Module 7: Weights and Measures Minimum Number of Theory Hours: 1 Recommended Theory Hours: 1 Recommended Clinical Hours: 1

Statement of Purpose:

The purpose of this unit is to introduce a measuring system for weight, length, and volume used by nursing assistant in the clinical setting.

Terminology:

- 1. Centimeter
- 2. Fluid ounce (fl oz.)
- 3. Foot (ft.)
- 4. Gallon (gal)
- 5. Gram
- 6. Greenwich
- 7. Household system
- 8. Inch (in)
- 9. Kilogram (Kg)
- 10. Liter
- 11. Meter (M)
- 12. Metric system

13. Military time (or international time)
14. Milliliter (ml)
15. Millimeter (mm)
16. Ounce (oz.)
17. Pint (pt.)
18. Pound (lb.)
19. Quart
20. Tablespoon (Tbsp.)
21. Teaspoon (tsp.)
22. Yard (yd.)

Patient, resident, and client are synonymous terms referring to the person receiving care

Performance Standards (Objectives):

Upon completion of one (1) hour of class plus homework assignments and one (1) hour of clinical experience, the learner will be able to:

- 1. Define key terminology
- 2. Identify units of measurement used in the household and metric systems for weight, length, and volume
- 3. Identify and describe equipment commonly used by the Nurse Assistant for measuring weight, length, height, and volume
- 4. Convert common measurements between the household and metric systems
- 5. Measure and record weight, height, and volume using the metric and household systems
- 6. Convert between standard time and military time (24 hour clock)

References:

- 1. Acello, B. & Hegner, B. (2016). Nursing Assistant: A Nursing Process Approach. (11th ed). Boston, MA. Cengage Learning.
- 2. Acello, B. (2016). Workbook to accompany: Nursing Assistant: A Nursing Process Approach. (11th ed). Boston, MA. Cengage Learning
- 3. Carter, P. J. (2017). Lippincott Essentials for Nursing Assistants: a Humanistic Approach to Caregiving. (4th ed.) Philadelphia, PA. Lippincott Williams & Wilkins
- 4. CDC Wash Your Hands. https://www.cdc.gov/features/handwashing/index.html
- 5. CDC Handwashing and Hand Sanitizer Use. https://www.cdc.gov/handwashing/pdf/hand-sanitizer-factsheet.pdf
- 6. Deck, M. L. (2004). Instant Teaching Tools for the New Millennium. St Louis, MO. Mosby
- 7. Hedman, S. A., Fuzy, J., & Rymer, S. (2018). Hartman's Nursing Assistant Care: Long-Term Care (4th ed.). Albuquerque, NM. Hartman Publishing, Inc.
- 8. Hartman Publishing. (2018). Workbook for Hartman's Nursing Assistant Care: Long-Term Care (4th ed.). Albuquerque, NM. Hartman Publishing, Inc.
- 9. Haroun, L. & Royce, S. (2004). Teaching Ideas and Activities for Health Care. Albany, NY. Delmar Publishers
- 10. Pearson Vue (2018) California Nurse Assistant Candidate Handbook for National Nurse Aide Assessment Program. Philadelphia, PA. Pearson Education, Inc.
- 11. Sorrentino, S. A., Remmert, L., & and Kelly, R. (2018) Workbook and Competency Evaluation Review for Moby's Textbook for Nursing Assistants (9th ed.) St. Louis, MO. Mosby Company
- 12. Sorrentino, S.A. & Remmert, L. (2018) Mosby's Textbook for Nursing Assistants. (9th ed.). St Louis, MO. Elsevier
- 13. Weaver, L. & Wilding, M. (2013) The Dimensions of Engaged Teaching: a Practical Guide for Educators. Bloomington, IN. Solution Tree Press.

