

Skills Checklist

CERTIFIED NURSING ASSISTANCE COMPETENCY REVIEW - SKILL CHECKLIST

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

Level of Proficiency:
 1. Can function independently
 2. Experienced but may need review
 3. Limited experience
 4. No experience

Education	1	2	3	4
Continuing education and competency testing in past 2 years _____				

Languages you speak _____				

Experience Type	1	2	3	4
Elderly <input type="checkbox"/> Yes <input type="checkbox"/> No				
Children <input type="checkbox"/> Yes <input type="checkbox"/> No				
AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No				
Hospice <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mentally Ill <input type="checkbox"/> Yes <input type="checkbox"/> No				

Documentation	1	2	3	4
Read and follow Nursing Assist. Plan of Care <input type="checkbox"/>				
Chart on patient record sheet <input type="checkbox"/>				

Care Of Patient	1	2	3	4
Diabetic <input type="checkbox"/>				
Cardiac <input type="checkbox"/>				
Elderly <input type="checkbox"/>				
Handicapped <input type="checkbox"/>				
Mentally Challenged <input type="checkbox"/>				

Communication:	1	2	3	4
Client <input type="checkbox"/>				
Family/S.O. <input type="checkbox"/>				
Health Care Team <input type="checkbox"/>				

Vital Signs:	1	2	3	4
Temperature <input type="checkbox"/>				
Pulse <input type="checkbox"/>				
Respiration <input type="checkbox"/>				
Blood Pressure <input type="checkbox"/>				

Basic Care:	1	2	3	4
Bed Bath <input type="checkbox"/>				
Sponge Bath <input type="checkbox"/>				
Tub or Shower <input type="checkbox"/>				
Foot Care <input type="checkbox"/>				
Mouth Care <input type="checkbox"/>				
Hair Care <input type="checkbox"/>				
Nail Care. <input type="checkbox"/>				
General Skin Care <input type="checkbox"/>				
Decubiti Care <input type="checkbox"/>				
Shampoo sink, tub or bed <input type="checkbox"/>				
Patient Positioning <input type="checkbox"/>				
Toileting and Elimination. <input type="checkbox"/>				
Care of an incontinent patient <input type="checkbox"/>				
Range of Motion <input type="checkbox"/>				
Assist patient with meals and feeding <input type="checkbox"/>				
Observe and report changes in physical, mental and emotional condition to professional staff <input type="checkbox"/>				

Making beds:	1	2	3	4
Unoccupied bed <input type="checkbox"/>				
Occupied bed <input type="checkbox"/>				

Patient Safety:	1	2	3	4
Wheelchair <input type="checkbox"/>				

Care Of Patient (Cont.)	1	2	3	4
Cane <input type="checkbox"/>				
Walker <input type="checkbox"/>				
Assist patient ambulating <input type="checkbox"/>				
Transfer to and from bed <input type="checkbox"/>				
Body Mechanics <input type="checkbox"/>				
Fractional Urine (S&A) <input type="checkbox"/>				
Assist with Colostomy Care <input type="checkbox"/>				
Irrigations <input type="checkbox"/>				
Knowledge of low sodium diet. <input type="checkbox"/>				
Knowledge of low cholesterol diet. <input type="checkbox"/>				
Knowledge of Diabetic diet <input type="checkbox"/>				
Proper technique for restraining a patient <input type="checkbox"/>				
Siderail <input type="checkbox"/>				
Locks on bed <input type="checkbox"/>				

Special Equipment	1	2	3	4
Hoyer Lift <input type="checkbox"/>				
Bed Scale <input type="checkbox"/>				
Change simple non sterile dressing <input type="checkbox"/>				

React To Emergencies	1	2	3	4
Cardiac arrest <input type="checkbox"/>				
Fires etc <input type="checkbox"/>				
Reflex Management <input type="checkbox"/>				

Infection Control	1	2	3	4
Hand washing <input type="checkbox"/>				
Gloves <input type="checkbox"/>				
Disposal of hazardous materials. <input type="checkbox"/>				
Universal precautions <input type="checkbox"/>				
Isolation precautions. <input type="checkbox"/>				
Enteric precautions <input type="checkbox"/>				
Strict Isolation <input type="checkbox"/>				
Respiratory isolation <input type="checkbox"/>				
Contact isolation <input type="checkbox"/>				
Drainage secretion precautions <input type="checkbox"/>				
Tuberculosis isolation <input type="checkbox"/>				
Body/blood precautions <input type="checkbox"/>				