performed Instructor Signature			

Assisting a client with use of a bedpan				
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Adjusts bed to a safe working level. Raises far side rail (if available). Lowers head of bed. Locks bed wheels.			
5.	Puts on gloves.			
6.	Warms outside of bedpan with warm water.			
7.	Covers client with cotton blan- ket and places a bed protector under client's buttocks and hips.			
8.	Asks client to remove undergarments or helps client to do so.			
9.	Places bedpan near hips. Positions standard bedpan with wider end aligned with the buttocks. Positions fracture pan with handle toward foot of bed. Slides bedpan under hips.			
10.	Removes and discards gloves. Washes hands. Raises head of bed after placing bedpan. Leaves side rails up and returns bed to lowest position.			

11.	Provides client with supplies. Asks client to clean his hands after bedpan use. Leaves room and closes door until client calls.
12.	When called, returns and washes hands. Puts on clean gloves. Raises bed to a safe working level and lowers head of bed. Removes and covers bedpan. If client is unable, gives perineal care.
13.	Helps client put on undergarments. Covers client and removes cotton blanket. Discards soiled supplies. Places linens in hamper.
14.	Takes bedpan to the bathroom. Notes contents before flushing. Empties bedpan into toilet. Rinses bedpan with cold water and empties. Flushes toilet. Cleans bedpan with hot, soapy water and stores.
15.	Removes and discards gloves. Washes hands.
16.	Returns bed to lowest position.
17.	Documents procedure and any observations.
D	ate Reviewed Instructor Signature
Da	tte Performed Instructor Signature

Ass	Assisting a male client with a urinal				
		yes	no		
1.	Washes hands.				
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.				
3.	Provides privacy.				

4			
4.	Adjusts the bed to a safe work-		
<u> </u>	ing level. Locks bed wheels.		
5.	Puts on gloves.		
6.	Warms outside of urinal with		
	warm water.		
7.	Places bed protector under cli-		
	ent's buttocks and hips.		
8.	Hands urinal to client or places		
	it if client is unable. Replaces		
	covers.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9.	Removes and discards gloves.		
	Washes hands. Raises head of		
	bed after placing urinal. Leaves		
	side rails up and returns bed to		
	lowest position.		
10.	Gives client a bell and wipes.		
	Asks client to clean his hands		
	after urinal use. Leaves room		
	and closes door until client		
	calls.		
11.	When called, returns and wash-		
	es hands. Puts on clean gloves.		
	Raises bed to a safe working		
	level. Removes and discards		
	supplies. Removes urinal and		
12	empties contents into toilet.		
12.			
	Notes contents before flushing. Rinses urinal, flushes toilet, and		
	stores urinal.		
13.	Removes and discards gloves.		
13.	Washes hands.		
7.4			
14.	Returns bed to lowest position.		
15.	Documents procedure and any		
	observations.		
D	ate Reviewed Instructor Signatur	re	
Date Performed Instructor Signature			

Helping a client use a portable commode or tollet yes no 1. Washes hands. 2. Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible. Provides privacy. Locks commode wheels. Adjusts the bed to lowest position. Locks bed wheels. Makes sure client is wearing nonskid shoes and helps client to bathroom or commode. Puts on gloves. Helps client remove clothing and sit down. Provides client with supplies and asks client to clean his hands. Removes and discards gloves. Washes hands. Leaves room and closes door until client calls. When called, returns and washes hands. Puts on clean gloves. Gives perineal care if help is needed. Discards soiled supplies. 8. Removes and discards gloves. Washes hands. Helps client back to bed and 9. puts on clean gloves. Removes waste container and notes contents. Empties into toilet. Cleans container, rinsing first with cold water, then hot, soapy water. 12. Removes and discards gloves. Washes hands. Documents procedure and any observations. Date Reviewed Instructor Signature Date Performed Instructor Signature

14 Core Healthcare Skills

Mea	Measuring and recording an oral temperature			
_		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Puts on gloves.			
5.	Digital thermometer: Puts on disposable sheath. Turns on thermometer and waits until ready sign appears.			
	Electronic thermometer: Removes probe from base unit and puts on probe cover.			
	Mercury-free thermometer: Holds thermometer by stem. Shakes thermometer down to below the lowest number.			
6.	Digital thermometer: Inserts end of thermometer into client's mouth, under tongue and to one side.			
	Electronic thermometer: Inserts end of thermometer into client's mouth, under tongue and to one side.			
	Mercury-free thermometer: Puts on disposable sheath if available. Inserts bulb end of thermometer into client's mouth, under tongue and to one side.			

Name: _____

7.	For all thermometers: Asks client to hold thermometer in his		
	mouth with his lips closed and		
	assists as necessary.		
	Digital thermometer: Holds in		
	place until thermometer blinks		
	or beeps.		
	Electronic thermometer: Holds		
	in place until tone or light sig-		
	nals temperature has been read.		
	Mercury-free thermometer:		
	Holds in place for at least three		
ļ	minutes.		
8.	Digital thermometer: Removes		
	thermometer. Reads tem-		
	perature on display screen and remembers reading.		
	Electronic thermometer: Reads		
	temperature on display screen		
	and remembers reading.		
	Removes probe.		
	Mercury-free thermometer:		
	Removes thermometer. Wipes		
	with tissue from stem to bulb or		
	removes sheath. Discards tissue		
	or sheath. Reads temperature		
	and remembers reading.		
9.	Digital thermometer: Removes		
	and discards sheath with a tis-		
	sue. Stores thermometer.		
	Electronic thermometer: Presses		
	the eject button to discard the		
	cover. Returns probe to holder.		
	Mercury-free thermometer:		
	Cleans thermometer accord-		
	ing to policy. Rinses, dries, and stores thermometer.		
10.			
10.	Washes hands.		
11.	Documents temperature, date,		
	time, and method used (oral).		
	ate Reviewed Instructor Signatur	re	
<u> </u>			······

Instructor Signature

Date Performed

Mea	asuring and recording a rectal temp	perati	ıre
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to a safe working level. Locks bed wheels. Assists client to left-lying position.		
5.	Folds back linens to only expose rectal area.		
6.	Puts on gloves.		
7.	Digital thermometer: Puts on disposable sheath. Turns on thermometer and waits until ready sign appears.		
	Electronic thermometer: Removes probe from base unit and puts on probe cover.		
	Mercury-free thermometer: Holds thermometer by stem. Shakes thermometer down to below the lowest number.		
8.	Applies a small amount of lubricant to tip of bulb or probe cover.		
9.	Separates buttocks. Gently inserts thermometer into rectum 1/2 to 1 inch. Replaces sheet over buttocks. Holds on to thermometer at all times while taking temperature.		
10.	Digital thermometer: Holds thermometer in place until thermometer blinks or beeps.		
	Electronic thermometer: Holds in place until tone or light signals temperature has been read.		
	Mercury-free thermometer: Holds thermometer in place for at least three minutes.		