Content Outline	Recommended Teaching Strategies and Assignments	Clinical Demonstration/ Method of Evaluation	
Objective 1 Define Key Terminology. A. Review the terms listed in the terminology section B. Spell the listed terms accurately C. Pronounce the terms correctly D. Use the terms in their proper context	 A. Lecture/Discussion B. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration C. Encourage use of internet, medical dictionary, and textbooks D. Create flashcards E. Handout 7.1a- Weights and Measures Crossword F. Handout 7.1b- Weights and Measures Crossword-KEY 	 A. Have students select five words from the list of key terminology and write a sentence for each defining the term B. Administer vocabulary pre-test and post-test C. Uses appropriate terminology when charting and reporting to licensed personnel 	
 Objective 2: Identify units of measurement used in the household and metric systems for weight, height, and volume. A. U.S. Customary weights and measurements (household) Weight – ounce (oz) and pound (lb) Length – inch (in), feet (ft), yard (yd), mile (mi) Volume – fluid ounce (fl oz), pint (pt), quart (qt), gallon (gal), teaspoon (tsp), tablespoon (Tbsp) B. International weights and measurements (metric) Weight - gram (gm), kilogram (kg) Length - millimeter (mm), centimeter (cm), meter (M) Volume - milliliter (ml), liter (L) 	 A. Lecture/Discussion B. Flash cards of terms and abbreviations C. Show examples of equipment used to measure weight, length, and volume 	 A. Written test B. Correctly identify metric and household measuring equipment and the units of measure for each 	

Obj	ec	ective 3:		mod		r - weights and measures
Ide	ntif	tify and describe equipment commonly used by the Nurse stant for measuring weight, length, and volume (see				
		ule 8).		Lecture/Discussion		Written test
Α.	Vo	olume measuring equipment	В.	Show examples of	В.	Correctly identify metric
	1.	. Graduated cylinders (metric and household)		equipment used to		and household
		a. Marked with lines and numbers		measure weight, length, and volume		measuring equipment and the units of measure
		 Usually marked in ounces and milliliters 				for each
		c. Measuring cups and spoons (household)				
		d. Serving containers				
В.	Le	ength measuring equipment				
	1.	. Yardstick				
	2.	. Tape measure				
	3.	 Standing scale with measuring rod 				
		a. Marked in fractions of inches, feet				
		b. Marked in centimeters				
C.	We	Veight measuring equipment				
	1.	. Scales				
		a. Marked in ounces, pounds, grams, and kilograms				
		b. Can be electronic or digital				
	2.	. Types of scales				
		a. Standing				
		1) Used for patient/resident who can stand unassisted				
		and not hold onto scale				
		 Patient/resident must be steady on feet 				
		b. Wheelchair				
		 Used for patient/resident who cannot stand unassisted Weigh unassisted who clobe in the provide the provided of the				
		 Weigh unoccupied wheelchair, then weigh patient/resident in wheelchair and subtract 				
		wheelchair weight from total weight				
		c. Mechanical lift				
		 Cloth sling to hold patient/resident and a hydraulic lift 				
		to raise and lower				
		2) Weigh sling and any linen first, then subtract				

2. 1 c 3. 1 p 4. 1 c 5. 1 t 6. 1 t Objective Measure a and hous A. Procee	cup = 240 ml = 8 ounce (oz) bint = 500 ml quart = 1000 ml = 1 liter (L) easpoon (tsp) = 5 ml ablespoon (Tbsp) = 15 ml	А.	flashcards of equivalents and additional abbreviations Assign workbook exercises for homework Lecture/Discussion Handout 7.5- Fluid Measurement Lab		Written test Record accurately all measurements on
Objective Convert of metric sy A. Weigh 1 Kg = B. Length 1 inch C. Volum	 4: common measurements between the household and stems. t (wt) = 2.2 pounds (lb) = 2.5 centimeters (cm) 	В.	Lecture/Discussion Handout 7.4- Lab Activity Practice Worksheet Have students make flashcards of equivalents	А. В.	
	 Bed scale 1) Used for patient/resident who is on bed rest or unable to be in a chair or ambulate 2) Weigh any linens first then subtract linens from total weight 3) Patient's/resident's body must not be touching mattress Chair-used for patient/resident who cannot stand unassisted 				

