NURSE AIDE CURRICULUM SKILL PERFORMANCE CHECKLIST

Name: ______________________________

Apply Warm or Cold Applications - 5.02D

☐ 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: Water basin, arm or foot bath, bath thermometer, bath blanket, waterproof pads, towels

Note: Follow manufacturer’s directions that accompany each type and brand of sitz bath, heating device or cold pack to ensure correct usage.

1. Receive directions from supervisor. Wash hands and assemble equipment.
2. Knock before entering room. Address resident by name.
3. State your name and title. Identify resident.
4. Explain procedure and obtain permission. Provide privacy.
5. Position the patient for the procedure. Expose only the body part to be treated. Place the signal light within reach.
6. Place waterproof pad under the part of the body to which hot/cold “pack” will be applied.
   - To fill ice bag, ice collar, or glove:
     - Fill the device ½ to 2/3 full with crushed ice
     - Remove the air by gently squeezing the device “burp the bag”
   - Secure the device with the stopper or cap.
   - Check for leaks, and dry the device with paper towels
   - COVER THE DEVICE WITH A FLANNEL COVER, TOWEL, OR PILLOWCASE
7. Apply the “pack” to the area. Make note of the time.
8. Cover the patient with a bath blanket for warmth
   - Check the area for redness, cyanosis or complaints of discomfort every 5 minutes. Stop the soak if any of these occur. Wrap the body part in a towel, and tell the charge nurse right away.
9. At the end of the time ordered by the doctor, remove the compress from the area and pat skin dry.
11. Record actions and report any abnormal observations to supervisor.

Instructor’s Initials: ______________________________ Date: ___________________