

## PERFORMANCE CHECKLIST - Giving Tub Bath or Shower

Name \_\_\_\_\_

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

**Equipment:** Soap dish, soap or non-rinsing product, washcloth, towels, bath mat, chair or stool, clean clothing, personal care products, disinfectant.

**Note:** Temperature of bath/shower room should be warm enough for comfort.

- \_\_\_\_\_ 1. Assemble equipment in bath or shower room; clean and disinfect tub or shower, if needed.
- \_\_\_\_\_ 2. Knock before entering room.
- \_\_\_\_\_ 3. Greet and identify resident by name.
- \_\_\_\_\_ 4. State your name and title.
- \_\_\_\_\_ 5. Explain procedure and obtain permission.
- \_\_\_\_\_ 6. Wash hands. Gloves optional unless contamination possible.
- \_\_\_\_\_ 7. Select clothing and personal items needed.
- \_\_\_\_\_ 8. Assure privacy throughout procedure.
- \_\_\_\_\_ 9. Assist to put on robe and slippers and escort to bath/shower room.
- \_\_\_\_\_ 10. Fill tub half full of water or turn on shower. Test to ensure water temperature is not more than 105 degrees F for tub or shower and that bottom of tub or floor of shower not slippery.
- \_\_\_\_\_ 11. Place bath mat or towel in front of tub or shower.
- \_\_\_\_\_ 12. Assist to undress and get into tub or shower. Use shower chair as needed.
- \_\_\_\_\_ 13. Stay with resident and/or assist with washing as needed.
- \_\_\_\_\_ 14. Assist out of tub or shower and help dry by patting gently with towel.
- \_\_\_\_\_ 15. Have resident stand on bath mat or sit on towel-covered chair as needed.
- \_\_\_\_\_ 16. Assist with deodorant or antiperspirant and personal care products.
- \_\_\_\_\_ 17. Help dress and return to room.
- \_\_\_\_\_ 18. Provide for comfort with call signal in reach.
- \_\_\_\_\_ 19. Put on gloves, return to bathing area and clean and disinfect tub or shower.
- \_\_\_\_\_ 20. Place used towels in dirty linen container.
- \_\_\_\_\_ 21. Remove gloves and wash hands.
- \_\_\_\_\_ 22. Record actions and report any unusual observations 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***