11.	Removes thermometer and wipes thermometer with tissue from stem to bulb or removes sheath. Discards tissue or sheath.		
12.	Reads temperature and remembers reading.		
13.	Digital thermometer: Cleans and stores thermometer.		
	Electronic thermometer: Presses the eject button to discard the cover. Returns probe to holder.		
	Mercury-free thermometer: Cleans thermometer accord- ing to policy. Rinses, dries, and stores thermometer.		
14.	Removes and discards gloves. Washes hands. Returns bed to lowest position.		
15.	Washes hands.		
16.	Documents temperature, date, time, and method used (rectal).		
D	ate Reviewed Instructor Signatu	re	
	ate Performed Instructor Signatur	re	

Mea	asuring and recording a tympanic		
tem	perature		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Puts on gloves.		
5.	Places disposable sheath over earpiece of thermometer.		
6.	Positions client's head properly and gently pulls up and back on the outside edge of the ear. Inserts covered probe and presses the button.		

7.	Holds thermometer in place until it blinks or beeps.		
8.	Reads temperature and remembers reading.		
9.	Discards sheath and stores thermometer properly.		
10.	Removes and discards gloves. Washes hands.		
11.	Documents temperature, date, time, and method used (tympanic).		
D	ate Reviewed Instructor Signatur	re	
D:	ate Performed Instructor Signatur	re	

	asuring and recording an axillary perature		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to a safe working level. Locks bed wheels.		
5.	Puts on gloves.		
6.	Removes client's arm from clothing and wipes axillary area with tissues.		
7.	Digital thermometer: Puts on disposable sheath. Turns on thermometer and waits until ready sign appears.		
	Removes probe from base unit and puts on probe cover.		
	Mercury-free thermometer: Holds thermometer by stem. Shakes thermometer down to below the lowest number.		
8.	Positions thermometer in center of armpit and folds client's arm over chest.		

Name:	
1 10477701	

9. Digital thermometer: Holds in place until thermometer blinks or beeps. Electronic thermometer: Holds in place until tone or light signals temperature has been read. Mercury-free thermometer: Holds in place for 8 to 10
or beeps. Electronic thermometer: Holds in place until tone or light signals temperature has been read. Mercury-free thermometer: Holds in place for 8 to 10
Electronic thermometer: Holds in place until tone or light signals temperature has been read. Mercury-free thermometer: Holds in place for 8 to 10
in place until tone or light signals temperature has been read. Mercury-free thermometer: Holds in place for 8 to 10
nals temperature has been read. Mercury-free thermometer: Holds in place for 8 to 10
Mercury-free thermometer: Holds in place for 8 to 10
Holds in place for 8 to 10
Holds in place for 8 to 10
minutes.
10. Digital thermometer: Removes
thermometer. Reads tem-
perature on display screen and
remembers reading.
Electronic thermometer: Reads
temperature on display screen
and remembers reading.
Removes probe.
Mercury-free thermometer:
Removes thermometer. Wipes
with tissue from stem to bulb or
removes sheath. Discards tissue
or sheath. Reads temperature
and remembers reading.
11. Digital thermometer: Removes
and disposes of sheath with a
tissue. Stores thermometer.
Electronic thermometer: Presses
the eject button to discard the
cover. Returns probe to holder.
Mercury-free thermometer:
Cleans thermometer accord-
ing to policy. Rinses, dries, and
stores thermometer.
12. Returns bed to lowest position.
13. Removes and discards gloves.
Washes hands.
14. Documents temperature, date,
time, and method used
(axillary).
Date Reviewed Instructor Signature

Date Performed Instructor Signature

Cou	nting and recording apical pulse		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Wipes diaphragm and earpieces of stethoscope with alcohol wipes. Fits earpieces of stethoscope snugly in ears and places flat metal diaphragm on left side of chest, just below the nipple.		
5.	Counts heartbeats for one full minute.		
6.	Counts client's respirations with stethoscope still in place.		
7.	Washes hands.		
8.	Documents pulse rate, date, time, and method used (apical). Notes any irregularities in rhythm.		
9.	Cleans and stores stethoscope.		
10.	Washes hands.		
Date Reviewed Instructor Signature			
Date Performed Instructor Signature			

Counting and recording radial pulse and counting and recording respirations			
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Places fingertips of index finger and middle finger on the thumb side of client's wrist to locate radial pulse		

5.	Counts beats for one full		
	minute.		
6.	Keeping fingertips on client wrist, counts respirations for one full minute.	1 1	
7.	Washes hands.		
8.	Documents pulse rate, date time, and method used (rac Documents respiratory rate and the pattern or characte breathing.	dial).	
D	Date Reviewed Instructo	or Signature	
Da	ate Performed Instructo	r Signature	

	Measuring and recording blood pressure manually		
	,	yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Wipes diaphragm and earpieces of stethoscope with alcohol wipes.		
5.	Asks client to roll up sleeve. Positions client's arm with palm up. The arm should be level with the heart.		
6.	With the valve open, squeezes the cuff to make sure it is completely deflated.		
7.	Places blood pressure cuff snug- ly on client's upper arm, with the center of the cuff placed over the brachial artery.		
8.	Asks client to remain still and quiet during measurement. Locates the brachial pulse with fingertips.		
9.	Places earpieces of stethoscope in ears and places diaphragm of stethoscope over brachial artery.		

