

Certified Nursing - Assistant Proficiency Skills Checklist

Please check the appropriate boxes to describe your experience level with each skill listed below.

Date _____ Name (Print) _____

Signature _____

Key To Competency Levels

- 0 — No Experience
- 1 — Minimal experience, need review and supervision, have performed at least once
- 2 — Comfortable performing with resource available
- 3 — Competent to perform independently and safely
- 4 — Expert, able to act as resource to others

	0	1	2	3	4
Patient Rights					
Communicates and obtains information while respecting the rights and privacy and confidentiality of information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)					
Involves the patient and family and respects their role in determining the nature of care to be provided, including Advance Directives.					
Complies with nursing staff responsibility included in the hospital policy related to Organ Donation.					
Meets patient and families needs regarding communication, including interpreter services.					
Provides accurate information to patient and families in a timely manner.					
Vital Signs and Weights					
Obtaining and Recording:					
BP, including Orthostatic					
Pulse, Radial					
Temperature, Oral					
Temperature, Rectal					
Temperature, Axillary					
Temperature, Tympanic					
Respirations					
Weight, Pounds and Kilograms					
Recognizing Cardiac Arrest					
Activating Code Team					
Bringing Emergency Equipment to Room					
Providing Appropriate Code Support					
Use of Electronic VS equipment:					
Automatic BP machine (Dynamap)					
Electronic Thermometer					
Applying Oximeter					
Scale Use:					
Standing					
Chair					
Bed					
GI /GU					
Report Abnormal Findings					
Bowel Function					
Bladder Function					

	0	1	2	3	4
Administering Enemas:					
Tap Water					
Fleets					
Return Flow					
Placing and Removing Bed Pan					
Clamping Catheter					
Emptying Foley Bag					
Placing Condom Catheter					
Emptying and Replacing Ostomy Bag (Established Ostomy)					
Nutrition					
Estimating Intake					
Setting up for Meals					
Feeding Patients					
Aspiration Precautions					
Nourishments					
Counting Calories					
Fluid Restriction					
NPO					
Specimens					
Collecting Stool					
Collecting Sputum					
Collecting Urine:					
Clean Catch					
24 Hour					
Labeling Specimens and Preparing for Transport					
Hygiene /Skin					
Risk Factors for Skin Breakdown					
Observing Pressure Points for Redness or Breakdown					
Bathing /Daisy Hygiene:					
Bathing (Shower /Tub /Arjo)					
Oral Care, Including Patients who are NPO, Comatose, Patients with					
Pen Care					
Foot Care for Patients with Impaired Circulation or Sensation					
Incontinence Care					
Shaving and Precautions					
Reducing Pressure and Friction					
Use of Pressure and Friction Reduction Devices:					
Special Beds /Mattresses					
Heels and Elbow Protection					
Foot Cradles					
Use of Shower Chair					
Use of Bath /Shower Boat					
Infection Control					
Proper use of Specific Barrier Methods:					
Gloves					
Gown					
Mask /Goggles					
Reverse Isolation					
Body Substance Isolation					
TB Precautions					
MRSA Precautions					
Hand Washing					
Infectious /Hazardous Waste Disposal					
Supply /Equipment Disposal					
Use of Disposable Thermometer					
Use of CPR Mask /Bag					

	0	1	2	3	4
Safety and Activity					
Determining Patient ID					
Identifying Safety Hazards					
Determining Need for Additional Help					
Assessing Safety and ADL Needs					
Recognizing Abuse: Substance, Physical, Emotional, etc.					
Maintaining Clean, Orderly Work Area					
Disposing of Sharps					
Handling Hazardous Materials					
Proper Body Mechanics					
ROM Exercises					
Transferring ^g to Bed, WC, Commode, etc					
Turning and Positioning					
Patient Safety Module					
Reporting Broken Equipment					
Responding to Safety Hazards					
Use of Hoyer Lift (Dextra /Maxi)					
Bed Operation					
Use of Wheel Locks					
Use of Alarms: Bed, Patient, Unit					
Use of Call Light					
Documenting Use of Restraints					
Application of Restraints:					
Belt Including Seat Belt					
Wrist /Ankle					
Vest					
Use of Transfer Belt					
Use of Gait Belt for Ambulation					
Use of Seizure Pads					
Care Routines					
New Admissions and Transfers:					
Inventory and Disposition of Belongings, Use of Checklist					
Room Orientation, Call Bell					
Basic Comfort Measures					
Post-op Patients:					
Transferring into Bed					
Call Bell					
Assist with Turns					
ROM Exercises					
Maintaining O2 Therapy:					
Replacing Mask or Nasal Caunula if Needed					
Notifying Nurse of Problems					
Basic Comfort Measures					
Preparation For and Transfer to SNF:					
Early Bath					
Preparing Belongings					
Preparing for and Explaining Routines to Patient					
Post Mortem Care					
Use of Incentive Spirometer					
Removing /Replacing:					
Antiembolic Stockings					
Sequential Stockings					
Communication					
Using Appropriate Abbreviations					
Identifying Unusual Patient Incidents that Require Reporting					

	0	1	2	3	4
Communicating to RN:					
Changes in Patient Condition					
Patient Needs, Complaints and Concerns					
Unusual Incidents					
Recording and Reporting:					
Vital Signs					
Bathing /Hygiene					
Turning and Repositioning					
Ambulation and Activity					
Diet intake, Calorie Count					
Bowel Movements					
I & O:					
Shift Volumes and Totals					
Marking and /or Measuring Amount of Urine, Gastric Fluid, NG Drainage, Emesis, Diarrhea					
Reinforcing RN Teaching With Patient					
Selecting and Using Forms Appropriately					
Using Alternate Communication Tools /Devices					
Unit Activity					
Identifying Unusual Incidents on the Unit that Require Reporting					
Locating and Using Appropriate Reference Materials: Hospital, Patient Care and					
Charging for Patient Care Items					
Completing Risk Management Reports as Needed					
Obtaining Needed Supplies and Equipment					
Reporting and Following up on Faulty Equipment and Supplies					
Using Telephone System					

Experience Areas, Record Years/Months of Previous Experience. (Check all that apply.)					
<input type="checkbox"/> Acute	Years:	Months:	<input type="checkbox"/> Long Term Care	Years:	Months:
<input type="checkbox"/> Ambulatory Care	Years:	Months:	<input type="checkbox"/> Other	Years:	Months: