

## Certified Nursing Assistant Skills Checklist

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

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

0= No experience, 1= Need Direction, 2= Minimal assistance needed, 3= Very Competent

Please check the column that applies to your skill level:

SKILLS	3	2	1	0	SKILLS	3	2	1	0
Assist with admission of patient					Intake and output measure and record				
Assist with ambulation					Infection Control: Standard Universal Precautions				
Assist with bedpan/ urinal/ commode					Infection Control: Reverse Isolation				
Backrubs/ back care					Infection Control: TB/Airborne Precautions				
Basic medical asepsis					Infection Control: MRSA/ VRE Precautions				
Bathing: complete/ partial/ Sitz					Nourishment for patients				
Bed cradles					Observing patients				
Bed making: occupied/ unoccupied/ surgical					Oral hygiene				
Bed rails: when/ how to use them					Patient safety standards/Precautions				
Cast care					Perineal care				
Charting/ checklists/ graphic charts					Positioning patients				
Compresses: warm/ cold					Prosthetic devices (dentures, contact lenses, etc.)				
Coughing/ deep breathing					Range of motions exercises				
CPR					Reporting changes of patient condition				
Crutch walking: Assist patient					Reporting/ recording of patient's pain level				
Dangling patient					Restraints				
Dietary restrictions					Skin care				
Discharge of patient					Specimen Collection: Routine Urine				
Documentation: vital signs and I&O					Specimen Collection: Clean catch				
Documentation of patient belongings					Specimen Collection: 12 & 24 hour urine specimen				
Douches					Specimen Collection: Stool				
Elastic stockings (TED hose)					Specimen Collection: Culture				
Elimination check and record					Specimen Collection: Sputum				
Enemas, rectal tubes, Harris flush					Specimen Collection: From foley catheter				
Feed patient					Vital signs- manual				
Foley catheter care and emptying					Dynamap				

Footboard					Computerized charting				
Hand Hygiene					Suicide/ Homicide precautions				
Height: measure and record					First Aid/ CPR				

<b>EXPERIENCE</b>	<b># of Years</b>		<b># of Years</b>
Intermittent Home Health Care Experience		Experience with Peds	
Private Duty Home Care Experience		Experience with Infants	
Experience with Adults		Experience with Medicare-certified agency	
Experience with Seniors/ Geriatrics			

I, \_\_\_\_\_, certify that all the information provided here is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date