		,	
10.	Closes the valve (clockwise) until it stops. Inflates cuff to between 160 mm Hg and 180 mm Hg. If a beat is heard immediately upon cuff deflation, completely deflates cuff. Reinflates cuff to no more than 200 mm Hg.		
11.	Opens the valve slightly with thumb and index finger. Deflates cuff slowly.		
12.	Watches gauge and listens for sound of pulse.		
13.	Remembers the reading at which the first clear pulse sound is heard. This is the systolic pressure.		
14.	Continues listening for a change or muffling of pulse sound. The point of a change or the point the sound disappears is the diastolic pressure. Remembers this reading.		
15.	Opens the valve to deflate cuff completely. Removes cuff.		
16.	Washes hands.		
17.	Documents both systolic and diastolic pressures. Notes which arm was used.		
18.	Cleans stethoscope. Stores equipment.		
19.	Washes hands.		
D	late Reviewed Instructor Signatu	re	
	ate Performed Instructor Signatu	re	

Measuring and recording blood pressure electronically			
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		

Name:		

4.	Asks client to roll up sleeve. Positions client's arm with palm up. The arm should be level with the heart.				
5.	Makes sure cuff is completely deflated. Places blood pressure cuff snugly on client's upper arm, with the center of the cuff placed over the brachial artery.				
6.	Asks client to remain still and quiet during measurement.				
7.	Turns on machine and presses start.				
8.	After measurement is complete, removes cuff.				
9.	Washes hands.				
10.	Documents both systolic and diastolic pressures. Notes which arm was used.				
11.	Stores equipment.				
12.	Washes hands.				
	Date Reviewed Instructor Signature				
Da	Date Performed Instructor Signature				

	Measuring and recording weight of an ambulatory client			
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Sets scale on hard floor surface. Makes sure client is wearing nonskid shoes.			
5.	Starts with scale at zero.			
6.	Helps client to step on scale as necessary. Makes sure client is not holding, touching, or leaning against anything.			

7.	Determines client's weight. If				
	using a bathroom scale, reads				
İ	weight on display screen or				
	when dial has stopped moving.				
	If using a standing scale, bal-				
	ances the bar and adds num-				
	bers together.				
8.	Helps client to step off the scale				
	and back to a comfortable				
	position.				
9.	Washes hands.				
10.	Documents the weight in				
	pounds (lb) or kilograms (kg).				
11.	Stores the scale.				
12.	Washes hands.				
D	Date Reviewed Instructor Signature				
Di	Date Performed Instructor Signature				

Mea	Measuring and recording height of a client			
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Positions client straight in bed, flat on her back, with arms and legs at sides. Makes sure bed sheet is smooth underneath client.			
5.	Makes a small pencil mark at the top of client's head and at client's heel.			
6.	Measures distance between the two marks with a tape measure.			
7.	Washes hands.			
8.	Documents client's height.			
9.	Stores equipment.			
10.	Washes hands.			

	For clients who can get out of bed:	
1.	Washes hands.	
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.	
3.	Provides privacy.	
4.	Asks client to remove shoes and stand with his back against a wall and arms at his sides.	
5.	Makes a small pencil mark on the wall even with the top of the client's head.	
6.	Asks client to step away. Measures the distance between the pencil mark and the floor.	
7.	Washes hands.	
8.	Documents height.	
9.	Stores equipment.	
10.	Washes hands.	
	If using a standing scale:	
1.	Washes hands.	
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.	
3.	Provides privacy.	
4.	Makes sure client has on non- skid shoes and helps client to step onto scale, facing away from the scale.	
5.	With client standing straight, pulls up measuring rod and lowers it until it rests flat on client's head.	
6.	Determines client's height. Assists client to step off the scale and back to a comfortable position.	

7.	Washes hand	s.
8.	Documents t	he height.
	ate Reviewed	Instructor Signature
— Da	ate Performed	Instructor Signature

		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Puts on mask and gloves.		
5.	Stands behind client. Gives client tissues to cover the mouth. Asks client to cough deeply and spit the sputum into the specimen container.		
6.	Covers container tightly, and wipes any sputum off the outside of the container. Discards tissues, applies label, places container in clean specimen bag, and seals bag.		
7.	Removes and discards gloves and mask.		
8.	Washes hands.		
9.	Documents procedure and any observations.		
	Date Reviewed Instructor Signatu	ire	

Name:			

Coll	ecting a stool specimen		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Puts on gloves.		
5.	Asks client not to urinate at the same time as moving bowels and not to put toilet paper in with the sample. Provides plastic bag to discard toilet paper separately.		
6.	Fits hat to toilet or commode or provides client with bedpan. Makes sure bed is in its lowest position. Provides client with supplies. Asks the client to call when he is finished.		
7.	Removes and discards gloves. Washes hands. Leaves the room and closes the door.		
8.	When called, returns and washes hands. Puts on clean gloves. Helps with perineal care if needed.		
9.	Uses tongue blades to take about two tablespoons of stool and puts stool in container without touching the inside. Covers container tightly, applies label, places in clean specimen bag, and seals the bag.		
10.	Discards tongue blades. Empties and rinses bedpan or container and flushes toilet. Cleans and stores equipment.		
11.	Stores the specimen properly.		

12.	Removes and discards gloves. Washes hands.		
13.	Documents p observations.	rocedure and any	
Date Reviewed		Instructor Signature	
Da	ate Performed	Instructor Signature	

Coll	ecting a routine urine specimen		
	8	yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Puts on gloves.		
5.	Fits hat to toilet or commode or provides client with bedpan or urinal. Asks client not to put toilet paper in with the sample. Provides plastic bag to discard toilet paper separately.		
6.	Makes sure bed is in its lowest position. Provides client with supplies. Asks the client to call when he is finished.		
7.	Removes and discards gloves. Washes hands. Leaves the room and closes the door.		
8.	When called, returns and washes hands. Puts on clean gloves. Helps with perineal care if needed.		
9.	Takes bedpan, urinal, or com- mode pail to the bathroom. Pours urine into specimen con- tainer, filling it at least halfway.		
10.	Covers container with lid. Wipes off the outside with a paper towel and discards paper towel.		
11.	Applies label, places the container in a clean specimen bag, and seals bag.		

