

**BLOOD PRESSURE**

Hello, my name is \_\_\_\_\_. This is the **Blood Pressure** Station. Here are the blood pressure cuffs. Here is the vital sign sheet. This is your client. You have already explained the procedure to the client and washed your hands. You have 10 minutes to complete this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

E's B/P \_\_\_\_\_  
SN's B/P \_\_\_\_\_

1. Identifies client (compares nameband to written name and number). \_\_\_\_\_
2. Selects correct cuff. \_\_\_\_\_
3. Places cuff 1 inch above antecubital space. \_\_\_\_\_
4. Palpates brachial artery (may use radial). \_\_\_\_\_
5. Inflates cuff until no pulse felt and states level. \_\_\_\_\_
6. Waits 30 to 60 seconds between inflations. \_\_\_\_\_
7. Inflates cuff 30mm Hg above the level at which brachial/radial pulsations were no longer felt.  
\_\_\_\_\_
8. Places diaphragm of stethoscope on the medial aspect of the antecubital fossa. \_\_\_\_\_
9. Deflates cuff gradually from beginning to end of Korotkoff sounds. \_\_\_\_\_
10. Documents blood pressure ( $\pm$  10mm Hg). \_\_\_\_\_
11. "Have you completed all the critical elements for this station?" \_\_\_\_\_(? Asked)
12. Met time limit. \_\_\_\_\_

**DON STERILE GLOVES**

Hello, my name is \_\_\_\_\_. This is the **Don Sterile Gloves** Station. These are the supplies you might need. You have already washed your hands. Assume that all these gloves are sterile at this time. You have 5 minutes to complete this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. Adjust table to waist level. \_\_\_\_\_
2. Chooses correct size (fits snugly). \_\_\_\_\_
3. Maintains sterility when opening package. \_\_\_\_\_
4. Dons sterile gloves without contaminating, keeping gloves above waist level. \_\_\_\_\_
5. Does not cross over sterile field with arms or hands. \_\_\_\_\_
6. "Have you completed all the critical elements for this station?" \_\_\_\_\_ (? Asked)
7. Met time limit. \_\_\_\_\_

4/02, 10/02, 10/03, 1/04, 9/04, 1/06 5/06, 3/08

## ADMINISTRATION EAR DROPS

Hello, my name is \_\_\_\_\_. This is the station for **Administration of Ear Drops**. This is the medication administration record. This is the date and time. The medications and supplies are here. You have already reviewed the drug actions and side effects of the medication in your drug book. You have washed your hands, greeted your client and explained what you are going to do. Your adult client is here. You have 10 minutes to complete this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. Verbalizes 3 checks of 5 rights, comparing med to MAR  
(client, med, dose, route, time). \_\_\_\_\_
2. Identifies client immediately before administration,  
(comparing nameband to written name and number). \_\_\_\_\_
3. Turn client's head to appropriate side. \_\_\_\_\_
4. Verbalizes appropriate positioning of auditory  
canal. \_\_\_\_\_
5. Verbalizes instillation of correct # drops into  
correct ear. \_\_\_\_\_
6. Documents medication administration correctly. \_\_\_\_\_
7. "Have you completed all the critical elements for  
this station?" . \_\_\_\_\_(? Asked)
8. Met time limit. \_\_\_\_\_

4/02, 10/02, 10/03, 1/04, 9/04, 1/06, 3/08

## ADMINISTRATION EYE DROPS

Hello, my name is \_\_\_\_\_. This is the station for **Administration of Eye Drops**. This is the medication administration record. This is the date and time. The medications are here. You have already reviewed the drug actions and side effects of the medication in your drug book. You have washed your hands, greeted your client and explained what you are going to do. Your client is here. You have 10 minutes to complete this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. Verbalizes 3 checks of 5 rights, comparing med to MAR (client, med, dose, route, time). \_\_\_\_\_
2. Identifies client immediately before administration (comparing nameband to written name and number). \_\_\_\_\_
3. Dons clean gloves. \_\_\_\_\_
4. Tilts client's head backward and asks him to look up. \_\_\_\_\_
5. Stabilizes hand holding dropper 1/2" - 3/4" above correct eyeball \_\_\_\_\_
6. Verbalizes would expose lower conjunctival sac \_\_\_\_\_
7. Verbalizes would drop medication into sac of correct eye, \_\_\_\_\_
8. Does not touch eye with finger or dropper or tissue \_\_\_\_\_
9. Asks client to close eyelids, move eyes, and applies pressure to lacrimal sac \_\_\_\_\_
10. Documents medication administration correctly. \_\_\_\_\_
11. "Have you completed all the critical elements for this station?" \_\_\_\_\_ (? Asked)
12. Met time limit. \_\_\_\_\_

