

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **PATIENT Self-Bathing Skills Assessment:**

# **CHG Showering**

*Please record patient responses after the patient showered with CHG liquid.*

### **Questions**

1. Were you provided a handout with instructions on how to apply the CHG liquid in the shower?  
 Y       N
2. Were you told that CHG kills germs better than regular soap and water?  
 Y       N
3. Did you soap up twice with CHG before rinsing?  
 Y       N
4. Were you told NOT to use other bathing soaps or lotions during your hospital stay?  
 Y       N
5. Were you told to bathe or shower with CHG during your hospital stay?  
 Y       N
6. Did you or an assistant clean your lines, tubes, and/or drains with a CHG cloth after showering?  
 Y       N       N/A
7. Did you or an assistant clean your wounds with a CHG cloth after showering?  
 Y       N       N/A