12.	Discards extra urine, rinses container, and flushes toilet. Cleans and stores equipment.				
13.	Removes and discards gloves.				
	Washes hands.				
14.	Documents procedure and any observations.				
Date Reviewed Instructor Signatur		2			
Date Performed Instructor Signature		e			

Collecting a clean-catch (midstream) urine				
specimen				
	•	yes	no	
1.	Washes hands.			
2.	Explains procedure to client,			
	speaking clearly, slowly, and			
	directly. Maintains face-to-face			
	contact whenever possible.			
3.	Provides privacy.			
4.	Puts on gloves.			
5.	Opens specimen kit.			
6.	Cleans perineal area.			
7.	Asks client to urinate into the			
	bedpan, urinal, or toilet and to			
	stop before urination is			
	complete.			
8.	Places container under the urine			
	stream and instructs client to			
	start urinating again until con-			
	tainer is at least half full. Has			
	client finish urinating in bedpan,			
	toilet, or urinal.			
9.	Gives perineal care if help is			
	needed and asks client to clean			
	hands.			
10.	Covers container with lid, wipes			
	off outside with paper towel,			
	and discards paper towel.			
11.	Applies label, places the con-			
	tainer in a clean specimen bag,			
	and seals bag.			

12.	Discards extra urine, rinses container, and flushes toilet. Cleans and stores equipment.		
13.	Removes and discards gloves.		
	Washes hands.		
14.	Documents procedure and any observations.		
D	ate Reviewed Instructor Signatur	re	
Date Performed Instructor Signature			

Coll	ecting a 24-hour urine specimen			
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Asks client to completely empty the bladder. Discards urine and notes the exact time.			
5.	Washes hands and puts on gloves each time client voids.			
6.	Pours urine from bedpan, urinal, or hat into container, using the funnel as needed.			
7.	Assists client with perineal care and with washing hands after each voiding.			
8.	Asks client and family to save all urine and store properly after each voiding.			
9.	Cleans equipment after each voiding.			
10.	Removes and discards gloves. Washes hands.			
11.	Documents procedure and any observations.			
Date Reviewed Instructor Signature				
Date Performed Instructor Signature				

Name:	

Mea	asuring and recording intake and o	utput	
		yes	no
1.	For measuring intake:		
	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Measures amount of fluid client is served and notes on paper.		
5.	Measures leftover fluids and notes on paper.		
6.	Subtracts amount left over from amount served. Converts to milliliters (mL).		
7.	Documents amount of fluids consumed (in mL), time, and type of fluid in visit notes or I&O sheet.		
8.	Washes hands.		
1.	For measuring output:		
	Washes hands.		
2.	Puts on gloves.		
3.	Pours urine into measuring container. Measures amount of urine at eye level and notes amount on paper.		
4.	Discards urine. Rinses, cleans, and stores equipment.		
5.	Removes and discards gloves. Washes hands.		
6.	Documents the time and amount (in mL) of urine.		
	Date Reviewed Instructor Signatu	re	
D	ate Performed Instructor Signatu	re	<u></u>

Observing, reporting, and documenting emesis				
		yes	no	
1.	Puts on gloves.			
2.	Provides a basin and removes it when vomiting has stopped.			
3.	Removes soiled linens or clothes and replaces with fresh ones.			
4.	Measures and notes amount of vomitus if monitoring client's I&O.			
5.	Discards vomit in toilet unless vomit is red, has blood in it, or looks like wet coffee grounds. Washes and stores basin.			
6.	Removes and discards gloves. Washes hands.			
7.	Puts on clean gloves.			
8.	Provides comfort to client.			
9.	Launders soiled linens and clothes in hot water.			
10.	Removes and discards gloves.			
11.	Washes hands.			
12.	Documents time, amount, color, and consistency of vomitus.			
13.	Reports to supervisor immediately.			
D	ate Reviewed Instructor Signatu	re		
Date Performed Instructor Signature				

Providing catheter care				
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Adjusts bed to a safe working level. Locks bed wheels. Lowers head of bed and positions client lying flat on back.			

5.	Removes or folds back top bed-	
	ding, keeping client covered	
	with bath blanket.	
6.	Checks water temperature. Has	
	client test water temperature	
	and adjusts if necessary.	
7.	Puts on gloves.	
8.	Places clean bed protector	
	under client's perineal area,	
	including her buttocks.	
9.	Exposes only the area necessary	
	to clean the catheter.	
10.	Places towel under catheter tub-	
	ing before washing.	
11.	Applies soap to washcloth and	
	cleans area around meatus,	
	using a clean area of the cloth	
	for each stroke.	
12.	Holding catheter near meatus,	
	cleans at least four inches of	
	catheter. Moves in only one	
	direction, away from meatus.	
	Uses a clean area of the cloth	
	for each stroke.	
13.	Dips clean washcloth in water	
	and rinses area around meatus,	
	using a clean area of washcloth	
	for each stroke.	
14.	Dips clean washcloth in water	
	and rinses at least four inches of	
	catheter nearest meatus, mov- ing away from meatus. Uses a	
	clean area of washcloth for each	
	stroke.	
15.	With a clean, dry towel, dries at	
	least four inches of the catheter	
	nearest the meatus, moving	
	away from the meatus.	
16.	Removes bed protector and	
	towel. Empties water into toi-	
	let and flushes. Places linen in	
	proper containers. Cleans and	
	stores basin.	

17.	Removes and discards gloves.		
	Washes hands.		
18.	Removes bath blanket and replaces top covers. Returns bed to lowest position.		
19.	Helps client dress. Arranges covers. Checks that catheter tubing is free from kinks and twists and that it is securely taped to the leg.		
20.	Washes hands.		
21.	Documents procedure and any observations.		
D	Date Reviewed Instructor Signature		
	ate Performed Instructor Signatu	re	

Em	ptying the catheter drainage bag		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Puts on gloves.		
4.	Places measuring container on paper towel on floor under drainage bag.		
5.	Opens clamp on bag so urine flows into graduate.		
6.	Closes clamp and cleans drain spout. Replaces drain spout in its holder on the bag.		
7.	Goes into bathroom. Places graduate on a flat surface and measures at eye level. Notes amount and appearance of urine and empties it into toilet. Flushes toilet.		
8.	Cleans and stores graduate.		

Name:		
ivallic.		

9.	Removes and d Washes hands.	liscards gloves.
10.	Documents pro observations.	ocedure and any
D	ate Reviewed	Instructor Signature
Da	ate Performed	Instructor Signature

Cha	nging a condom catheter		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to a safe working level. Locks bed wheels. Lowers head of bed and positions client lying flat on his back.		
5.	Removes or folds back bedding, keeping client covered with bath blanket.		
6.	Puts on gloves.		
7.	Places a clean bed protector under client's perineal area, including buttocks. Adjusts bath blanket to only expose genital area.		
8.	Removes condom catheter if one is in place.		
9.	Assists as necessary with perineal care.		
10.	Moves pubic hair away from penis. Places condom on penis and rolls toward base of penis, leaving space between drainage tip and glans of penis to prevent irritation.		
11.	Secures condom to penis with special tape applied in spiral manner.		

