

#2 – ASSISTING WITH A GOWN CHANGE

(Partner Check-Off)

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

Student: _____ Date: _____

	P1	P2	P3	Comments
1. Verified health care provider's orders.				
2. Gathered necessary equipment and supplies, and placed them on bedside table.				
3. Performed hand hygiene.				
4. Provided for patient's privacy.				
5. Introduced self to patient and family.				
6. Identified patient using two identifiers, and compared identifiers with information on patient's ID bracelet.				
7. Identified any mobility restrictions, and checked to see if gown was wet or soiled.				
8. Raised bed to comfortable working height, lowered side rails on working side, and helped patient to an appropriate position.				
9. Placed bath blanket over patient.				
10. Applied clean gloves.				
11. Removed patient's gown or pajamas: <ul style="list-style-type: none"> a. Unsnapped sleeves and removed gown when applicable. b. For patient with injured extremity, removed gown from unaffected side first. c. Removed gown appropriately for patient with IV line or pump, and did not disconnect tubing to remove gown. 				
12. Checked position and function of any external devices.				
13. Placed soiled gown in linen bag, did not allow linen to come into contact with uniform, and applied clean gloves when needed.				
14. Finished applying clean gown properly.				

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| 15. Ensured bed was in locked, low position with side rails raised appropriately, ensured patient was comfortable, and placed personal items in reach. | | | | |
| 16. Removed bath blanket, kept linen away from uniform, and placed in linen bag. | | | | |
| 17. Placed call light within reach, and ensured patient knew how to use it. | | | | |
| 18. Disposed of used supplies and equipment, and left patient's room tidy. | | | | |
| 19. Removed and disposed of gloves, and performed hand hygiene. | | | | |
| 20. 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: _____