

LPN Competency/ 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 |
|---|---|---|---|---|--|---|---|---|---|
| Activities of daily living | | | | | Infection Control: Standard Universal Precautions | | | | |
| Admission of patient | | | | | Infection Control: Reverse Isolation | | | | |
| Administration of medication | | | | | Infection Control: TB/ Airborne Precautions | | | | |
| Ambulation | | | | | Infections Control: MRSA/ VRE Precautions | | | | |
| Application of heat and cold | | | | | Isolation procedure for specimen collection | | | | |
| Aseptic Technique | | | | | IVs: Monitor rate and infusion site | | | | |
| Assist with medical examination | | | | | Medications: Oral, IM, SQ | | | | |
| Bathing: Sitz, tub, bed, shower | | | | | Mouth care | | | | |
| Bandaging | | | | | Nail Care | | | | |
| Binders | | | | | Neurological Check | | | | |
| Body Alignment | | | | | Nutritional check | | | | |
| Body Systems Review (Head to Toe data collection) | | | | | Observations: Response to treatments/ meds | | | | |
| Cast care | | | | | Observations: Signs of significant body system changes | | | | |
| Catheterization / Foley catheter care | | | | | Observations: Signs of shock | | | | |
| Charting | | | | | Observations: Signs of pain | | | | |
| Colostomy Care and irrigation | | | | | Observes safety procedures | | | | |
| CPR | | | | | O ₂ administration | | | | |
| Crutch walking | | | | | Pain assessment | | | | |
| Decubitus Care | | | | | Patient care plans (revise and update) | | | | |
| Diabetic tests and preparation forms | | | | | Patient safety standards/ precautions | | | | |
| Diabetic blood glucose testing | | | | | Positioning patient | | | | |
| Discharge patients | | | | | Postural drainage | | | | |
| Dosage computation | | | | | Pre-op and post-op care | | | | |
| Draping | | | | | Provide comfort, safety and privacy | | | | |
| Dressing (sterile) | | | | | Pulse oxymetry | | | | |
| Ear drops | | | | | Range of motion | | | | |
| Elimination needs | | | | | Report observations/ changes | | | | |
| Enemas, cleansing, retention, Harris flush | | | | | Hand hygiene | | | | |
| Restraints | | | | | Skin care | | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Specimen collection: routine urine | | | | | Trach care/suctioning | | | | |
| Specimen collection: clean catch | | | | | Telephone manners | | | | |
| Specimen collection: 12 & 24 hour specimen | | | | | Topical Medication Application | | | | |
| Specimen collection: stool | | | | | Traction | | | | |
| Specimen collection: culture | | | | | Transfer/ transport patients: wheelchair | | | | |
| Specimen collection: sputum | | | | | Transfer/ transport patients: gurney | | | | |
| Specimen collection: from foley catheter | | | | | Transfer/ transport patients: to chair | | | | |
| Suppositories | | | | | Urine test for glucose/ acetone | | | | |
| Suction-oral | | | | | Vital Signs | | | | |
| Surgical Preps | | | | | Weight: Bed scales and standing scales | | | | |
| Computerized charting | | | | | IV therapy certified | | | | |

| EXPERIENCE | # of Years | | # of Years |
|--|-------------------|---|-------------------|
| Intermittent Home Health Care Experience | | Experience with Infants | |
| Private Duty Home Care Experience | | Experience with Medicare-certified agency | |
| Experience with Adults | | IV Therapy Certified | |
| Experience with Seniors/ Geriatrics | | Venipuncture Certified | |
| Experience with Peds | | Chemotherapy Certified | |

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

Applicant Signature

Date