				INIOUC	lie 7 - weights and weasures
	3.	Help patient/resident step onto center of the scale		calculate fluid intake	-
	4.	Read the scale when in balance to the nearest quarter pound	D.	Correctly measure and	
		(or tenth of kilogram)		record weight of two	
	5.	Help patient/resident off the scale		classmates using two	
	6.	Clean and return equipment	_	different types of scales	
	7.	Record measurement using correct abbreviation for unit of	Ε.	Correctly measure	
		measurement		height of two	
В.	Pro	ocedure for measuring length		classmates, one	
	1.	Length is also measured as height		standing and one simulating contractures	
		A measuring tape can be used for a patient/resident who is	F	Manual Skills 7.5a-	
		stooped, contracted, or in bed	۰.	Measures and Records	
		a. Measure all segments		Weight of Ambulatory	
		b. Add all measurements together to find total height		Patient/resident	
	3.	Measuring a patient's/resident's height using an upright scale	G.	Manual Skills 7.5b-	
		a. Assist the patient/resident to remove their slippers		Weighing the	
		b. Raise the height rod on the upright scale		Patient/resident in Bed	
		c. Assist the patient/resident to stand on the scale platform,	н.	Manual Skills 7.5c-	
		arms at sides		Measuring Weight of Patient/resident in	
		d. Have the patient/resident turn around and face away		Wheel Chair	
		from the scale	Ι.	Manual Skills 7.5d-	
		e. Lower the height measurement rod until it rests on		Measuring the	
		patient's/resident's head		Patient's/resident's	
		f. Record the height, reading is made at the moveable point of the ruler		Height Using an Upright	
		g. Assist patient/resident off the platform and put slippers back		Scale	
		on	J.	Manual Skills 7.5e-	
		h. Record measurement using correct abbreviation for unit of		Measuring Height of	
		measurement		Patient/resident in	
C.	Pro	ocedure for measuring volume		Bed	
•	1.				
	2.	Place container on flat surface			
	2. 3.				
	4. 5	Use measurement at lowest level of liquid surface			
	ວ.	Record measurement using correct abbreviation for unit of			
		measurement			

D.	1. 2.	 eneral guidelines when measuring volume, length, and weight Always use safety precautions for patient/resident and self a. Be familiar with how to use measuring equipment before the patient/resident is involved (i.e. scales) b. Make sure equipment is functioning correctly Wash hands before, after, and as needed when doing any procedure 				
	3.	Wear gloves when handling body fluids and dispose of fluids correctly				
	4.	Balance scale before assisting patient/resident onto scale				
		Have the patient/resident urinate before weighing				
	6.	It is best to weigh patient/resident at the same time of day, using the same scale, and with the same linen or similar clothing				
	7.	Know if patient/resident is to be weighed with or without shoes				
		Have at least one additional person helping when using mechanical lifts				
		Clean equipment and return it to appropriate location				
		. Record findings on appropriate form(s)				
		. Report any changes in findings to appropriate person				
Oh		. Be aware of how the patient/resident tolerates the procedure tive 6				
	-	ert between standard time and military time (24-hour clock)				
		stems of telling time	Α.	Lecture/Discussion	Α.	Written test
Γ.	-	Standard	Β.	Handout 7.6- Military/	В.	Demonstrates correct
	1.	a. A.M. = morning, midnight to noon		(24 Hour Clock)		use of military and
		 b. P.M. = evening, noon to midnight 				standard time
Б	N /I ;					
D.		litary (24-hour clock) Four digits				
	1. 2.	No colons				
	z. 3.	Do not use A.M. or P.M.				
	•.					
		Starts one minute after midnight (0001) and ends at midnight 24 hours later (2400)				
	5.	5. Noon is 1200				

Sample Test: Module 7- Weights and Measures

1. Match the correct household unit of measure to the correct metric units:

A. ounce	30 milliliters (ml)
B. inch C. pint	500 milliliters (ml) 1000 milliliters (ml)
0. pin	

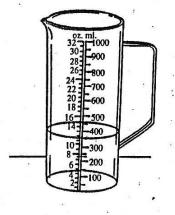
- D. foot _____ 30 centimeters (cm)
- E. quart
- 2. What would be the correct military time if the clock reads 3:00 p.m. in Greenwich time:
 - A. 1200
 - B. 1500
 - C. 1600
 - D. 0300
- 3. When measuring liquid volume with a graduated cylinder, the Nurse Assistant should do all of the following except:
 - A. Pour liquid into the graduated cylinder
 - B. Place graduated cylinder on a flat surface
 - C. Read at eye level
 - D. Read measurement at highest level of liquid surface
- 4. Match the correct military time to the correct Greenwich time:

