



## CERTIFIED NURSING ASSISTANT SKILLS CHECKLIST

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

### INSTRUCTIONS

Please provide accurate answers so we can correctly match your abilities to our client job requirements. Please check the level of experience and expertise you have in each skill category, using the following scale:

**#1 = Familiar with procedure but will usually or almost always require some assistance.**

**#2 = Competent and familiar with procedure:** I can perform this procedure with excellence, usually without assistance.

**#3 = Very competent:** I have at least 12 months experience and can perform this procedure with excellence and without assistance.

**NOTE:** Leave blank any procedures which you have **no experience, training or low competence.**

SKILLS:	1	2	3
<b>Vital Signs &amp; Weights</b>			
<b>1. Obtaining and Recording:</b>			
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			
<b>2. Use of Electronic VS equipment:</b>			
Automatic BP machine (Dynamap)			
Electronic Thermometer			
Applying Oximeter			
<b>3. Scale Use:</b>			
Standing			
Chair			
Bed			
<b>GI/GU</b>			
Report Abnormal Finding			
Bowel Function			
Bladder Function			
Administering Enemas:			
Tap Water			
Fleets			
Return Flow			
Placing & Removing Bed Pan			

SKILLS:	1	2	3
Clamping Cathetar			
Emptying Foley Bag			
Placing Condom Cathetar			
Emptying & Replacing Ostomy Bag (Established Ostomy)			
<b>Nutrition</b>			
Estimating Intake			
Setting up for Meals			
Feeding Patients			
Aspiration Precautions			
Nourishments			
Counting Calories			
Fluid Restriction			
NPO			
<b>Specimens</b>			
Collecting Stool			
Collecting Sputum			
Collecting Urine:			
Clean Catch			
24 Hour			
Labeling Specimens & Preparing for Transport			
<b>Hygiene/Skin</b>			
Risk Factors for Skin Breakdown			
Observing Pressure Points for Redness or Breakdown			
<b>Bathing/Daily Hygiene:</b>			
Bathing (Shower/Tub/Arjo)			
Oral Care, Including Patients who are NPO, Comatose, Patient s w/Dentures			
Peri Care			
Foot Care for Patients with Impaired			

<b>SKILLS:</b>	<b>1</b>	<b>2</b>	<b>3</b>
Circulation or Sensation			
Incontinence Care			
Shaving & Precautions			
Reducing Pressure & Friction			
<b>Use of Pressure &amp; Friction Reduction Devices:</b>			
Special Beds/Mattresses			
Heels & Elbow Protection			
Foot Cradles			
Use of Shower Chair			
Use of Bath/Shower Boat			
<b>Infection Control</b>			
<b>Proper Use of Specific Barrier Methods:</b>			
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			
<b>Safety &amp; Activity</b>			
Determining Patient ID			
Identifying Safety Hazards			
Determining Need for Additional Help			
Assessing Safety & 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 to Bed, WC, Commode, etc.			
Turning & 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 Alarm: Bed, Patient, Unit			
Use of Call Light			
Documenting use of Restraints			

<b>SKILLS:</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Application of Restraints:</b>			
Belt, including Seat Belt			
Wrist/Ankle			
Vest			
<b>Use of Transfer Belt</b>			
<b>Use of Gait Belt for Ambulation</b>			
<b>Use of Seizure Pads</b>			
<b>Care Routines</b>			
<b>New Admissions &amp; Transfers:</b>			
Inventory & Disposition of Belongings, Use of Checklist.			
Room Orientation, Call Bell			
Basic Comfort Measures			
<b>Post-op Patients:</b>			
Transferring into Bed			
Call Bell			
Assist with Turns			
ROM Exercises			
<b>Maintaining O<sub>2</sub> Therapy</b>			
Replacing Mask or Nasal Caunula if Needed			
Notifying Nurse or Problems			
Basic Comfort Measures			
<b>Preparing For &amp; Transfer to SNF:</b>			
Early Bath			
Preparing Belongings			
Preparing for and Explaining Routines to Patient			
Post Mortem Care			
Use of Incentive Spirometer			
<b>Removing/Replacing:</b>			
Antiembolic Stockings			
Sequential Stockings			
<b>Communication</b>			
Using Appropriate Abbreviations			
Identifying Unusual Patient Incidents that Require Reporting			
Identifying need for Alternate Communicating Mechanisms			
<b>Communicating to RN:</b>			
Changes in Patient Condition			
Patient Needs, Complaints and Concerns			
Unusual Incidents			
<b>Recording &amp; Reporting:</b>			
Vital Signs			
Bathing/Hygiene			
Turning & Repositions			
Ambulation & Activity			
Diet intake, Calorie Count			
Bowel Movements			

<b>SKILLS:</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>I &amp; Q:</b>			
Shift Volumes & Totals			
Marking and/or Measuring Amt. of Urine, Gastric Fluid, NG Drainage, Emesis, Diarrhea			
Reinforcing RN Teaching With Patient			
Selecting & Using Forms Appropriately			
Using Alternate Communications Tools/Devices			
<b>Unit Activity</b>			
Identifying Unusual Incidents on the Unit that Require Reporting			
Locating & Using Appropriate Reference Materials: Hospital, Patient Care and Unit Standards Manuals, Procedure Textbook			
Charging for Patient Care Items			
Completing Risk Management Reports as Needed			
Obtaining Needed Supplies and Equipment			
Reporting and Following up on Faulty Equipment & Supplies			
Using Telephone System			

**Certification:**

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this skills checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Full Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_  
Retyped name acts as signature, if submitting form by email

Reviewed by \_\_\_\_\_ : Date: \_\_\_\_\_