12.	Connects catheter tip to drainage tubing. Makes sure tubing is not twisted or kinked. Checks to see if bag is secured to the leg and makes sure drain is closed.		
13.	Removes and discards bed protector. Discards used supplies in plastic bag. Places soiled linen in proper container. Cleans and stores supplies.		
14.	Removes and discards gloves. Washes hands.		
15.	Removes bath blanket and replaces top covers. Returns bed to its lowest position. Washes hands.		
16.	Documents procedure and any observations.		
D	Date Reviewed Instructor Signature		
Da	ate Performed Instructor Signatur	re	

App	olying warm compresses		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Fills the basin halfway with warm water. Tests water temperature and has client check water temperature. Adjusts if necessary.		
5.	Soaks washcloth, wrings it out, and applies to area needing compress. Covers with plastic wrap and towel.		
6.	Notes the time. Checks area every five minutes. Changes compress if cooling occurs.		

7.	Removes compress after 20 minutes, or if area is red, numb, or if the client complains of pain or discomfort.		
8.	Discards plastic wrap and empties basin in toilet. Rinses, cleans, and stores basin and other supplies. Puts laundry in hamper.		
9.	Washes hands.		
10.	Documents time, length, and site of procedure and any observations.		
D	ate Reviewed Instructor Signatu	re	
	ate Performed Instructor Signatu	re	

Adn	Administering warm soaks			
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Fills the basin halfway with warm water. Tests water temperature and has client check water temperature. Adjusts if necessary.			
5.	Places basin on a disposable absorbent pad at a comfortable position for the client. Immerses body part in water, padding the edge of the basin as necessary. Covers client for extra warmth if needed.			
6.	Checks water temperature every five minutes, adding hot water as needed.			
7.	Observes area for redness and discontinues soak if client complains of pain or discomfort.			

8.	Soaks for 15–20 minutes or as			
	ordered in the care plan.			
9.	Removes basin or helps client			
	out of the tub. Dries the client.			
10.	Drains tub or empties basin in			
	toilet. Rinses, cleans, and stores			
	basin and other supplies. Puts			
	laundry in hamper.			
11.	Washes hands.			
12.	Documents time, length, and site of procedure and any observations. Reports client's response and observations about skin.			
D	ate Reviewed Instructor Signatu	re		
Da	ate Performed Instructor Signatu	re		

Usii	Using a hot water bottle			
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Fills bottle halfway with warm water, presses out excess air, and seals bottle.			
5.	Dries the bottle and checks for leaks. Covers bottle with cloth or towel.			
6.	Applies bottle to the area. Checks skin every five minutes for redness or pain. Adds cold water to bottle if skin is red or client complains of pain.			
7.	Removes bottle after 20 minutes or as ordered in the care plan.			
8.	Empties bottle and washes and stores supplies.			

Name:	

9.	Washes hands.		
10.	Documents time, length, and site of procedure, and any observations.		
Date Reviewed Instructor Signature			
Date Performed Instructor Signature			

Ass	isting with a sitz bath		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Puts on gloves.		
5.	Fills sitz bath two-thirds full with warm water. Places sitz bath on toilet seat and checks water temperature.		
6.	Helps client undress and sit on sitz bath.		
7.	If leaving the room, checks on client every five minutes for weakness or dizziness. Stays with client who is unsteady.		
8.	Assists client off sitz bath after 20 minutes. Provides towels and helps with dressing as needed.		
9.	Cleans and stores supplies. Puts laundry in hamper.		
10.	Removes and discards gloves. Washes hands.		
11.	Documents procedure, including the time started and ended, the client's response, and the water temperature.		
<u></u>	Date Reviewed Instructor Signature		
D:	ate Performed Instructor Signatu	re	

App	olying ice packs			
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	Fills plastic bag with ice and removes excess air. Covers bag with towel.			
5.	Applies bag to the area as ordered. Uses another towel to cover bag if it is too cold.			
6.	Notes the time and checks the area after five minutes for blisters or for pale, white, or gray skin. Stops treatment if client complains of numbness or pain.			
7.	Removes ice after 20 minutes or as ordered in the care plan. Returns ice bag to freezer. Puts laundry in hamper.			
8.	Washes hands.			
9.	Documents the time, length, and site of procedure. Reports the client's response and any observations about the skin.			
	Date Reviewed Instructor Signature			
	ate Performed Instructor Signatu	re		

Applying cold compresses			
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		

4.	Places bed protector under area to be treated, rinses washcloth in basin, and wrings out washcloth.		
5.	Covers the area with towel and applies cold washcloth to the area. Changes washcloths to keep area cold.		
6.	Checks the area after five minutes for blisters or for pale, white, or gray skin. Stops treatment if client complains of numbness or pain.		
7.	Removes compresses after 20 minutes or as ordered in the care plan. Gives client towels as needed to dry the area.		
8.	Empties, cleans, and stores basin. Puts laundry in hamper.		
9.	Washes hands.		
10.	Documents the time, length, and site of procedure. Reports the client's response and any observations about the skin.		
D	ate Reviewed Instructor Signatur	re	
D	ate Performed Instructor Signatu	re	

	Changing a dry dressing using nonsterile technique		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Cuts pieces of tape long enough to secure the dressing and hangs tape within reach. Opens gauze package without touching the gauze.		
5.	Puts on gloves.		

6.	Removes soiled dressing gently, observing dressing for odor or drainage. Notes color and size of the wound. Discards used		
	dressing in the waste bag.		
7.	Removes and discards gloves in the waste bag. Washes hands.		
8.	Puts on clean gloves.		
9.	Applies clean gauze to wound. Tapes gauze in place.		
10.	Discards supplies.		
11.	Removes and discards gloves. Washes hands.		
12.	Documents procedure and any observations.		
D	ate Reviewed Instructor Signatur	re	
Da	ate Performed Instructor Signatur	re	

Put	Putting elastic stockings on a client			
		yes	no	
1.	Washes hands.			
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.			
3.	Provides privacy.			
4.	With client lying down in supine position, removes socks, shoes, or slippers, and exposes one leg.			
5.	Turns stocking inside out at least to heel area.			
6.	Gently places the foot of the stocking over toes, foot, and heel. Makes sure heel is in right place.			
7.	Gently pulls top of stocking over foot, heel, and leg.			
8.	Makes sure that there are no twists or wrinkles in the stocking after it is applied. Makes sure heel of stocking is over heel of foot.			

