NEW HAMPSHIRE NURSE ASSISTANT
STATE TESTING CANDIDATE
INFORMATION GUIDE

American Red Cross Testing Office
180 Rustcraft Road
Dedham, MA 02026
(800) 962-4337 or (781) 979-4010

www.RedCross.org
(800) Red Cross
# Table of Contents

**General Information** .................................................................................................................. 3

What is the Nurse Assistant Competency Evaluation? 3  
Who is required to be listed on the Nurse Assistant Registry? 3

**Eligibility and Documentation Requirements** ................................................................. 4

**How to Apply for Testing** .................................................................................................. 4

If you have a disability 4  
Additional information about testing 4  
Permitted and prohibited aids 4

**What You Need to Know About the Test Day** ............................................................... 5

**Obtaining Test Results** .................................................................................................... 5

**Rescheduling Tests** ........................................................................................................... 6

**Sample Tests and Preparation** ........................................................................................... 7

Knowledge Test Specifications 7  
Sample Knowledge Test 8  
Preparing for the Clinical Skills Test 9  
Sample Clinical Skills Test 14
GENERAL INFORMATION

What is the Nurse Assistant Competency Evaluation?

The Nurse Assistant Competency Evaluation (NACE) has two parts—the knowledge test, consisting of 60 multiple choice questions; and the clinical skills test, in which you are given a scenario and asked to simulate providing care for a resident.

The knowledge test is administered in a group setting. The candidate is allowed two hours and it can be administered either written or oral. The oral test is administered using an MP3 player and is only offered at ARC Regional test sites.

The clinical skills test allows the candidate the opportunity to demonstrate his or her skills and is administered individually so that the RN test administrator can evaluate each person’s abilities in a one-on-one environment. Each candidate will be allowed 20 minutes for the skills test.

Though they are taken on the same day, the tests are scored independently; therefore, if you are absent for or fail one test, you only have to retake that portion. Successful completion of both tests is required to be listed on the Nurse Assistant Registry.

You are allowed three (3) chances to pass each portion of the test. If you do not pass the test in the allowed number of times, you must retake and successfully complete a nurse assistant training course before taking the test again.

Who is required to be listed on the Nurse Assistant Registry?

All individuals who work as nurse assistants in nursing homes must be listed on the Nurse Assistant Registry. If an individual performs nurse assistant duties in a nursing home, no matter what their title is or how often they work, they must be listed in good standing on the Nurse Assistant Registry. Before hiring any nurse assistant, nursing homes must check that the individual is listed in good standing on the Nurse Assistant Registry.
ELIGIBILITY AND DOCUMENTATION REQUIREMENTS

To take the Nurse Assistant Competency Evaluation you must be eligible. As proof of eligibility you will be required to show you have completed your application online with the New Hampshire Board of Nursing and been approved to sit for the exam or your Certificate of Completion from your training program.

HOW TO APPLY FOR TESTING

All testing is scheduled by the American Red Cross at www.RedCross.org or (800) Red-Cross. Online, you will go to “Training and Certification” then “CNA Testing” and choose New Hampshire where you will find all of our forms and answers to your questions as well as the test schedule.

You will be able register with a credit card online or on the phone. You will receive a receipt of your payment which will be followed on the next business day by an Admission Confirmation from the Red Cross State Testing Office by email.

Test fees

- Both tests (knowledge and clinical), written administration………………………………. $125
- Both tests (knowledge and clinical), oral administration ………………………………..$135

If you have a disability

We will make all reasonable arrangements to accommodate your needs if you have a disability. We do require, however, that all requests for special accommodations be approved by the New Hampshire Board of Nursing prior to your test being scheduled. Once approved, you will forward the approval to the Testing Office at matesting@redcross.org or 180 Rustcraft Road, Dedham, MA 02026. You will be contacted by a Red Cross representative to be scheduled for your test.

Additional information about testing

The American Red Cross Testing Office reserves the right to photograph any candidate who is eligible to take the Nurse Assistant Competency Evaluation. We also reserve the right to stop the test for security concerns.

