



Nurse Aide Skills Checklist

Name: _____

Date: _____

In order to provide suitable assignments for you, the following checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

- 1 = No experience; Theory/observed only
- 2 = Intermittent experience; < 5 times per year; Needs review
- 3 = Moderate experience; > 5 times per year; May need minimal resource
- 4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Bed Making				
Occupied bed				
Non-occupied bed				
Bathing				
Bed bath				
Tub bath				
Sitz bath				
Shower bath				
Partial bath (incontinent care)				
Perineal bath (including douche)				
Grooming of Resident				
Dressing bed resident				
Dressing ambulatory resident				
Shaving patient				
Brush and comb hair				
Routine fingernail and toenail care				
Nail care of residents with diabetes				
Routine oral care for resident's mouth				
Oral care of unconscious resident's mouth				
Care of dentures				
Routine foot care				
Special foot care for residents with diabetes				
Shampoos				
For bedridden residents				
For residents in wheelchair				
Skin Care				
Common sites of breakdown				
Routine skin care				
Cleanliness				
Lotions/Powders				
Massage				
Positioning				
Special items used to protect skin				
Sheepskin				
Booties				
Elbow protectors				
Flotation mattress				

Skill Level	1	2	3	4
Feeding Resident				
Preparing resident for meal				
Assisting a resident with eating (partial assist)				
Assisting a resident with eating (total assist)				
Feeding a resident with a syringe				
Procedure for preventing choking				
Between meal feedings				
Food Services				
Food temperature				
Serving size				
Sanitation procedures				
Transportation of foods				
Modified or restricted diets				
Four basic food groups				
Restraints				
Basic types of restraints				
Requirements concerning restraints				
Physician orders				
Facility policy and procedures				
Must be monitored every 30 min.				
Must be released for at least 10 min. every 2 hrs and repositioned				
Care of resident in restraints				
Proper positioning				
Offer fluid frequently if permitted				
Offer bedpan or take to bathroom				
Nurse call system available to resident at all times				
Catheter Care				
External catheter				
Indwelling catheter				
Position of tubing				
Position of drainage bag				
Maintaining sterility when disconnecting				
Applying leg bag				
Signs and symptoms of UTI				

Intake				
Offering food substitutions				
Between meal feedings				
H.S. snacks				
Offer fluids at regular intervals				
Forcing fluids				
Measuring intake				
Elimination				
Bowel and bladder training				
How to place resident on bedpan				
Enemas				
Colostomy care				
Signs & symptoms of fecal impaction				
Vital Signs				
Oral temperature				
Rectal temperature				
Pulse				
Respiration				
Blood pressure				
Body Mechanics				
Turning patient				
Transferring resident				
Bed to chair and return				
Bed to wheelchair and return				
Wheelchair to commode and return				
Helping resident walk (crutches/walker)				
Lifting device: use, care and storage				
Isolation Techniques				
Regular				
Reverse				
Universal precautions				
Prevention and Contractures				
Positioning				
Passive exercises				
Range of motion				
Use of weighing scales				
Use of supportive devices				
Pillows				
Footboards				
Specimen Collection				
Stool specimen				
Test urine for sugar				
Test urine for acetone				
Infectious Control				
AIDS/HIV interaction				
Hepatitis interaction				
Linen - transport, store and handle				
Cleaned				
Soiled				
Personal clothing				

Documentation Techniques				
Legible, concise and in timely manner				
Fully dated and signed				
Identification data on each page				
Correction of errors				
Blank spaces, lines & pages on records				
Observation and Reporting				
Nutrition/Intake				
Change in appetite				
Difficulty in swallowing				
Documentation of food intake				
Skin				
Reddened areas/bruises				
Bed sores				
Rashes				
Color: flushing, cyanosis				
Cold or hot skin				
Elimination				
Urine: color, amount, consistency and odor				
Bowel: color, amount, consistency and frequency				
Other				
Edema				
Drowsiness				
Alteration of vital signs				
Unusual odors				
Lumps or sore spots				
Unusual perspiration				
Cough				
Dyspnea				
Any complaint from resident				
Changes in behavior				
Signs and symptoms of depression				
Assessment of pain levels				
Response to pain medication				
Care After Death				
Post mortem care				
Facility policy for resident's valuables and/or clothing				
Other Skills				
CPR				
Diabetic monitoring				
Use of "911" in LTC setting				
Regulatory guidelines related to the prevention of abuse and neglect of residents				
Regulatory guidelines related to the resident's rights in LTC setting				
Incident and accident reporting				

The preceding information I have checked is **true and correct**.

Signature: _____

Date: _____