

**Nevada WIC Program-Stage 2 Observations**

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| REVIEWER:  | DATE:  |
| AGENCY:  | CLINIC:  |

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| Staff Name and Job Position Training For |  |  |
| Participant Name and Family ID |  |  |
| **Category** (circle): I C WP WBF WPP | **Appointment Type** (check one): New CertificationRe-Certification NE Contact CHA IHA HR |
| **Invest in the Interaction** | **Score** | **Notes** |
| Greeted applicant/participant by name ; introduced self |  |  |
| Obtained consent and reviewed purpose of gathering anthropometric measures |  |  |
| Correctly entered medical data; verified less than 60 days old (if applicable) |  |  |
| **Weight/Length/Height** | **Score** | **Notes** |
| Scales are zeroed and balanced before weighing individual |  |  |
| Obtained accurate measurements by requesting: Dry diaper, light clothing, no shoes |  |  |
| Weighed twice (n/a if digital equipment is used) |  |  |
| Weighed to nearest ounce |  |  |
| Length board used for infants & children under 24 months or unable to stand unassisted |  |  |
| * Both legs are grasped and gently straightened for measurements (length)
 |  |  |
| Length/Height measured twice (n/a if digital equipment is used) |  |  |
| Standing height used for children over 24 months & women |  |  |
| Measured using a stadiometer or non-stretched tape with a flat headboard |  |  |
| * Heels slightly apart
 |  |  |
| * Ankles, hips, and shoulder blades aligned
 |  |  |
| * Eyes straight ahead with arms at sides
 |  |  |
| * Without top hair adornment
 |  |  |
| Length/Height is measured to nearest 1/8 inch |  |  |
| **Hemocue Lab Procedure** | **Score** | **Notes** |
| Cleansed and gloved hands for each test |  |  |
| Gloves remained on until cuvette was disposed |  |  |
| Correct site chosen (middle or ring finger; cannot have ring; heel when appropriate) |  |  |
| Cleansed & dried site; site held to distend skin |  |  |
| Correct puncture site and depth, first 2 - 3drops wiped, pressure & bandage applied (nobandage under 2 years) |  |  |
| Milking to collect blood; other method used* No squeezing
 |  |  |
| Cuvette container with lid on and stored atroom temperature |  |  |
| The sharp edge of the cuvette is pointeddownward |  |  |
| Filled in one continuous draw; maintain contact with drop of blood; excess blood wiped off |  |  |
| Hold cuvette to light to check for air bubbles,discarded if present |  |  |
| Disposed used supplies properly inBiohazard/Sharps containers; trashcan asappropriate |  |  |
| After each test, dispose of gloves and cleansehands |  |  |
| Blood values recorded accurately |  |  |
| **Masimo Pronto Procedure** | **Score** | **Notes** |
| Cleansed hands (hand sanitizer okay forPronto) |  |  |
| Used on a client 2 years old or older; Cleansed & dried site |  |  |
| Correct digit gauge used (adult, pediatric) |  |  |
| Correct finger used (middle or ring; thumbs forsmall children* no rings or tight jewelry on hand being tested
 |  |  |
| Sensor is aligned on finger correctly |  |  |
| Sensor is shielded from excessive light |  |  |
| Cable runs flat with no kinks or twists |  |  |
| If unable to obtain reading, HemoCue machineis used |  |  |
| **Customer Service** | **Score** | **Notes** |
| Staff logged out of WISH or locked computerwhen leaving the workstation |  |  |
| Clinic environment ensures confidentiality andprivacy is maintained |  |  |
| Accommodations were made to provide services/forms in participant’s preferred language/ Focused on client when a translatorwas used |  |  |
| Staff focused on the client and not just the computer |  |  |
| Staff informed client of the right to complain/complaint process |  |  |

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| **NOTES** |
| **Trainee’s Name** | **Staff position/title training for:** |
| How do you both feel the appointment went?What area’s do you both feel was done well?What might trainee do different the next time? |