9.	Repeats for the	e other leg.
10.	Washes hands	
11.	Documents probservations.	ocedure and any
Date Reviewed Instructor Signature		Instructor Signature
— Da	ate Performed	Instructor Signature

Cari	ng for an ostomy		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to a safe working level. Locks bed wheels.		
5.	Puts on gloves.		
6.	Places bed protector under client. Covers client with a bath blanket and only exposes the ostomy site.		
7.	Removes ostomy pouch carefully and places in plastic bag. Notes color, odor, consistency, and amount of stool in the pouch.		
8.	Wipes area around the stoma with disposable wipes for ostomy care. Discards wipes in plastic bag.		
9.	Washes area around the stoma using a washcloth and warm soapy water. Moves in one direction, away from the stoma. Pats dry with another towel.		
10.	Places the clean ostomy pouch on client, following instructions. Seals securely. Makes sure the bottom of the pouch is clamped.		

11.	Removes disposable bed protector and discards. Discards plastic bag and places soiled linens in proper containers.		
12.	Removes and discards gloves.		
	Washes hands.		
13.	Returns bed to lowest position.		
14.	Documents procedure and any		
	observations.		
	ate Reviewed Instructor Signatu	re	
	. 2000		
D:	ate Performed Instructor Signatu	re	

15 Medications and Technology in Home Care

	Assisting in changing clothes for a client who has an IV		
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to lowest position. Locks bed wheels. Helps client to sitting position with feet flat on the floor. Lets client sit for a few minutes.		
5.	Helps client remove the arm without the IV from the clothing.		
6.	Helps client gather clothing on arm with IV site, lifts clothing over IV site, and moves it up the tubing toward the IV bag.		
7.	Lifts IV bag off the pole, keeping it higher than the IV site, slides clothing over IV bag, and replaces IV bag on the pole.		
8.	Sets used clothing aside and gathers the sleeve of the clean clothing.		

9.	Lifts IV bag off the pole again, keeping it higher than the IV site, slides clean clothing over IV bag onto the client's arm, and replaces IV bag on the pole.		
10.	Moves clean clothing over tub- ing and IV site and onto the cli- ent's arm.		
11.	Assists client with putting other arm into clothing.		
12.	Observes the IV for one minute to make sure that it is dripping properly. Checks the tubing and dressing for proper placement.		
13.	Assists client with changing the rest of her clothing.		
14.	Leaves bed in lowest position. Places soiled laundry in laundry hamper.		
15.	Washes hands.		
16.	Documents procedure and any observations.		
D	ate Reviewed Instructor Signatu	re	
	ate Performed Instructor Signatur	re	

16 Rehabilitation and Restorative Care

Assisting with passive range of motion exercises			
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Adjusts bed to a safe working level. Locks bed wheels.		
5.	Positions client in supine position. Repeats each exercise at least three times.		

	Shoulder: Performs the following	<u> </u>	1
	movements properly, supporting the client's arm at the elbow and wrist by placing one hand under the elbow and the other hand under the wrist:		
a.	Extension		
b.	Flexion		
c.	Abduction		·
d.	Adduction	-	
	Elbow: Performs the following movements properly, holding the wrist with one hand and holding the elbow with the other:		
a.	Flexion		
b.	Extension		
c.	Pronation		
d.	Supination		
	Wrist: Performs the following movements properly, holding the wrist with one hand and using the fingers of the other hand to help the joint through the motions:		
a.	Flexion		
Ь.	Dorsiflexion		
c.	Radial flexion		
d.	Ulnar flexion		
	Thumb: Performs the following movements properly:		
a.	Abduction		
b.	Adduction		
c.	Opposition		
d.	Flexion		
e.	Extension		
	Fingers: Performs the following movements properly:		
a.	Flexion		
b.	Extension		
c.	Abduction		
d.	Adduction		

Name:	

	Hip: Performs the following	I	
	movements properly, placing		
	one hand under the knee and		
	one under the ankle:		
a.	Abduction		
Ь.	Adduction		
c.	Internal rotation		
d.	External rotation		
	Knees: Performs the following		
	movements properly, placing		
	one hand under the knee and		
	one under the ankle:		
a.	Flexion		
b.	Extension		
	Ankles: Performs the following		
	movements while properly sup-		
	porting the foot and ankle:		
a.	Dorsiflexion		
Ь.	Plantar flexion		
c.	Supination		
d.	Pronation		
	Toes: Performs the following		
	movements properly:		
a.	Flexion		
b.	Extension		
c.	Abduction		
	When all exercises are completed:		
6.	Returns client to comfortable		
	position and covers as appropri-		
	ate. Returns bed to its lowest		
	position.		
7.	Washes hands.		***
8.	Documents procedure. Notes		
	any decrease in range of motion		
	or any pain experienced by the client. Notifies supervisor if		
	increased stiffness or physical		
	resistance is noted.		
		<u> </u>	
D	rate Reviewed Instructor Signatu	re	
D	ate Performed Instructor Signatu	re	

Assisting with deep breathing exercises			
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Provides privacy.		
4.	Puts on gown, mask, and goggles as indicated.		
5.	Puts on gloves.		
6.	Has client breathe in slowly and steadily while sitting up.		
7.	Has client exhale completely.		
8.	Repeats exercise five to ten times.		
9.	Offers tissues or emesis basin as necessary.		
10.	Disposes of tissues and cleans and stores basin.		
11.	Removes gloves, goggles, gown, and mask.		
12.	Washes hands.		
13.	Puts on new gloves.		
14.	Provides mouth care.		
15.	Removes and discards gloves. Washes hands.		
16.	Documents procedure and any observations.		
D	ate Reviewed Instructor Signatu	re	
Da	ate Performed Instructor Signatu	re	