5/06.3/08

## VERIFICATION OF NG TUBE PLACEMENT

Hello, my name is \_\_\_\_\_. This is the **NG Tube Placement Verification Station**. These are the supplies you might need. This is your client. You have already washed your hands, greeted your client, and explained what you are going to do, provided for privacy, and checked the MD's orders. You have 10 minutes to complete all the critical elements for this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. Identifies client (comparing nameband to written name and number). \_\_\_\_\_
2. Positions client in high Fowler's (45-90\*). \_\_\_\_\_
3. Dons clean gloves. \_\_\_\_\_
4. Palpates xiphoid process and places stethoscope one inch below. \_\_\_\_\_
5. Checks placement of tube using 5-20cc air. \_\_\_\_\_
6. Replaces plug on NG tube. \_\_\_\_\_
7. "Have you completed all the critical elements for this station?" (Asked) \_\_\_\_\_
8. Met time limit. \_\_\_\_\_

4/02, 10/02, 10/03. 1/04. 9/04, 1/06, 3/08

**P.O. MEDICATIONS**

Hello, my name is \_\_\_\_\_. This is the **P.O. Medication** Station. This is the medication administration record. This is the date and time. Your client is here. He is able to tolerate P.O. meds. The medications and supplies are here. You have already reviewed the drug actions and side effects of the medications in your drug book. You have washed your hands. You have 15 minutes to complete this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. Selects prescribed medication or medications. \_\_\_\_\_
2. Verbalizes 3 checks of 5 rights, comparing med to MAR (client, med, dose, route, time) . \_\_\_\_\_
3. Does not contaminate medication. \_\_\_\_\_
4. Identifies client immediately before administering medication (comparing name band with written name and number). \_\_\_\_\_
5. States would elevate HOB as high as allowed. \_\_\_\_\_
6. Administers correct medication. \_\_\_\_\_
7. Documents medication administered correctly. \_\_\_\_\_
8. "Have you completed all the critical elements for this station?" (? Asked) \_\_\_\_\_
9. Met time limit. \_\_\_\_\_

3/08

**Q1**

**RADIAL PULSE RATE**

Hello, my name is \_\_\_\_\_. This is the **Radial Pulse Rate** Station. This is the vital sign sheet. This is the client who has been resting 15 minutes. You have already washed your hands. You have 5 minutes to complete all critical elements for this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

E's \_\_\_\_\_ SN's \_\_\_\_\_

1. Identifies client (comparing nameband to written name and number). \_\_\_\_\_
2. Palpates radial landmarks \_\_\_\_\_
3. Counts 30 or 60 seconds \_\_\_\_\_
4. Documents accurate pulse rate  
( $\pm$  10 beats/min) \_\_\_\_\_
5. "Have you completed all the critical elements for this station?" ( ? Asked ) \_\_\_\_\_
6. Met time limit. \_\_\_\_\_

4/02, 10/02, 10/03, 1/04. 9/04, 1/06. 3/08

**Q1**

**STERILE DRY DRESSING CHANGE**

Hello, my name is \_\_\_\_\_. This is the **Sterile Dry Dressing Change** Station. This is your client. You have already explained the procedure, provided for the client's privacy, and washed your hands. You have 10 minutes to complete this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. Identifies client (compares nameband to written name and number) \_\_\_\_\_
2. Adjust table to waist level \_\_\_\_\_
3. Cuts tape. \_\_\_\_\_
4. Opens sterile packages without contaminating. \_\_\_\_\_
5. Dons clean gloves. \_\_\_\_\_
6. Removes soiled dressing using clean gloves and places in trash for disposal. \_\_\_\_\_
7. Removes clean gloves and discards into trash. \_\_\_\_\_
8. Dons sterile gloves without contaminating. \_\_\_\_\_
9. Places sterile dressing over wound. \_\_\_\_\_
10. Tapes dressing securely. \_\_\_\_\_
11. Maintains sterility. \_\_\_\_\_
12. Does not cross over sterile field with hands or arms. \_\_\_\_\_
13. "Have you completed all the critical elements for this station?" \_\_\_\_\_(? Asked)
14. Met time limit. \_\_\_\_\_

9/04, 1/06, 5/06, 3/08