Α.	1945	 7:45 A.M.
В.	1235	3:25 P.M.
C.	0745	 12:35 P.M.
D.	1525	 7:45 P.M.
Ε.	0035	

- 5. A patient/resident weighing 165 pounds is on a reduced calorie diet. The goal is to lose 2 pounds every week. Which of the following weights would meet the goal after one week?
 - A. 167 pounds
 - B. 165 pounds
 - C. 164 pounds
 - D. 163 pounds

6. If a person on I&O drinks 12 ounces of milk, the Nurse Assistant should mark on the client's record an intake of:

- A. 30 ml.
- B. 90 ml.
- C. 240 ml.
- D. 360 ml.
- 7. How many milliliters are in this graduate?
 - A. 5
 - B. 11
 - C. 150
 - D. 350



8. How many milliliters (ml) are in the graduate?

- A. 5
- B. 10
- C. 150
- D. 350

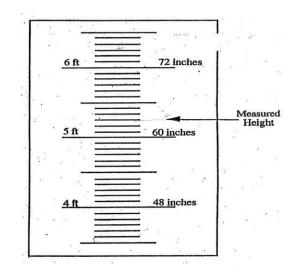
- 9. The Nurse Assistant measured the height of a patient/resident. Using drawing to the right, what is the patient's/resident's height?
 - A. 60 inches
 - B. 5 ½ feet
 - C. 5 feet 3 inches
 - D. 4 feet, 13 inches
- 10. The Nurse Assistant is measuring intake and output for a patient/resident who drank 8 ounces of milk. What should the Nurse Assistant record?
 - A. 500 ml.
 - B. 120 ml.
 - C. 240 ml.
 - D. 250 ml.

11. A patient/resident is to be repositioned at 6:00 pm. Using military time, the Nurse Assistant repositions the patient/resident at:

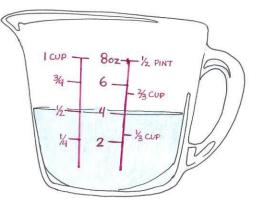
- A. 0600
- B. 1200
- C. 1800
- D. 2100

12. Your patient/resident ate the following items for lunch: 1/2 cup string beans, 3 oz. fish, 6 oz. milk, 2 oz. Jello. What was his fluid intake?

- A. 120 ml.
- B. 240 ml.
- C. 300 ml.
- D. 330 ml.
- 13. The clock shows 10:32 am. In 24-hour clock time, this is:
 - A. 10:32
 - B. 1032
 - C. 2232
 - D. 10:32 am



- 14. How many milliliters (ml) of fluid are in the cup?
 - A. 30 ml.
 - B. 60 ml.
 - C. 90 ml.
 - D. 120 ml.



Sample Test Answers: Module 7

- 1. A 30 milliliters (ml)
 - B 500 milliliters (ml)
 - C 1000 milliliters (ml)
 - D 30 centimeters (cm)
- 2. B
- 3. D
- 4. C 7:45 A.M
 - D 3:25 P.M.
 - B 12:35 P.M.
 - A 7:45 P.M.
- 5. D
- 6. D
- 7. C
- 8. D
- 9. C
- 10. C
- 11. C
- 12. B
- 13. B
- 14. D

MANUAL SKILL: Measures and Records Weight of Ambulatory Client (using portable upright scale) (see module 8)

EQUIPMENT:

Paper towel Portable upright scale

BEGINNING STEPS:

- 1. Wash hands
- 2. Knock and pause before entering the patient's/resident's room
- 3. Introduce self
- 4. Identify patient/resident
- 5. Explain procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 6. Gather equipment, if applicable
- 7. Provide for privacy with a curtain, door, or screen
- 8. Apply gloves (standard precautions)

