

Avera CNA On-Line Training Solutions© South Dakota: Clinical Supervision Documentation

Facility:	(Please Print)
Student:	(Please Print)
Place a check mark or "X" in the box of the tasks/training conasterisk (*) are skills that are mandatory and included as par	
Vital Signs	Back Rub
☐Temperature/Thermometers	Lotion or oil
□ Oral	Perineal Care
□ Rectal – most accurate	Female (cleanse front to back)
□ Tympanic	☐ Male (start @ urethra & down shaft)
□ Axillary	Catheter care (male, female)
☐ Temporal; other No Touch Forehead	*Dressing/Undressing/Partial Dressing
☐*Pulse (include pulse locations)	Remove gown from strong side first
☐*Respiration	☐ Dress weak side first
□*Blood Pressure (manual)	Footwear on when out of bed
☐ Electronic BP	☐ Careful with IVs, tubes/drains
☐ BP locations not to do	*Applying Antiembolic Stockings (TEDS)
☐ Height (measuring tape/device)	Prosthetic; other Orthotic devices
☐ Weight - Standing scale (what bar to	
move first), W/C; Tub lift; Hoyer lift,	☐ Ace Wraps (usually done by Nurse)
Hoist Scales; recheck previous wt	Congestive Heart Disease – pump blood
Oxygen (no smoking; signs; supervise)	Bowel and Bladder
Abbreviations (qd, bid, tid, qid)	*Assist with Bed Pan/Fracture Pan
Environment; facility tour; bed locked/low posit.	Assist Urinal/Bedside Commode
Bed making	☐ Constipation/Impaction/Obstruction
	Sanipan/hat
□ *Occupied	☐ Toilet regularly – every 2 hrs
☐ Unoccupied	Output
Linen (handling; check for personal items);	□ Voided
linen removal procedure.; no use between residents; linen closet – not sterile	□ Catheter
☐ Clean/Safe Bedside; call light; footwear	☐ Output sources – can you empty?
☐ Privacy and Privacy Curtain	□ Colostomy/ileostomy
☐ Room and Bath Room Trash	☐ Urostomy/Ureterostomy
Personal Hygiene	*Emptying urinary drainage bag
	(lower than level of bladder)
□ Bath(Report skin changes to Nurse) □ *Partial bath(include pericare)	Meal Service
	☐ Prepare Resident/handwashing/
Perform and/or discuss other types	□ Napkin or clothing protector
☐ Hair and Nail Care	☐ Serve Trays/cover all food
☐ Shampoo/shampoo tray ☐ <b>*Hair care</b> (from bottom up; braid)	☐ Prepare Tray
•	☐ Special diets (Diabetic, Lo NA)
☐ Shave (electric razor)	☐ Thicket/thickener/Aspiration
☐ <b>Nail care</b> (no nail care on Diabetics)	☐ Thin liquids & choking, Pureed
☐ Foot care (dry between toes,	☐ Aphasia, Dysphasia, Dysphagia
no lotion between toes)	*Feeding Dependent Resident &
☐ Vision Impaired – Eyeglass/devices	Recording Intake/Output
(Cataracts, Glaucoma, Macular Deg.)	☐ Feeding/Dining techniques
☐ Hearing Impaired – Aids, stand in front	☐ Dining Room Procedure
Oral Care (wear gloves!)	☐ Diet cards
Teeth Brush - twice daily & PRN	Between meal snacks/supplements
☐ *Denture care – transport in cup	*Passing Fresh Ice Water
☐ Partial plate(s)	*Fluid Intake
☐ *Mouthcare: comatose every 2 hr	Encourage fluid intake vs. Restriction
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□ NPO	☐ Arthritis (Osteo vs. Rheumatoid)
☐ Loss of smell, ↓appetite, malnutrition	Cancer (malignant, benign, metastasis)
☐ *Abdominal Thrust	Seizures (what to do)
Food Safety/cross-contamination	Depression (invite/introduce to events)
