



## CERTIFIED NURSING ASSISTANT SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

**Instructions:** Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

### Self-Assessed Experience Rating Scale

1 = No Experience    2 = Minimal Experience    3 = Performs well/competent    4 = Supervise and Teach

Skills:	1	2	3	4
<b>Vital signs and 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				

Skills Continued:	1	2	3	4
<b>GI/GU</b>				
Report Abnormal Finding				
Bowel Function				
Bladder Function				
<b>Administering Enemas:</b>				
Tap water				
Fleets				
Return Flow				
Placing and Removing Bed Pan				
Clamping Catheter				
Emptying Foley Bag				
Placing Condom Catheter				
Emptying and Replacing Stormy Bag (Established Stormy)				
<b>Nutrition:</b>				
Estimating Intake				
Setting up for meals				
Feeding Patients				
Aspiration Precautions				
Nourishments				
Counting Calories				
Fluid Restriction				
NPO				

Skills continued:	1	2	3	4
<b>Specimens</b>				
Collecting Stool				
Collecting Sputum				
<b>Collecting Urine:</b>				
Clean Catch				
24 Hour				
Labeling Specimens and 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/Argo)				
Oral care, Including Patients who are NPO, Comatose, Patients with Dentures				
Peril Care				
Foot Care for Patients with Impaired Circulation or Sensation				
Incontinence Care				
Shaving and Precautions				
Reducing Pressure and Friction				
<b>Use of Pressure &amp; Friction Reduction Devices:</b>				
Special Beds/Mattresses				
Heels and Elbow Protection				
Foot Cradles				
Use of Shower Chair				
Use of Bath/Shower Boat				
<b>Infection Control</b>				
<b>2. 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				

Skills Continued:	1	2	3	4
<b>Safety and 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 and Positioning				
Patient Safety Module				
Reporting Broken Equipment				
Responding to Safety Hazards				
Use of Hoyer Lift (Dextral/Maxi)				
Bed Operation				
Use of Wheel Locks				
Use of Alarm: Bed, Patient, Unit				
Use of Call Light				
Documenting use of Restraints				
<b>Application of Restraints:</b>				
Belt, Including Seat Belt				
Wrist/Ankle				
Vest				
Use of Transfer Belt				
Use of Gait Belt for Ambulation				
Use of Seizure pads				
<b>Care Routines</b>				
<b>New Admissions and Transfers:</b>				
Inventory & Disposition of Belongings, Use of Checklist				
Room Orientation				
Basic Comfort Measures				
<b>Preparing for Transfer to SNF:</b>				
Early Bath				
Preparing Belongings				
Preparing for and Explaining Routines to Patient				

<b>Skills Continued:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Post Mortem Care				
Use of Incentive Spiro meter				
<b>Removing/Replacing:</b>				
Ant embolic 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 Continued:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>I &amp; Q:</b>				
Shift Volumes & Totals				
Marking and/or Measuring Amt. of Urine, Gastric Fluid, NG Drainage, Emesis, Diarrhea				
<b>Reinforcing RN Teaching with Patient</b>				
<b>Selecting and Using Forms Appropriately</b>				
<b>Unit Activity</b>				
Identifying Unusual Incidents on the Unit that Require Reporting				
Locating and 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 and Supplies				
Using Telephone System				

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

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Signature

\_\_\_\_\_  
Date

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

