

Name: _____

Skills Checklist

CERTIFIED NURSING ASSISTANCE SELF-ASSESSMENT SKILLS 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

Continuing education and competency testing in past 2 years _____

 Languages you speak _____

Experience Type YES NO

Elderly.....
 Children.....
 AIDS.....
 Hospice.....
 Mentally Ill.....

Documentation 1 2 3 4

Read and follow Nursing Assist. Plan of Care.....
 Chart on patient record sheet.....
 EMR Systems.....
 (Electronic Medical Records)

Care Of Patient 1 2 3 4

Diabetic.....
 Cardiac.....
 Elderly.....
 Handicapped.....
 Mentally Challenged.....

Communication:

Client.....
 Family/S.O.....
 Health Care Team.....

Vital Signs:

Temperature.....
 Pulse.....
 Respiration.....
 Blood Pressure.....

Basic Care:

Bed Bath.....
 Sponge Bath.....
 Tub or Shower.....
 Foot Care.....
 Mouth Care.....
 Hair Care.....
 Nail Care.....
 General Skin Care.....
 Decubiti Care.....
 Shampoo sink, tub or bed.....
 Patient Positioning.....
 Toileting and Elimination.....
 Care of an incontinent patient.....
 Range of Motion.....
 Assist patient with meals and feeding.....
 Observe and report changes in physical, mental and emotional condition to professional staff.....

Making Beds:

Unoccupied bed.....
 Occupied bed.....

Patient Safety:

Wheelchair.....
 Cane.....
 Walker.....
 Assist patient ambulating.....
 Transfer to and from bed.....
 Body Mechanics.....
 Fractional Urine (S&A).....
 Assist with Colostomy Care.....
 Irrigations.....
 Knowledge of low sodium diet.....
 Knowledge of low cholesterol diet.....
 Knowledge of Diabetic diet.....
 Proper technique for restraining a patient.....
 Siderail.....
 Locks on bed.....

Special Equipment 1 2 3 4

Hoyer Lift.....
 Bed Scale.....
 Change simple non sterile dressing.....

React To Emergencies 1 2 3 4

Cardiac arrest.....
 Fires etc.....
 Reflex Management.....

Infection Control 1 2 3 4

Hand washing.....
 Gloves.....
 Disposal of hazardous materials.....
 Universal precautions.....
 Isolation precautions.....
 Enteric precautions.....
 Strict Isolation.....
 Respiratory isolation.....
 Contact isolation.....
 Drainage secretion precautions.....
 Tuberculosis isolation.....
 Body/blood precautions.....

Signature: _____ Date: _____