Hepatitis A, Hepatitis B (jaundice)	Combative Behavior (step back)
Positioning/Transfers/Gait Belt Use	☐ Intellectual Disability
*Ambulate Bed to Chair with Gait Belt	Paralysis (Hemiplegia,Paraplegia,Quadriplegia)
*Ambulate Bed to Chair: Cane/Walker	Dementia (calm, quiet environment)
*Transfer Resident: Chair to Bed	Delirium (acute confusion)
*Transfer Resident: Bed to Chair	Modify behavior (response to resident behavior)
*Positioning Resident on Side	Pain (reporting)
□Cross ankle/bed knee, Pillows (back,	☐ Dizziness(dangle,back to bed;feet ↑;notify nurse)
legs, under upper arm)	Osteoporosis – Fracture noted
☐ Abductor/Abduction Pillow – Total Hip	Communication & Interpersonal Skills (sender,
☐ Trapeze; cast care	message, receiver; Abuse/Neglect types,
☐ Hand Roll/splints	reporting)
Foot Board – prevent foot drop	HIPAA/Confidentiality
☐ Float heels	☐ Family (emotional support); visitors
☐ Bed cradle	Resident rights; res. choices; dignity
☐ Draw sheet/other device use in bed	☐ Social Worker (finances)
☐ Trochanter Roll	Restorative Nursing (↑ maintain/independence)
☐ EZ stand (able to bear weight)	☐ Assistive devices; adaptive equipment
Mechanical./Hoyer( total assist, 2 staff assist)	☐ Feeding/Dressing/Grooming
Nervous vs. Orthopedic systems – Parkinsons	☐ Bowel and Bladder
symptoms, help w/ drooling; gait; masked facies	☐ *Passive Range of Motion
☐ Falls (common injury, stay w/ & call for help)	Patient and Employee Safety
Skin Care	☐ Restraints/Definition
☐ Incontinence Care (Peri Creams, briefs)	Body Mechanics – back straight, open
Pressure Injury Prevention	base of support, lift with legs; Ergonomics
☐ Turn every 2 hours minimum	☐ Incident Reports
☐ Lotion/Skin care products	Remove unsafe equipment
☐ Alternating air mattress; wc cushions,	Fire and Disaster
positioning devices	☐ RACE, Fire Pull Stations
Hot packs/Cool packs (check frequently;	Use of fire extinguisher (PASS)
moisture increases intensity)	☐ Participation in drill
Specimen Collection (Best obtain in AM, paperwork)	☐ Evacuation lifts and carries
Routine Urine Specimen	Disaster drills/emergency code
∐ Sputum	Equipment & Alarms (notify Nurse)
Stool	Infection Prevention and Control
Care of Resident with:	☐ Hand Sanitizer vs Handwashing
☐ NG Tube or Gastrostomy Tube	Clean equipment before bagging
Admission Procedures (Assist to room,	☐ Waste disposable; Bloodborne pathogens
Vital signs, Height/Weight, Call light, etc.)	Standard Precautions – for all persons
Transfer & Discharge Procedure	Transmission-Based precautions
Care of the dying resident/imminent	Contact, Droplet, Airborne
☐ Post mortem care	Use and care of equipment/PPE
Communication/Documentation	☐ Disposable glove use/glove removal
Assignment Sheet/Reporting	*Gown and gloves (Don/Doff)
Flow sheets/charting	☐ Charting/Documentation
☐ Care Plans	Supply Storage – Location & Charges
☐ Charting V.S./weights/BMs/other per	Other:
_ care plan; legal issue w/ charting	* *
☐ Abnormal changes in body function;	
importance of reporting to supervisor/nurse	Instructor Signature Date
Location Emergency Equipment	
☐ Crash cart/CPR barrier shield/AED	Student Signature Date
Care of Patient with Special Needs	
☐ Fx Hip – Hip Precautions	