Skill # 12  Assisting with a Bedpan

#12- ASSISTING WITH A BEDPAN  (Partner Check-Off)

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

Student: __________________________________________ Date: ____________________

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1. Performed hand hygiene.
2. Introduced self to patient and family.
3. Provided for patient privacy.
4. Identified patient using two identifiers.
5. Applied gloves, gathered supplies.
6. Placed bedpan under running warm water, dried bedpan, did not allow to become too hot.
7. Raised side rail on opposite side of bed, raised bed to comfortable working height.
8. If patient can assist with getting onto bedpan:
   a. Assisted patient into appropriate position, observed for presence of drains, dressings, IV fluids, and traction, obtained additional personnel if needed.
   b. Moved top bed linens out of the way, took care not to expose patient.
   c. Instructed patient on how to flex knees and raise hips.
   d. Slid hand under patient’s sacrum, to assist with lifting, asked patient to bend knees and raise hips, used other hand to slip bedpan under patient, did not use force.
   e. Positioned fracture pan appropriately if used.
   f. Asked patient to use overhead trapeze frame if present.
   g. Ensured toilet paper is within reach, instructed patient on how to properly wipe.
9. Ensured bed is in lowest position, raised upper side rail.
10. Ensured patient knows where call light is located, instructed patient to use it when finished.
11. Removed and discarded gloves, performed hand hygiene.
12. Allowed patient to be alone, monitored patient status, responded promptly to call light.
13. When patient finished, performed hand hygiene, applied clean gloves.

14. Removed bedpan properly:
   a. Placed beside chair within reach of bed, draped it with waterproof pad.
   b. Moved top bed linens out of the way, exposed patient as little as possible.
   c. Determined if patient was able to cleanse perineal area, used toilet tissue or disposable washcloths if assistance was necessary.
   d. Deposited contaminated tissue in appropriate container.
   e. Asked patient to flex knees and lift buttocks, removed bedpan properly without spillage, covered bedpan with towel.

15. Changed soiled linens, removed and disposed of gloves, returned patient to comfortable position.

16. Placed bed in lowest position, allowed patient to perform hand hygiene, ensured patient has access to call light, water, and personal items, performed hand hygiene.

17. If patient is immobile or has mobility restrictions:
   a. Applied clean gloves, raised bed to comfortable working height, positioned bed appropriately.
   b. Moved top linens are necessary to turn patient, minimized exposure.
   c. Lowered side rail, helped patient roll onto side, placed bedpan on patient’s buttocks and pushed into mattress, ensured proper orientation of bedpan.
   d. Rolled patient properly on the bedpan, did not force bedpan under patient.
   e. Placed pillow or towel under patient’s lumbar.
   f. Covered patient for warmth, raised bed to appropriate sitting level for patient.
   g. Asked patient to bend knees if appropriate.

18. Allowed patient to be alone, monitored status, responded to call light.

19. Performed hand hygiene, applied clean gloves.

20. Removed bedpan appropriately:
   a. Moved top bed linens out of the way, exposed patient as little as possible.
   b. Determined if patient was able to wipe own perineal area, assisted if necessary.
   c. Lowered head of bed, helped patient roll to side, held bedpan flat and steady, covered bedpan with towel, cleansed patient’s perineal appropriately if necessary.
   d. Discarded contaminated tissue appropriately, allowed patient to perform hand hygiene after cleansing perineum.

21. Noted characteristics of patient’s stool and urine, collected stool if ordered.

22. Removed and discarded gloves, performed hand hygiene.
23. Removed and discarded gloves, performed hand hygiene.

24. Documented amount, color, and characteristics of stool and tolerance of getting on and off the bedpan.

**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: ___________________________