- 1. Assist the patient/resident to use the bathroom.
- 2. Take the patient/resident to the scale or bring the scale to the patient's/resident's room.
- 3. Provide for privacy.
- 4. Place a paper towel on the platform of the scale.
- 5. Balance the scale. When the weights are at zero, the balance bar's pointer should be floating at zero.
- 6. Assist the patient/resident to remove robe and slippers.
- 7. Assist the patient/resident to stand on center of the scale platform.
- 8. Move the large weight to the closest estimated patient/resident weight on the balance bar.
- 9. Move the small weight to the right until the balance bar's pointer hangs free halfway between the upper and lower bar guides (at the zero point).
- 10. Record the weight.
- 11. Assist the patient/resident off the platform.
- 12. Assist the patient/resident to put on robe and slippers.
- 13. Return equipment or return patient/resident to room as indicated.

- 1. Clean and return equipment and supplies, if applicable
- 2. Remove gloves (without contaminating self) into waste container and wash hands
- 3. Position patient/resident comfortably
- 4. Place call light within reach
- 5. Lower bed to safe position for the patient/resident
- 6. Leave room neat
- 7. Wash hands
- 8. Document
- 9. Report abnormal findings to licensed nurse

MANUAL SKILL: Weighing the Patient/resident in Bed

(see module 8)

EQUIPMENT:

Overbed scale

BEGINNING STEPS:

- 1. Wash hands
- 2. Knock and pause before entering the patient's/resident's room
- 3. Introduce self
- 4. Identify patient/resident
- 5. Explain procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 6. Gather equipment, if applicable
- 7. Provide for privacy with a curtain, door, or screen
- 8. Apply gloves (standard precautions)

- 1. Check scale sling for frayed area or poorly closing straps.
- 2. Take scale and mechanical lift to patient's/resident's bedside.
- 3. Set scale to zero.
- 4. Balance scale to include weight of sling, straps, and linen prior to positioning patient/resident in sling.
- 5. Provide for privacy.
- 6. Assist the patient/resident to use the bedpan.
- 7. Lock bed wheels.
- 8. Raise bed to comfortable working level for Nurse Assistant.
- 9. Lower side rail on Nurse Assistant's side. Make sure side rail on other side is up and locked.
- 10. Turn patient/resident away from the Nurse Assistant.
- 11. Place the sling folded lengthwise under the patient/resident.
- 12. Turn the patient/resident toward Nurse Assistant and position sling so that the patient/resident rests centered within the sling.
- 13. Turn and position patient/resident onto his or her back (supine position).
- 14. Attach suspension straps to sling. Check that all attachments are securely in place and hook points facing outward, away from patient's/resident's body.
- 15. Position frame over bed with base legs in the maximum open position.

- 16. Lock frame.
- 17. Attach suspension straps to frame.
- 18. Position patient's/resident's arms inside straps.
- 19. Slowly raise sling so patient's/resident's body is not touching the bed.
- 20. Adjust weights to balance scale.
- 21. Record weight.
- 22. Reposition sling over center of bed.
- 23. Slowly lower the patient/resident onto the bed.
- 24. Take off hooks and straps.
- 25. Turn patient/resident toward Nurse Assistant and remove sling.

- 1. Clean and return equipment and supplies, if applicable.
- 2. Remove gloves (without contaminating self) into waste container and wash hands.
- 3. Position patient/resident comfortably.
- 4. Place call light within reach.
- 5. Lower bed to safe position for the patient/resident.
- 6. Leave room neat.
- 7. Wash hands.
- 8. Document.
- 9. Report abnormal findings to licensed nurse.

MANUAL SKILL: Weighing the Patient/resident in a Wheelchair

(see module 8)

EQUIPMENT:

Overbed scale

BEGINNING STEPS:

- 1. Wash hands.
- 2. Knock and pause before entering the patient's/resident's room.
- 3. Introduce self.
- 4. Identify patient/resident.
- 5. Explain procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible.
- 6. Gather equipment, if applicable.
- 7. Provide for privacy with a curtain, door, or screen.
- 8. Apply gloves (standard precautions).

- 1. Weigh empty wheelchair.
- 2. Take wheel chair to patient/resident and assist patient/resident into wheel chair.
- 3. Take patient/resident to scale with wheel chair platform.
- 4. Provide for privacy.
- 5. Roll wheel chair with patient/resident onto platform.
- 6. Lock wheels of wheel chair.
- 7. Adjust weights to balance scale.
- 8. Record weight.
- 9. Return patient/resident to bed as necessary.