19 New Mothers, Infants, and Children

Picking up and holding a baby			
		yes	no
1.	Washes hands.		
2.	Supports the head at all times when lifting or holding a baby. With the other hand, supports the baby's back and bottom.		
3.	Performs cradle hold properly.		
4.	Performs football hold properly.		
5.	Performs upright hold properly.		
Date Reviewed Instructor Signature			
D	Date Performed Instructor Signature		

Ste	rilizing bottles		
		yes	no
1.	Washes hands.		
2.	Boils water and puts equipment in.		
3.	Reboils water for five minutes.		
4.	Removes equipment and discards water. Stores when dry.		
	Date Reviewed Instructor Signatu	re	
	Date Performed Instructor Signature		

Assisting with bottle-feeding			
		yes	no
1.	Washes hands.		
2.	Prepares bottle.		
3.	Sits and holds baby properly.		
4.	Inserts bottle nipple, and ensures that baby's head is higher than body.		
5.	Talks or sings to baby during feeding.		

	eate Performed	Instructor Signature	
ī	Date Reviewed	Instructor Signature	
	nipple, and ring.		
9.	Washes and ster		
8.	Documents productions.	cedure and any	
7.	Washes hands.		
6.	Burps baby, char puts baby down	nges diaper, and	

Burping a baby				
		yes	no	
1.	Washes hands.			
2.	Picks up baby, using either of the two safe positions.			
3.	Pats back gently until baby burps.			
4.	Returns baby to a safe place.			
Date Reviewed Instructor Signature				
	pate Performed Instructor Signatu	ire		

Giving an infant sponge bath			
		yes	no
1.	Washes hands.		
2.	Puts on gloves.		
3.	Gathers supplies. Fills basin and tests water temperature.		
4.	Holds baby in football hold and washes eyes, then rest of face, using no soap.		
5.	Holds baby in football hold and washes hair.		
6.	Lays baby down, keeping one hand on baby.		
7.	Undresses upper body and washes it. Dries and covers the baby.		

Name:

8.	Undresses lower body and washes and dries it.			
9.	Washes perineal area properly.			
10.	Washes bottom and dries completely.			
11.	Applies lotion, keeping baby covered.			
12.	Diapers and dresses baby. Returns baby to a safe place.			
13.	Discards water, puts towels in the laundry, cleans supplies, and discards gloves.			
14.	Washes hands.			
15.	Documents procedure and any observations.			
	Date Reviewed Instructor Signature			
-	ate Reviewed Instructor Signatu	TE .		
	ate Performed Instructor Signatur	re		

Giving an infant tub bath				
		yes	no	
1.	Washes hands.			
2.	Puts on gloves.			
3.	Gathers supplies. Fills basin and tests water temperature.			
4.	Holds baby in football hold and washes eyes, then rest of face, using no soap.			
5.	Holds baby in football hold and washes hair.			
6.	Lays baby down, undresses, and immerses baby in basin, keeping head above water.			
7.	Uses washcloth to wash from neck down.			
8.	Removes baby from bath and covers immediately.			
9.	Applies lotion, keeping baby covered as much as possible.			
10.	Diapers and dresses baby. Returns baby to a safe place.			

11.	Discards water, puts towels in the laundry, cleans supplies, and discards gloves.		
12.	Washes hands.		
13.	Documents procedure and any observations.		
D	Date Reviewed Instructor Signature		
Date Performed Instructor Signature		re	

		yes	no
1.	Washes hands.		
2.	Puts on gloves.		
3.	Undresses baby and removes diaper, keeping one hand on the baby at all times.		
4.	Cleans perineal area.		
5.	Applies ointment as necessary and allows air to circulate.		
6.	Applies cloth or disposable diaper properly.		
7.	Dresses baby and returns to a safe place.		
8.	Disposes of diaper properly.		
9.	Removes and discards gloves. Washes hands.		
10.	Cleans area and stores supplies.		
11.	Washes hands again.		
12.	Documents procedure and any observations.		
	ate Reviewed Instructor Signatu	re	

Measuring a baby's weight					
		yes	no		
1.	Washes hands.				
2.	Places infant scale on firm surface. Places clean paper on scale and starts with scale at zero.				
3.	Undresses baby. Places baby on scale, keeping one hand on baby at all times.				
4.	Reads and remembers weight.				
5.	Removes baby and dresses him. Returns to a safe place.				
6.	Washes hands.				
7.	Documents procedure and any observations.				
Date Reviewed Instructor Signature					
	Date Performed Instructor Signature				

Measuring a baby's length				
		yes	no	
1.	Washes hands.			
2.	Prepares firm surface with clean sheet that has markings on it.			
3.	Places baby on surface, keeping one hand on baby at all times.			
4.	Places baby's head at beginning of measured marks. Straightens one knee and makes a mark at baby's heel.			
5.	Determines and remembers length.			
6.	Removes baby and returns to safe position.			
7.	Washes hands.			
8.	Documents procedure and any observations.			
1.	When paper with inch markings is not available:			
	Washes hands.			
2.	Prepares firm surface with plain sheet of paper.			

3.	Places baby on surface, keeping		
	one hand on baby at all times.		
4.	Makes pencil mark at top of baby's head. Straightens one knee and makes a mark at baby's heel. Removes baby and returns to a safe place.		
5.	Measures distance with tape measure. Remembers length.		
6.	Washes hands.		
7.	Documents procedure and any observations.		
Date Reviewed Instructor Signature			
D	Date Performed Instructor Signature		

Taking an infant's axillary, tympanic, or temporal artery temperature			
		yes	no
1.	Washes hands.		
2.	Prepares thermometer.		
3.	For axillary temperature: Undresses baby on one side and lays baby down. Places tip of thermometer under the arm. Keeps thermometer in place for three to five minutes or until signal sounds. For tympanic temperature: Lays baby on her side. Gently pulls		
	outside of the ear toward back of head. Inserts thermometer tip into ear and presses button. Holds until thermometer blinks or beeps.	·	
	For temporal artery tempera- ture: Turns on thermometer and places it flat on baby's forehead. Presses and holds scan button and sweeps thermometer across the forehead, keeping contact with the baby's skin. Releases scan button.		