Permitted and prohibited aids

You may bring a hard or paperback dictionary or ruler for the written exam. Medical dictionaries are not allowed. If you are visually impaired, you may bring a magnifying glass or reading box. You may not have any other books, papers of any kind, calculators, or electronic dictionaries with you during the testing.
WHAT YOU NEED TO KNOW ABOUT THE TEST DAY

- Arrive at least 15 minutes before the scheduled start time(s).
- Bring required four documents;
  1. Photo identification which must be a clear and current state or federally issued ID and must match the information on your test application and eligibility documentation.
     - The only acceptable forms of photo ID are:
       - State issued driver’s license
       - Current passport
       - Military ID
       - Valid and current permanent resident card
       - Registry of Motor Vehicle-issued photo ID
     - No other forms of photo ID will be accepted.
  2. New Hampshire Nurse Assistant Testing Application
     - Your social security number must be on the application, if you have one.
     - You must sign your test application. Your signature means that you agree to the following:
       - I am the person whose name and personal information appears on this application. To the best of my knowledge, the information contained herein is true and accurate. I understand that if any of the information contained herein is not true, is misrepresented, or is intentionally incomplete or inaccurate any and all test scores shall be forfeit.
       - Further, I give the American Red Cross authority to forward and/or transmit this data to the New Hampshire Board of Nursing for inclusion on the Nurse Assistant Registry. I understand that should there be any change to the personal information included herein, I am required to report those changes within thirty days of the change.
  3. Admission Confirmation received from State Testing Office by email
  4. Test Approval received from the NH Board of Nursing or a copy of your certificate of completion from your training program.

- Bring an actor for the skills test. The actor must be at least 18 years old, and must be someone who will not be taking the test within the next six months. Your actor must speak and understand English as they will be given instructions and asked to sign a waiver.
- Please note: Children are not allowed at the testing site and all test sites are fragrance free.

If you do not have these things or arrive late you will not be allowed to test. You will be marked absent and required to pay the applicable rescheduling fee. If you are late or absent for one portion of the test, you can still take the other.

OBTAINING TEST RESULTS

Your official results will be sent by email, if provided, or in the mail within one week of the test date. If you do not pass the test you will receive a letter indicating where you made your errors and which test you will need to retake. If you were absent, you will receive instructions to reschedule.
RESCHEDULING TESTS

All rescheduled tests are processed through (800) Red Cross. Your test result will include instructions. If you must reschedule an exam, we will keep your application on file up to one year from the original test date. After that time, you will have to reapply with the full fee.

To reschedule a test you missed within the past year

- Knowledge and clinical skills tests $40
- Knowledge test (same price for written and oral) $20
- Clinical skills $20

These fees may be waived only in the case of a documented emergency.

To reschedule a test you failed or missed greater than one year ago

- Knowledge (written) and clinical skills $125
- Knowledge (written) only $62
- Knowledge (oral) only $72
- Clinical skills only $63
These sample tests are provided to let you know what to expect on the American Red Cross Nurse Assistant Competency Evaluation (NACE), and to help you prepare.

The knowledge test is based on a study of the knowledge and clinical skills needed to perform competently on the job. The test was written according to the Test Specifications that follow.

**Knowledge Test Specifications**

1. **Basic nursing and personal care skills**
   - Apply procedural concepts to obtain heights, weights and vital signs 5%
   - Apply procedural concepts for personal care skills related to bathing, skin care oral/mouth care, dressing, and grooming specific to resident needs 7%
   - Apply procedural concepts for personal care skills related to elimination specific to resident needs 6%
   - Apply procedural concepts for personal care skills related to nutrition through feeding and hydration techniques specific to resident needs 6%
   - Apply procedural concepts to promote residents' comfort and rest, including when death is imminent 6%

2. **Restorative services and mobility**
   - Given a scenario, choose the action that is in compliance with the care plan of a resident 6%
   - Apply resident transfer, positioning and turning techniques specific to resident needs 6%
   - Apply procedural concepts to promote resident mobility 6%

