

PERFORMANCE CHECKLIST

Name _____

Providing Fresh Drinking Water

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below. Skill mastery must be demonstrated prior to direct patient contact.

Equipment: Cart, pitchers, cups, trays, ice, scoop for ice, straws

- _____ 1. Receive direction from supervisor regarding residents with special needs (NPO, fluid restrictions, no ice).
- _____ 2. Wash hands.
- _____ 3. Assemble supplies.
- _____ 4. Take cart with clean supplies and add ice and water to pitchers (use scoop for ice). Do not allow handle of
- _____ scoop to touch ice.
- _____ 5. Place fresh drinking water within reach.
- _____ 6. Offer to fill cup with fresh water.
- _____ 7. Record on Intake/Output Record if required.
- _____ 8. Return cart containing any used supplies to kitchen to be washed.
- _____ 9. Wash hands.

Pass _____ Instructor's Signature _____ Date _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, or allow the individual to study the skill after selection or before demonstration when the individual was being tested for competency. 2005