Name:		

4.	Removes thermometer and reads temperature, keeping one hand on baby. Dresses baby and returns to a safe place.			
5.	Cleans and stores thermometer and supplies.			
6.	Washes hands.			
7.	Documents temperature.			
Date Reviewed Instructor Signature				
Date Performed Instructor Signature				

Clean, Safe, and Healthy Environments

Cleaning a bathroom				
		yes	no	
1.	Puts on gloves.			
2.	Wipes all surfaces with disinfec-			
	tant and rag or wipe.			
3.	Wipes toilet bowl, using a different rag.			
4.	Cleans bathtub, shower, and			
	sink, using a different rag.			
5.	Scrubs inside of toilet bowl with			
	brush and flushes toilet.			
6.	Washes floor.			
7.	Cleans mirror and all glass.			
8.	Places soiled rags in laundry			
	and disposes of waste.			
9.	Stores supplies.			
10.	Removes and discards gloves.			
	Washes hands.			
11.	Documents procedure and any			
	observations.			
Date Reviewed Instructor Signature				
Da	ate Performed Instructor Signatu	re		

Doing the laundry				
		yes	no	
1.	Sorts clothes carefully, checking pockets and garments.			
2.	Pretreats clothes as necessary.			
3.	Uses correct temperature, laundry products, and washing cycle.			
4.	Dries clothes.			
5.	Hand washes as necessary.			
6.	Folds and hangs clean laundry. Stores clothes.			
Date Reviewed Instructor Signature				
D	Date Performed Instructor Signature			

Mal	Making an occupied bed				
		yes	no		
1.	Washes hands.				
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.				
3.	Provides privacy.				
4.	Places clean linen on clean surface within reach.				
5.	Adjusts bed to a safe working level. Locks bed wheels.				
6.	Puts on gloves.				
7.	Loosens top linen from work- ing side and covers client. Removes top sheet.				
8.	Raises side rail on far side of bed. Goes to other side and turns client onto her side, toward raised rail.				
9.	Loosens bottom soiled linen, mattress pad, and protector on working side.				
10.	Rolls bottom soiled linen toward client, tucking it snugly against the client's back.				

11.	Places and tucks in clean bot-	
	tom linen, finishing with no	
	wrinkles. Makes hospital cor-	
	ners if necessary.	
12.	Smoothes bottom sheet out	
	toward the client. Rolls extra	
	material toward client and	
	tucks it under client's body.	
13.	Places disposable absorbent	
	pad if using and centers it.	
	Smoothes it out toward client	
	and tucks it under client's body.	
14.	Places draw sheet if using.	
	Smoothes and tucks as with	
	other bedding.	
15.	Raises side rail on working side	
	and goes to other side of bed	
	and lowers that rail. Assists cli-	
	ent to turn onto clean bottom	
	sheet, toward the raised rail.	
16.	Loosens soiled linen. Rolls	
	linen from head to the foot of	
	bed, avoiding contact with skin	
	or clothes. Places it in a laun-	
	dry hamper or basket.	
17.	Pulls and tucks in clean bottom	
	linen just like other side, finish-	
	ing with bottom sheet free of	
	wrinkles. Makes hospital cor-	
	ners if necessary.	
18.	Asks client to turn onto her	
	back, keeping client covered.	
	Raises side rail nearest self.	
19.	Unfolds top sheet and places	
	it over client. Slips blanket or	
	old sheet out from underneath.	
	Puts it in the laundry hamper.	
20.	Places a blanket over the top	
	sheet, matching the top edges.	
	Tucks bottom edges of top	
	sheet and blanket under mat-	
	tress, making square corners	
	on each side. Loosens top lin-	
	ens over client's feet. Folds top	
	sheet over the blanket about six	
	inches.	

21.	Places pillow and pillowcase. Places pillowcase in the laundry hamper. Removes and discards gloves. Washes hands.	
22.	Places clean pillowcases on pillows. Places them under client's head.	
23.	Returns bed to lowest position. Leaves side rails in ordered position. Carries laundry ham- per to laundry area.	
24.	Washes hands.	
25.	Documents procedure and any observations.	
Date Reviewed Instructor Signature		ure
Date Performed Instructor Signatu		ure

Ma	king an unoccupied bed		
		yes	no
1.	Washes hands.		
2.	Places clean linen on clean surface within reach.		
3.	Adjusts bed to a safe working level. Locks bed wheels.		
4.	Puts on gloves.		
5.	Loosens soiled linen and rolls it from head to foot of bed. Avoids contact with skin or clothes. Places it in a hamper or basket. Removes pillows and pillow-cases and places pillowcases in hamper.		
6.	Removes and discards gloves. Washes hands.		
7.	Remakes bed, spreading mattress pad and bottom sheet, tucking under. Makes hospital corners. Puts on disposable absorbent pad and draw sheet, smoothes, and tucks under sides of bed.		

Name:	
i vallic.	

8.	Places top sheet and blanket, centering them. Tucks under end of bed and makes hospital corners. Folds down top sheet over the blanket about six inches.		
9.	Puts on clean pillowcases. Replaces pillows.		
10.	Returns bed to its lowest position. Carries laundry hamper to laundry area.		
11.	Washes hands.		
12.	Documents procedure and any observations.		
Date Reviewed Instructor Signature			
Date Performed Instructor Signature			

Clients' Nutritional Needs

Assisting a client with eating			
		yes	no
1.	Washes hands.		
2.	Explains procedure to client, speaking clearly, slowly, and directly. Maintains face-to-face contact whenever possible.		
3.	Raises head of bed so that client is in upright sitting position. Adjusts bed height to be sitting at client's eye level. Locks bed wheels.		
4.	Places food and drink where they can be easily seen by the client.		
5.	Helps client to wash hands. Helps client to put on clothing protector if desired.		
6.	Sits facing client at client's eye level on stronger side.		

7.	Tells the client what foods are on the plate. Asks what she would like to eat first. Checks		
	temperature of food. Offers		
	food in bite-sized pieces and		
	alternates types of food offered.		
	Makes sure client's mouth is		
	empty before offering the next		
	bite of food or sip of drink.		
8.	Offers drinks throughout the		
	meal. Talks throughout the		
	meal.		
9.	Wipes client's mouth and hands		
	as necessary.		
10.	Removes clothing protector if		
	used. Removes tray or dishes.		
11.	Assists client to a comfortable		
	position, keeping client upright		
	for at least 30 minutes. Returns		
	bed to lowest position.		
12.	Washes hands.		
13.	Documents procedure (includ-		
	ing client's intake if required)	·	
	and any observations.		
D	Date Reviewed Instructor Signature		
Da	Date Performed Instructor Signature		