

BED BATH Skills & Barrier Assessment

Assessment

Date: ___/___/___ Staff Initials _____ Resident Room # _____ Bath START time: _____ AM/PM Bath STOP time: _____ AM/PM

Type of Applicator: Disposable wipes Cotton cloths Other _____

Observed Bathing Practices

Note: For each observation, if "N" provide observed reason for failure:

1 – Timing issue (rushed, too many demands, etc.)

3 – Training issue (unaware of problem, uncertain how to approach)

2 – Resident issue (refused, combative, etc.)

4 – Other (please describe)

If "No", provide # and likely explanation for failure:

- Y N Sufficient lather created _____
- Y N Massaged skin *firmly* _____
- Y N Cleaned hair _____
- Y N Cleaned face/neck well, avoided eyes/ears _____
- Y N Cleaned between all skin folds _____
- Y N Cleaned between fingers/toes _____
- Y N Cleaned female or male genital area well _____
- Y N N/A Cleaned occlusive/semi-permeable dressings _____
- Y N N/A Cleaned 6" of all tubes/central lines/drains closest to body _____
- Y N N/A Cleaned superficial wounds/rash/stage 1 & 2 decubitus ulcers _____
- Y N N/A Cleaned surgical wounds _____
- Y N Wipes/cloths replaced when soiled/as needed _____
- Y N Diluted bath with hot water without adding more soap _____
- Y N Cleaned body areas using clean-to-dirty sequence _____
- Y N N/A Disposed of used wipes in trash/did not flush _____
- Y N Resident complained about being cold during the bath _____

Comments on Bathing Processes

Query to Bathing Assistant

1. Tell me what you do during bathing when you see a wound:

2. Tell me how you bathe residents if they have any of the following:

Lines _____

Drains _____

Tubes _____

Non-gauze dressings _____

3. What part of your bathing style or skills are you most proud of and why?

4. What bathing advice would you share with a new staff member that you wish you had known earlier? How did you learn this?

5. How many years have you worked as a CNA in a nursing home? _____