#11 - CLEANING DENTURES   (Partner Check-Off)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____Date: _____

	P1	P2	P3	Comments
1. Verified heath care provider's orders.				
2. Gathered necessary equipment and supplies.				
3. Performed hand hygiene.				
4. Provided for patient privacy.				
5. Introduced self to patient and family.				
6. Identified patient using two identifiers, compared identifiers with patient's ID bracelet.				
7. Determined whether patient could clean dentures independently, asked about denture care product preference.				
8. Applied gloves.				
9. Removed dentures from patient's mouth, gently assisted when necessary.				
10. Placed dentures in denture cup or an emesis basin, placed washcloth in sink, filled sink appropriately.				
11. Applied cleaning agent to toothbrush, brushed surface of dentures.				
12. Held dentures close to water, cleaned all surfaces thoroughly and properly with brush.				
13. Rinsed denture thoroughly in tepid water.				
14. Repeated cleaning and rinsing process with other denture when necessary.				
15. Offered patient mouthwash, cleaned gums when needed.				
16. Assisted patient with inserting dentures when needed.				
17. Applied thin layer of adhesive to undersurface of denture when requested.				
18. Asked patient whether dentures felt comfortable, assisted patient with drying				

his or her face.

19. Disposed of all used supplies and equipment.

20. Removed and disposed of gloves, performed hand hygiene.

21. Stored dentures in denture cup with water and cleaning tablet when requested, labeled cup with patient's name and put in secure place.

22. Helped patient into comfortable position, placed personal items within reach.

23. Placed call light within reach, ensured patient knew how to use it.

24. Raised side rails and lowered bed to ensure patient safety.

25. Documented and reported patient's response and outcomes.

S = Satisfactory   **U** = Unsatisfactory   **NP** = Not Performed   *=Must Perform to Pass

By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.

Practice 1: Evaluator:_____ Signature:_____

Practice 2: Evaluator:_____ Signature:_____

FINAL Student Evaluator:_____ Signature:_____