

## PERFORMANCE CHECKLIST

Name \_\_\_\_\_

### Providing Oral Hygiene for Unconscious Resident

*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:** Emesis basin, towel, tongue depressor, swabs, water soluble lubricant, disposable cup filled with cool water

- \_\_\_\_\_ 1. Knock before entering room.
- \_\_\_\_\_ 2. Address resident by name.
- \_\_\_\_\_ 3. State your name and title.
- \_\_\_\_\_ 4. Identify resident.
- \_\_\_\_\_ 5. Explain procedure, assuming permission.
- \_\_\_\_\_ 6. Wash hands.
- \_\_\_\_\_ 7. Assemble equipment.
- \_\_\_\_\_ 8. Provide privacy.
- \_\_\_\_\_ 9. Provide for resident safety and raise bed to best level for body mechanics.
- \_\_\_\_\_ 10. Turn resident to side-lying position, facing you.
- \_\_\_\_\_ 11. Place towel and emesis basin under cheek.
- \_\_\_\_\_ 12. Put on gloves.
- \_\_\_\_\_ 13. Hold mouth open with tongue blade.
- \_\_\_\_\_ 14. Clean entire mouth with swabs: roof, floor, tongue, teeth, cheeks, and lips.
- \_\_\_\_\_ 15. Dry face with towel and apply lubricant to lips.
- \_\_\_\_\_ 16. Position for comfort with call signal in reach, provide for safety and lower bed.
- \_\_\_\_\_ 17. Clean and dispose of equipment.
- \_\_\_\_\_ 18. Remove gloves and wash hands.
- \_\_\_\_\_ 19. 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***