- 1. Clean and return equipment and supplies, if applicable.
- 2. Remove gloves (without contaminating self) into waste container and wash hands.
- 3. Position patient/resident comfortably.
- 4. Place call light within reach.
- 5. Lower bed to safe position for the patient/resident.
- 6. Leave room neat.
- 7. Wash hands.
- 8. Document after subtracting weight of wheelchair from total weight.
- 9. Report abnormal findings to licensed nurse.

MANUAL SKILL: Measuring the Height of Patient/resident Using an Upright Scale (see module 8)

EQUIPMENT:

Portable upright scale

BEGINNING STEPS:

- 1. Wash hands.
- 2. Knock and pause before entering the patient's/resident's room.
- 3. Introduce self.
- 4. Identify patient/resident.
- 5. Explain procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible.
- 6. Gather equipment, if applicable.
- 7. Provide for privacy with a curtain, door, or screen.
- 8. Apply gloves (standard precautions).

- 1. Take the patient/resident to the scale or bring the scale to the patient's/resident's room.
- 2. Provide for privacy.
- 3. Place a paper towel on the platform of the scale.
- 4. Assist the patient/resident to remove their slippers.
- 5. Raise the height rod.
- 6. Assist the patient/resident to stand on the scale platform, arms at side.
- 7. Have the patient/resident turn around and face away from the scale.
- 8. Lower the height measurement rod until it rests on the patient's/resident's head.
- 9. Record the height. The reading is made at the movable point of the ruler.
- 10. Assist the patient/resident off the platform.
- 11. Assist the patient/resident to put on their slippers.

- 1. Clean and return equipment and supplies, if applicable.
- 2. Remove gloves (without contaminating self) into waste container and wash hands.
- 3. Position patient/resident comfortably.
- 4. Place call light within reach.
- 5. Lower bed to safe position for the patient/resident.
- 6. Leave room neat.
- 7. Wash hands.
- 8. Document.
- 9. Report abnormal findings to licensed nurse.

MANUAL SKILL: Measuring the Height of a Patient/resident in Bed

(see module 8)

EQUIPMENT:

Pencil

Tape measure

BEGINNING STEPS:

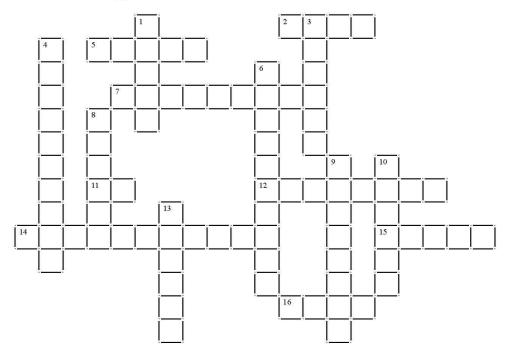
- 1. Wash hands.
- 2. Knock and pause before entering the patient's/resident's room.
- 3. Introduce self.
- 4. Identify patient/resident.
- 5. Explain procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 6. Gather equipment, if applicable.
- 7. Provide for privacy with a curtain, door, or screen
- 8. Apply gloves (standard precautions)

- 1. Lower side rail on your side.
- 2. Position patient/resident on his or her back (supine position) and remove pillow.
- 3. Draw a small pencil mark at the top of the patient's/resident's head on the sheet. If the patient/resident is stooped over or contracted, measure the patient's/resident's body in segments and total the measurements.
- 4. Make a second pencil mark even with the patient's/resident's heels.
- 5. Position the patient/resident on his/her side with his/her back toward the CNA.
- 6. Using the tape measure, measure the distance between the two marks.

- 1. Clean and return equipment and supplies, if applicable.
- 2. Remove gloves (without contaminating self) into waste container and wash hands
- 3. Position patient/resident comfortably.
- 4. Place call light within reach.
- 5. Lower bed to safe position for the patient/resident.
- 6. Leave room neat.
- 7. Wash hands.
- 8. Document.
- 9. Report abnormal findings to licensed nurse.

