**STAFF Skills Assessment:**

**CHG Liquid Basin Bath Observation Checklist**

**Individual Giving CHG Bath**

***Please indicate who performed the CHG bath.***

**Nursing Assistant (CNA)**  **Nurse**  **LVN**  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Observed CHG Bathing Practices**

***Please check the appropriate response for each observation.***

**Y**  **N Patient told that the basin bath is “no rinse” and CHG protects from germs**

**Y**  **N Patient told that soaps and lotions from home can prevent CHG from working**

**Y**  **N Correctly diluted CHG for basin bath (one 4 oz bottle of 4% CHG plus 4 oz of water)**

**Y**  **N Massaged skin *firmly* with disposable wipes to ensure adequate cleansing**

**Y**  **N Cleaned face and neck well, avoiding eyes and ears**

**Y**  **N Cleaned between fingers and toes**

**Y**  **N Cleaned between all skin folds**

**Y**  **N**  **N/A Cleaned occlusive and semi-permeable dressings with CHG**

**Y**  **N**  **N/A Cleaned 6 inches of all tubes, central lines, and drains closest to body**

**Y**  **N**  **N/A Used CHG on superficial wounds, rashes, and stage 1 & 2 decubitus ulcers**

**Y**  **N**  **N/A Used CHG on surgical wounds (unless primary dressing or packed)**

**Y**  **N Allowed CHG to air-dry / does not wipe off CHG**

**Y**  **N Disposed of used wipes in trash /did not flush**

**Query to Bathing Assistant/Nurse**

**1. Were at least 6 cloths used to perform the basin bed bath?**

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**2. How much water did you add to the 4 oz bottle of CHG?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Are you comfortable applying CHG to superficial wounds, including surgical wounds?**

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**4. Are you comfortable applying CHG to lines, tubes, drains and non-gauze dressings?**

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**5. Do you ever wipe off the CHG after bathing?**

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