3. **Care of cognitively and sensory impaired**
   - Apply protocols to maintain physical safety of a cognitively impaired resident 6%
   - Apply communication techniques effectively with cognitively impaired residents 5%
   - Apply techniques to effectively communicate with hearing and visually impaired residents 5%

4. **Indirect skills**
   - Identify legal and ethical parameters relevant to the CNA/NA 5%
   - Apply knowledge of residents' rights and support family involvement 5%
   - Apply documentation and reporting skills 5%
   - Identify admission and discharge procedures 3%

5. **General safety considerations**
   - Apply infection control measures 7%
   - Apply procedural concepts to respond to emergencies 4%
   - Apply procedural concepts to prevent errors and injuries through a safe work environment 7%

**TOTAL** 100%

Note: The number to the right represents the percent of the test that will have questions pertaining to that category.
Sample Knowledge Test

Mark the letter of the option that best answers each question.

1. What procedure should a Certified Nursing Assistant/Nurse Aide Follow when meeting a resident for the first time?
   A. Ask the resident how they are feeling and when they will be discharged.
   B. Introduce themselves and ask to see resident’s name band.
   C. Ask the resident about their family and friends.
   D. Explain the task that will be performed.

2. A Certified Nursing Assistant/Nurse Aide (CNA/NA) is walking a visually impaired resident in the hallway. What should the CNA/NA do?
   A. Hold the resident by the hand while walking with them.
   B. Bring a wheelchair to allow the resident to rest.
   C. Describe where they are going and anything in their path.
   D. Ask other residents to avoid using the hallway at that time.

3. A Certified Nursing Assistant/Nurse Aide (CNA/NA) overhears residents complaining about the lack of activities available. Where should the CNA/NA recommend the residents voice their concerns?
   A. Morning coffee hour.
   B. Business office.
   C. Ice cream social.
   D. Residents’ council meeting.

4. A Certified Nursing Assistant/Nurse Aide (CNA/NA) finishes caring for a resident. Which infection control action should the CNA/NA always take before leaving the room?
   A. Sanitize the door knob.
   B. Remind the resident to wash hands.
   C. Sanitize the overbed table.
   D. Wash his or her own hands.

5. A new resident has just been admitted to a Skilled Nursing Facility. Which set of steps should a Certified Nursing Assistant/Nurse Aide (CNA/NA) take?
   A. Orient the resident to their room, complete a personal belonging’s list, and measure the resident’s vital signs, height and weight.
   B. Greet the resident by name, send all personal belongs home with family members, and orient the resident to their room.
   C. Provide for privacy, introduce the resident to roommate, and arrange for the resident’s family to visit the following week.
   D. Learn which activities the resident prefers, orient the resident to visiting hours, and encourage the resident to take a nap.
This sample test is intended only to provide you with examples of the kinds of questions that are asked. It is not a thorough and complete assessment of your knowledge. The Knowledge Test is both more comprehensive and reliable than is the sample test.

Answers to multiple-choice questions:
1. (B)  2. (C)  3. (D)  4. (D)  5. (A)

Preparing for the Clinical Skills Test

The best thing you can do to get ready for the test is to listen, study, and learn as much as you can from your training program. You should review all the skills in your textbook. Make sure the textbook covers all the skills listed below.

You will be tested on your ability to take instruction from the charge nurse, ability to document tasks, hand washing or use of gloves, and indirect care skills. In addition, you will be tested on two more skills, randomly selected from the list that follows.

You should practice each skill using the guidelines below. Be sure you know what to do for each skill. You can practice with other students or your family. Ask your training program instructor for help with anything you do not understand or have difficulty doing.

Carrying out instructions from the charge nurse

- Perform the tasks assigned

Documentation

- Record the tasks in the proper location, using the correct code, on the ADL Flow sheet. Initial and sign where required

Hand washing

- Wet your hands adequately to create lather with soap
- Wash all surfaces of the hands—palms, backs, wrists, between fingers, and under nails
- Use standard precautions. For example, you should not touch the inside of the sink, you should rub your hands together for at least twenty (20) seconds, and you should turn off the faucet with a dry paper towel.

