

PERFORMANCE CHECKLIST

Assisting with Oral Hygiene

Name _____

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: Mouthwash, toothbrush, toothpaste or powder, emesis basin, glass filled with cool water, towel, tissues, straw

- _____ 1. Knock before entering room.
- _____ 2. Address resident by name.
- _____ 3. State your name and title.
- _____ 4. Identify resident.
- _____ 5. Explain procedure and obtain permission.
- _____ 6. Wash hands.
- _____ 7. Assemble equipment.
- _____ 8. Provide privacy.
- _____ 9. Assist to bathroom and ask to brush teeth.
- _____ 10. Elevate head of bed to sitting position if unable to ambulate to bathroom.
- _____ 11. Place towel across chest to protect clothing and linen.
- _____ 12. Pour water over toothbrush and put toothpaste or powder on brush if unable to do so.
- _____ 13. Give toothbrush to resident and encourage to brush own teeth.
- _____ 14. Put on gloves and brush all surfaces with up and down motion if unable to brush.
- _____ 15. Provide cool water in glass to rinse mouth. Use straw, tissues and emesis basin as needed.
- _____ 16. Offer diluted mouthwash if desired. Use emesis basin and tissues as needed.
- _____ 17. Rinse equipment and straighten area. Return equipment to proper place.
- _____ 18. Remove gloves and wash hands.
- _____ 19. Provide for comfort with call signal in reach.
- _____ 20. Record actions and report any abnormal 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