

#63 & #64 – STOOL SPECIMEN & FECAL OCCULT BLOOD TESTING

(TEST)

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

Student: _____ Date: _____

TIME LIMIT: 15 Minutes

	P1	P2	TEST	Points/ Comments
1. Verified the health care provider's orders.				*
2. Gathered the necessary equipment and supplies.				1
3. Performed hand hygiene, and provided for the patient's privacy.				*
4. Introduced self to the patient and family.				*
5. Identified the patient using two identifiers.				*
6. Applied clean gloves. Placed the patient's stool sample in a clean, dry container that's uncontaminated.				*
7. Used the tip of a wooden applicator to obtain a small portion of the feces.				1
8. <u>Tested for occult blood Using a Hemoccult slide test:</u>				1
a. Opened the flap of the Hemoccult slide. Applied a thin smear of stool to the paper in the first box.				
b. Obtained a second fecal specimen from a different portion of the stool, and applied a thin smear to the second box on the slide.				1
c. Added one drop of Hemoccult developing solution to the verifying area on the testing package.				1
d. Read the results of the test after 30 to 60 seconds.				*
e. Disposed of the test slide in the proper receptacle. If the test was positive, saved the stool sample if necessary. If the test was negative, disposed of the stool sample in the toilet.				*
9. Wrapped the wooden applicator in a paper towel. Grasped the wooden applicator with non-dominant hand. Peeled glove off inside out over the wooden applicator. Disposed of the glove, with the wrapped wooden applicator inside it, in the proper receptacle.				2
10. Helped the patient into a comfortable position, and placed toiletries and personal items within reach.				1

11. Placed the call light within easy reach, and made sure the patient knew how to use it to summon assistance.			*
12. Raised the appropriate number of side rails and lowered the bed to the lowest position, ensured bed wheels where locked			*
13. Performed hand hygiene.			*
14. Documented and reported the patients results.			*

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

TOTAL POINTS _____ / **8** _____

% _____

PASS _____

FAIL _____

Instructor: _____ Date: ____ / ____ / _____

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: _____