Indirect skills

- Ask permission to enter a resident's room
- Identify the resident
- Identify yourself
- Give clear directions
- Communicate in a friendly way
- Consider the resident's and your safety
- Use standard precautions
- Consider a resident's privacy
- Ask permission to provide care with consideration of the resident's rights
- Make the resident comfortable when you are finished
- Place the call light within the reach of the resident
Bathing
- Consider the resident's privacy and dignity
- Bathe the body in the correct order; i.e., face first, rectum last
- Consider your own safety – use good body mechanics, raise the bed to a comfortable height, etc
- Consider the resident's safety – turn the resident toward yourself, check the water temperature, etc
- Use standard precautions

Perineal Care
- Consider the resident's privacy and dignity
- Use standard precautions

Catheter Care
- Gather supplies
- Consider the resident’s privacy and dignity
- Use standard precautions

Use of Bedpan
- Consider the resident's privacy and dignity
- Make the resident comfortable – elevate the head of the bed, help the resident into the proper position, etc
- Offer toilet tissue
- Consider the resident's safety
- Use standard precautions
- Discard contents appropriately

Brushing Teeth
- Use standard precautions
- Assemble the appropriate equipment
- Brush all surfaces

Denture Care/Mouth Care
- Prepare equipment
- Remove the dentures properly
- Use standard precautions
- Consider the temperature of the water used for cleaning
- Protect the dentures from breaking in the sink
- Clean all surfaces of the mouth
- Properly dispose of all items

Empty Drainage Bag
- Use the proper equipment for measurement
- Use standard precautions when opening and closing valve
- Read the measurement accurately
- Record accurately
Feeding—Partial Assistance
- Provide a proper setting
- Communicate with the resident about needed assistance
- Encourage independence
- Offer fluids as requested
- Consider safety measures – temperature of the food, allowing enough time to swallow, etc
- Record percent (%) consumed

Grooming – Hair Care
- Discuss the resident's style preference
- Handle the resident gently
- Communicate with the resident
- Clean equipment

Grooming – Nail Care
- Discuss nail length preference
- Clean (soak) nails properly
- Use equipment/supplies (emery board, orange stick, lotion) properly
- Finish with neat, clean nails with no rough edges

Pulse and Respiration
- Explain the procedure
- Measure accurately
- Record accurately

Blood Pressure
- Explain the procedure
- Measure and record accurately

Transfer
- Explain the procedure
- Position the bed and wheelchair properly
- Consider safety—lock the wheelchair, adjust the height of the bed, position the resident properly, use proper body mechanics, etc
- Communicate clearly
- Move smoothly
- Position the resident correctly
- Consider the resident's comfort and safety when you finish the transfer

Back Rub
- Consider the resident's privacy
- Position the resident properly
- Warm the lotion
- Move smoothly
Making an Unoccupied Bed
- Raise the bed to a comfortable working position
- Use good body mechanics
- Use standard precautions – roll "dirty" linen away from yourself, discard linens properly, etc
- Finish with a neat, clean, wrinkle-free bed

Transfer to Bedside Commode
- Consider the resident's privacy
- Explain the procedure
- Position the bed and commode properly
- Consider safety – secure the commode, adjust the height of the bed, position the resident properly, use proper body mechanics, etc
- Communicate clearly
- Move smoothly
- Position the resident correctly
- Consider the resident's comfort and safety when you finish the transfer
- Offer toilet tissue
- Use standard precautions
- Discard contents appropriately

Choking
- Assess the situation by asking questions: "Can you speak? Can you cough?"
- Explain the Heimlich Maneuver
- Demonstrate the proper technique

Undressing/Dressing
- Offer choice
- Consider the resident's privacy
- Dress resident's weak side first if applicable
- Undress resident’s strong side first if applicable

