



RESIDENT CARE PROCEDURES

State Form
INDIANA DEPARTMENT OF HEALTH - DIVISION OF HEALTHCARE EDUCATION & QUALITY

STUDENT:

TRAINING ENTITY:

CLINICAL SITE:

PROCEDURE #	DATE COMPLETED	CLINICAL SUPERVISOR SIGNATURE	STUDENT SIGNATURE
1. Initial Steps			
2. Final Steps			
3. Hand washing/Hand rub*			
4. Gloves*			
5. Gown*			
6. Mask*			
7. Falling or Fainting*			
8. Choking*			
9. Seizures*			
10. Fire*			
11. Fire Extinguisher*			
12. Oral Temperature (Electronic)			
13. Axillary Temperature			
14. Pulse and Respiration			
15. Blood Pressure			
16. Height			
17. Weight			
18. Assist Resident to Move to Head of Bed			
19. Supine Position			
20. Lateral Position			
21. Fowler's Position			
22. Semi-Fowler's Position			
23. Sit on Edge of Bed			
24. Using a Gait Belt to Assist with Ambulation			
25. Transfer to Chair			
26. Transfer to Wheelchair			
27. Walking			
28. Assist with Walker			
29. Assist with Cane			
30. Transfer to Stretcher/Shower Bed*			
31. Transfer: Two Person Lift*			
32. Shower/Shampoo			
33. Bed Bath/Perineal Care			
34. Back Rub			
35. Bed Shampoo*			
36. Oral Care			
37. Oral Care for Unconscious			
38. Denture Care			
39. Electric Razor			
40. Safety Razor			
41. Comb/Brush Hair			

42. Fingernail Care			
43. Foot Care			
44. Change Gown			
45. Dressing a Dependent Resident			
46. Assist to Bathroom			
47. Bedside Commode*			
48. Bedpan/Fracture Pan			
49. Urinal			
50. Empty Urinary Drainage Bag*			
51. Urine Specimen Collection*			
52. Stool Specimen Collection*			
53. Application of Incontinent Brief			
54. Unoccupied Bed*			
55. Occupied Bed			
56. Thickened Liquids*			
57. Passing Fresh Ice Water			
58. Feeding			
59. Assist to Eat			
60. Inspecting Skin			
61. Float Heels			
62. Bed Cradle*			
63. Passive Range of Motion			
64. Splint Application*			
65. Abdominal Binder*			
66. Abduction Pillow*			
67. Knee Immobilizer*			
68. Palm Cones			
69. Nasal Cannula Care			
70. Assisting with Hearing Aids			
71. Elastic/Compression Stocking Application			
72. Post Mortem Care*			

*May be simulated in lab if clinical experience is not available.

I verify that all procedures were taught and successfully demonstrated according to IDOH Standards.

Student Signature

Date

Program Director Signature

Date