



NURSE AIDE CURRICULUM SKILL PERFORMANCE CHECKLIST


Name: _____

Assist to Dangle, Stand, Walk - 4.02D


This skill may be required during NNAAP® testing

 This performance checklist must be used by the teacher and student during skill acquisition, guided practice, and independent practice.

 During skill check-off, the student must perform the skill unassisted with 100% competence.

 While the course is being taught, a skill performance summary document/chart *may* be used to verify skills that have been completed. However, verification that the student has demonstrated competency on this skill **MUST** be recorded on the NATS Part II by the conclusion of the course.

Equipment: Proper size transfer belt, resident’s footwear

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| | 1. Receive directions from supervisor. |
| | 2. Request assistance if needed, assemble equipment. |
| | 3. Knock before entering room, greet and identify resident. |
| | 4. State your name and title. |
| | 5. Explain procedure and obtain resident’s permission. |
| | 6. Wash hands. Provide privacy. |
| | 7. Before assisting to stand, ensure resident is wearing shoes and assist with robe. |
| | 8. Before assisting to stand, bed is at safe level. |
| | 9. Before assisting to stand, check or lock bed wheels. <i>* See note at bottom of skill</i> |
|  | 10. Before assisting to stand, assist resident to sitting position with <u>feet flat on floor</u>...assist resident to scoot to the edge of the bed if needed to get the resident’s <u>feet flat on the floor!</u> Heels and toes must be touching floor.
Dangle:
<input type="checkbox"/> Allow the patient to sit at the side of the bed for 1-2 minutes to adjust to the change in position.
<input type="checkbox"/> If the patient does not tolerate sitting at bedside, assist the resident to lie back down and notify the charge nurse. |
| | 11. Before assisting to stand, apply transfer belt over top of clothing, check for correct size and place buckle slightly off center. Tighten snugly:
<input type="checkbox"/> Insert two fingers under belt
<input type="checkbox"/> Ensure breast are above belt and that there are no “tubes”
<input type="checkbox"/> Check for comfort
<input type="checkbox"/> Ensure belt does not restrict breathing |
| | 12. Before assisting to stand, provide instructions to enable resident to assist in standing including a prearranged signal to alert client to begin standing. |
| | 13. Stand FACING resident to ensure safety of resident and health care worker. Count to three, or other pre arranged signal, to alert resident to begin to stand. |

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| | 14. On signal, gradually assist resident to stand <ul style="list-style-type: none"><input type="checkbox"/> Face resident, establish broad base of support<input type="checkbox"/> Put resident's hands on bed or wheelchair and have them push on signal<input type="checkbox"/> Grasp transfer belt on <u>both sides</u> with an upward (power) grasp<input type="checkbox"/> Maintain stability of resident's legs – <i>NNAAP® note: legs of caregiver must touch legs of resident in some manner</i><input type="checkbox"/> Care provider should maintain the natural lumbar curve during the assist<input type="checkbox"/> Bend at knees and straightened knees as resident stands |
| | 15. Walk resident with transfer belt <ul style="list-style-type: none"><input type="checkbox"/> Care provider should position slightly behind and to one side of resident while holding onto the transfer belt with upward (power) grasp. One hand on the back of the belt and one hand on the side of the belt<input type="checkbox"/> Encourage resident to walk slowly and use handrails if available<input type="checkbox"/> Watch resident closely and “read” for signs of fatigue or intolerance<input type="checkbox"/> Assist if resident starts to fall...anticipate a possible fall at all times |
| | 16. Return resident to bed and remove transfer belt, shoes, robe, etc. |
| | 17. Observe resident safety/comfort checks before leaving; bed in low position, call signal in reach, bed rails per facility policy. |
| | 18. Replace equipment and wash hands. |
| | 19. Record actions and report any abnormal observations to supervisor. |

Instructor's Initials: _____ Date: _____

BUMP the BED so as not to BANG the HEAD!

BUMP the BED (checking to see if safe and stable) so as not to BANG the HEAD (of your resident)