Height
- Read and record accurately

Weight
- Know how to use the scale
- Be able to read and record measurements

Feeding – Complete Assistance
- Provide a proper setting
- Communicate with the resident about needed assistance
- Encourage independence
- Offer fluids as requested
- Consider safety measures – temperature of the food, allowing enough time to swallow, etc
- Record percent (%) consumed
Making an Occupied Bed
- Raise the bed to comfortable working position
- Use good body mechanics
- Turn the resident safely
- Consider the resident's safety and comfort at all times
- Use standard precautions – roll "dirty" linen away from yourself, discard linens properly, etc

Oral Temperature (non-mercury)
- Use Thermometer Sheath
- Be able to read and record the measurement

Position in Bed (Turning the Resident onto Side)
- Gather all materials (adequate number of pillows)
- Turn the resident safely
- Position all parts of the resident's body (knees, arms, etc.)
- Consider the resident's safety and comfort at all times
- Position resident on the correct side

Range of Motion
- Provide adequate support of extremities
- Check the resident's comfort
- Put all joints through range of motion at least two times

Collecting Urine Sample
- Gather the correct supplies
- Use standard precautions

Bed Safety
- Use side rails when bed height is elevated and not in touching distance of resident
- Leave bed in low position with side rails down when leaving resident alone
  (side rail use permitted when leaving resident alone with order)
Sample Clinical Skills Test

You will take the clinical skills test individually, with only the Test Administrator and your actor. You will be performing skills on the actor, who will play the role of a resident. The test administrator will give the actor instructions based on the skills you will be performing.

The test asks you to simulate care typically given to a resident. The test administrator will guide you to the area where the test will be conducted, and will give you directions. You are encouraged to write down your assignment. If you fail to perform all of the skills requested, you will fail the test.

Clinical Skills You Should Know

- Carrying out instructions received from the charge nurse
- Documenting that care has been provided
- Hand washing
- Indirect care (what is done before and after care giving)
- Putting on and removing gloves
- Bedpan
- Dressing and undressing
- Height
- Weight
- Hair care
- Back rub
- Collecting a urine sample
- Respiration
- Intake/Output
- Perineal care
- Positioning
- Dentures and mouth care
- Oral hygiene
- Transfer
- Commode
- Pulse
- Nail care
- Range of motion
- Assistance with feeding
- Bathing
- Empty drainage bag
- Bed making
- Temperature (non-mercury)
- Choking
- Blood pressure
- Catheter care

Carrying out instructions from the charge nurse, documentation, indirect care and either hand washing or use of gloves will always be tested. In addition, you will be asked to perform two other skills. The skills will be randomly selected from the list above.

Indirect care skills are the things you do before and after each skill, such as asking permission to enter a room, considering the resident’s privacy, and making a resident comfortable before he or she leaves the room.

The following is a sample clinical skills test.
SAMPLE SCENARIO

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Candidate Name</th>
<th>Date</th>
<th>Test Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Administrator</td>
<td>Test Administrator</td>
<td>Test Site</td>
<td>Test Site</td>
</tr>
</tbody>
</table>

Describe the testing environment to the candidate—Privacy curtain, call light, bed controls, supplies, etc.

Read directions to the candidate inside the testing room (ACTOR REMAINS OUTSIDE ROOM)

HERE IS A PENCIL, PAPER, AN ACTIVITIES OF DAILY LIVING FLOWSHEET, AND A SKILLS SCENARIO CARD. YOU MAY WRITE DOWN YOUR ASSIGNMENT.

FOR THIS TEST YOU ARE TO PRETEND IT IS YOUR FIRST DAY AT A NURSING FACILITY AND YOU WILL BE GIVEN YOUR ASSIGNMENT FROM THE CHARGE NURSE.

YOUR ASSIGNMENT IS AS FOLLOWS:
1. WASH YOUR HANDS AT THE SINK, THEN
2. CLEAN AND SMOOTH THE EDGES OF THE RESIDENT'S NAILS (YOU DO NOT NEED TO CLIP) THEN
3. PERFORM PASSIVE RANGE OF MOTION EXERCISES ON THE RESIDENT'S LEFT SHOULDER, ELBOW, WRIST AND FINGERS TWO TIMES EACH.

