

## PERFORMANCE CHECKLIST

Name \_\_\_\_\_

### Measuring Height and Weight

*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:** Previous weight as documented, paper towel, upright scale, notepad, pen.

- \_\_\_ 1. Knock before entering room.
- \_\_\_ 2. Greet and identify resident.
- \_\_\_ 3. State your name and title.
- \_\_\_ 4. Explain procedure and obtain permission.
- \_\_\_ 5. Wash hands.
- \_\_\_ 6. Have resident void.
- \_\_\_ 7. Transport or escort to scales and provide privacy.
- \_\_\_ 8. Place paper towel on scale platform.
- \_\_\_ 9. Balance scale (level scale with both weights at zero) and raise height rod.
- \_\_\_ 10. Assist to remove shoes, sweaters, or extra clothing and step on scale platform.
- \_\_\_ 11. Move weights to previously documented weight or resident's estimate of weight if new admission.
- \_\_\_ 12. Adjust weights until scale is balanced.
- \_\_\_ 13. Record resident's name and weight on notepad.
- \_\_\_ 14. Lower height bar until it rests flat on head.
- \_\_\_ 15. Record number of inches indicated.
- \_\_\_ 16. Assist to step down from scale and to put on shoes and other clothing as needed.
- \_\_\_ 17. Discard paper towel.
- \_\_\_ 18. Return weights to extreme left on scale.
- \_\_\_ 19. Return resident to room.
- \_\_\_ 20. Wash hands.
- \_\_\_ 21. Provide for comfort with call signal in reach.
- \_\_\_ 22. Record weight and height and report weight gains or losses to supervisor.

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***