Module 15: Weights and Measures

Weights and Measures Crossword



ACROSS

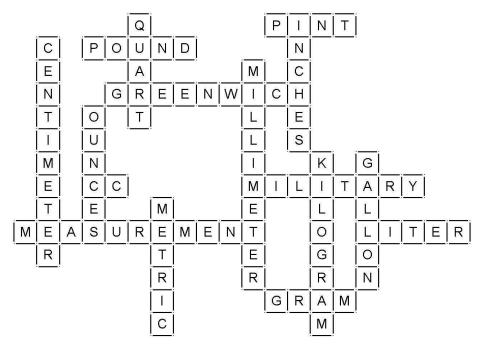
- 2 Two cups equal a ____.
- 5 Sixteen ounces equal one ____.
- 7 Traditional time.
- 11 Short for cubic centimeter.
- **12** System of telling time in which 1:00pm is 1300 hours.
- 14 The size of something.
- **15** Metric system measure that is about equal to one quart.
- **16** Basic unit of weight in the metric system.

DOWN

- 1 Two pints equal one ____.
- 3 Measurement; 12 ____ makes a foot.
- 4 A unit of measurement 1/100.
- 6 One thousandth of a liter.
- 8 Sixty cc's equals two ____.
- 9 Equal to 1000 grams.
- 10 Four quarts equal one
- 13 The international system of measurement.

Handou

Weights and Measures Crossword



Lab Activity/Practice Worksheet:

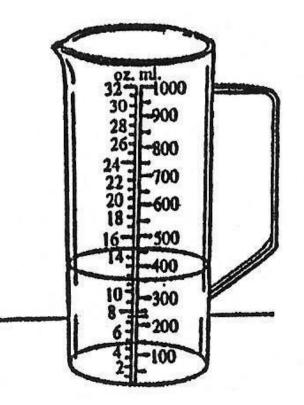
Med cup #1	ml
	teaspoon
Med cup #2	tablespoon
	ml
Measuring cup	ounces
Coffee cup	ml
Urine cup	ml
Plastic graduate	measure
	ounces
Urinal	ounces
	ml
Catheter drainage bag – measure in the bag itself, then empty and measure.	ml
	ml

Fluid Measurement Handout:

Metric weight -1 Kg = 2.2 lbs. Metric height -1 cm = .39 inches. 1 inch = 2.5 cm

1cc = 1ml 1 ounce = 30 ml 1 teaspoon = 5 ml 1 tablespoon = 15 ml 1 cup = 8 ounces = 240ml 1 pint = 16 ounces = 500ml 1 quart = 32 ounces = 1000 ml 1 liter = 1000ml

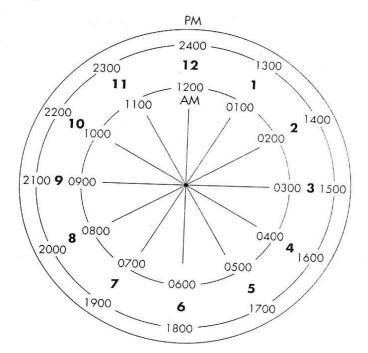
a.m. = morning p.m. = evening wt. = weight ht. = height cc = cubic centimeter Kg = kilogram Lb. = pound L = liter h.s. = hour of sleep oz. = ounce tbsp. = tablespoon tsp. = teaspoon amt. = amount qtt = drop



MILTARY/24 HOUR TIME CLOCK

Using a different color pen show the time on the clock face. Then convert the regular time into military time (number 1 is shown as an example).

- 1. 8:20 a.m. = 0820 (example)
- 2. 11:47 a.m. = _____
- 3. _____= 1430
- 4. 5:15 p.m. = _____
- 5. 9:10 p.m. = _____
- 6. _____= 2400
- 7. _____= 1200



Correct answers should read:

- 1. 8.20 a.m.= 0820
- 2. 11:47 a.m.= 1147
- 3. 2:30 p.m.= 1430
- 4. 5:15 p.m.= 1715
- 5. 9:10 p.m.= 2110
- 6. Midnight (12 a.m.) = 2400
- 7. 12:00 p.m. (noon) = 1200