YOU MAY USE THE SIDE RAIL TO ASSIST WITH MOVEMENT ONLY. THERE ARE NO DOCTOR'S ORDERS FOR SIDE RAILS.

YOU ARE ALSO BEING TESTED ON:
- RESIDENTS RIGHTS
- INFECTION CONTROL
- COMMUNICATION
- SAFETY

YOU DO NOT NEED TO WASH YOUR HANDS AGAIN AFTER THE FIRST TIME, BUT THROUGHOUT THE TEST YOU MUST TELL ME WHEN YOU WOULD.

(Review the flowsheet with the candidate.) DOCUMENT BY PLACING THE CORRECT CODE IN THE BOX ON THE DAY AND SHIFT AND PLACE YOUR INITIALS AND SIGNATURE IN THE PROPER LOCATION ON THE FLOWSHEET. YOU ARE WORKING THE 7-3 SHIFT. USE TODAY'S DATE (Give today’s date) WHEN DOCUMENTING ON THE ADL FLOWSHEET. DO YOU HAVE ANY QUESTIONS ABOUT YOUR ASSIGNMENT OR DOCUMENTATION?

YOUR ACTOR WILL BE TAKING THE PLACE OF THE RESIDENT. PRETEND YOU ARE SEEING (him or her) FOR THE VERY FIRST TIME AND THAT YOU DO NOT KNOW THE RESIDENT. YOUR RESIDENT'S NAME IS (give the name of the actor).

**BRING IN ACTOR:**
Directions for the actor—
EVALUATOR WILL PROVIDE SPECIFIC INSTRUCTIONS TO THE ACTOR PERTAINING TO THE ASSIGNED SKILLS.
FOLLOW ONLY THE DIRECTIONS THE CANDIDATE GIVES YOU. PLEASE DO NOT CORRECT, CUE, OR ASSIST THE CANDIDATE DURING THE TESTING PROCESS. IF YOU DO, I WILL STOP THE TEST AND THE CANDIDATE WILL BE ASKED TO RESCHEDULE THE TEST. DO YOU HAVE ANY QUESTIONS?

AFTER YOU HAVE COMPLETED YOUR ASSIGNMENT, YOU WILL LEAVE THE ROOM TO CARE FOR SOMEONE ELSE. DOCUMENT ONLY THE SKILLS YOU PERFORMED ON THE ADL FLOWSHEET. DO YOU HAVE ANY QUESTIONS? (answer questions) THE TEST WILL BEGIN NOW.
Scoring the clinical skills test
The clinical skills test does not require you to perform the tasks in any specific way. The scoring is based on the outcome of the tasks. If a candidate makes any error in section one, the candidate fails the test. If a candidate makes three or more errors in section two, the candidate fails.

<table>
<thead>
<tr>
<th>SECTION ONE ERRORS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Failed to perform tasks assigned—handwashing, nail care, and passive range of motion</td>
<td></td>
</tr>
<tr>
<td>_____ Failed to understand safety principles. Describe:________________________</td>
<td></td>
</tr>
<tr>
<td>_____ Failed to leave call light accessible.</td>
<td></td>
</tr>
</tbody>
</table>

Infection control
- _____ Failed to clean all surfaces of the hands and nails for at least 10 seconds
- _____ Failed to demonstrate understanding of clean vs dirty. Describe:________________________

Range of motion
- _____ Failed to perform passive range of motion exercises on the left arm.
- _____ Mishandled resident's body. Describe:________________________

SECTION TWO ERRORS -- If the candidate commits three or more of the errors listed below, the candidate fails the clinical skills test. Check those errors the candidate made and elaborate on them in the space at the bottom

<table>
<thead>
<tr>
<th>Indirect care</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Failed to knock on the door.</td>
<td>_____ Failed to identify self</td>
</tr>
<tr>
<td>____ Failed to verify identity of the resident.</td>
<td>____ Failed to provide privacy</td>
</tr>
<tr>
<td>____ Failed to explain what candidate was going to do.</td>
<td>____ Used siderails as a restraint</td>
</tr>
</tbody>
</table>

Handwashing
- _____ Failed to dry hands thoroughly after washing them.
- _____ Failed to use paper towel to turn off water.
- _____ Failed to dispose of paper towel in wastebasket.
- _____ Failed to state they would wash their hands before and after each skill as needed.

Nail care
- _____ Failed to clean under the nails.
- _____ Failed to smooth rough edges.

Range of motion
- _____ Failed to perform passive flexion and extension on the left shoulder, elbow, wrist and fingers at least two times.

Documentation
- _____ Failed to document tasks in the proper location on the ADL Flowsheet (Minimum requirement-documents on the correct day, shift, and skill and also must initial and sign in the proper location on the ADL Flowsheet.)

Explanation -- If the candidate failed the test, write a detailed description of the errors that the candidate made.

# OF FATAL ERRORS: 0
# OF CRITICAL ERRORS: 2
PASS: X  FAIL: _________
# Record / Daily Flow Sheet

**Resident Name**: Mary Jones

Record the tasks using the correct code in the box for the date and skill you performed.
Place your initials where required in the box for the date and shift you performed the skills. Initial and sign in the signature box.

| DATE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| **WEIGHT** |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **HEIGHT** |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **BLOOD PRESSURE** | 11-7 | 7-3 | 3-1 |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **TEMPERATURE** | 11-7 | 7-3 | 3-1 |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **PULSE** | 11-7 | 7-3 | 3-1 |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **RESPIRATION** | 11-7 | 7-3 | 3-1 |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **DIET** - % consumed |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| % meal 25% | 11-7 |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| % meal 50% | 7-3 |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| All 100% | 3-1 |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **POSITIONING** |   |   |   |   |   |   |   |   |   | 11-7 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| I = Independent |   |   |   |   |   |   |   |   |   | 7-3 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| A = Assisted |   |   |   |   |   |   |   |   |   | 3-1 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| D = Dependent |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **TRANSFER** |   |   |   |   |   |   |   |   |   | 11-7 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| I = Independent |   |   |   |   |   |   |   |   |   | 7-3 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| A = Assisted |   |   |   |   |   |   |   |   |   | 3-1 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| D = Dependent |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **NAIL CARE** |   |   |   |   |   |   |   |   |   | 11-7 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| I = Independent |   |   |   |   |   |   |   |   |   | 7-3 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| A = Assisted |   |   |   |   |   |   |   |   |   | 3-1 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| D = Dependent |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **BATHING** |   |   |   |   |   |   |   |   |   | 11-7 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| I = Independent |   |   |   |   |   |   |   |   |   | 7-3 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| A = Assisted |   |   |   |   |   |   |   |   |   | 3-1 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| D = Dependent |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **CATHETER CARE** |   |   |   |   |   |   |   |   |   | 11-7 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| I = Independent |   |   |   |   |   |   |   |   |   | 7-3 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| A = Assisted |   |   |   |   |   |   |   |   |   | 3-1 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| D = Dependent |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
# Record / Daily Flow Sheet

| DATE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| **HAIR CARE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I = Independent | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A = Assisted | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D = Dependent | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ROM EXERCISES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A = Active | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P = Passive | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ORAL HYGIENE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I = Independent | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A = Assisted | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D = Dependent | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UNDRESSING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I = Independent | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A = Assisted | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D = Dependent | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DRESSING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I = Independent | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A = Assisted | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D = Dependent | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMMODE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I = Independent | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A = Assisted | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D = Dependent | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERINEAL CARE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I = Independent | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A = Assisted | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D = Dependent | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SKIN CARE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I = Independent | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A = Assisted | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D = Dependent | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BED PAN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I = Independent | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A = Assisted | 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D = Dependent | 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INITIALS** | 11-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

<table>
<thead>
<tr>
<th>INITIALS</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP</td>
<td>Chris Powers</td>
</tr>
</tbody>
</table>