

CERTIFIED NURSES ASSISTANT SKILLS CHECKLIST

- 1 – NO EXPERIENCE**
- 2 – SOME EXPERIENCE (Require assistance / supervision)**
- 3 – EXPERIENCED (Need review, can perform independently)**
- 4 – VERY EXPERIENCED (Can perform well independently)**

Please select the column that most accurately describes your experience level.

EXPERIENCE LEVEL	1	2	3	4
PATIENT CARE				
Bed Bathing				
Tub Bathing				
Nail Care				
Shampoo				
Shower				
Application of Skin Care: Lotions, Back Rub				
Dressing – Assisting				
Supine/ Prone				
Shaving: Electric Razor				
Dressing Complete				
Care of Confused Patient				
Care of Suicidal Patient				
Post Mortem Care				
Perineal Male Care				
Perineal Female Care				
SAFETY EQUIPMENT/DEVICES				
Feeding Techniques				
Assist in Feeding				
Encourage Fluids				
Measure and Record Output				
Measure and Record Input				
Choking				
CPR				
Resuscitation				

EXPERIENCE LEVEL	1	2	3	4
Admitting Patients				
Discharging Patients				
Blood Glucose Monitor				
OSHA Guidelines				
ENVIRONMENT				
Light Housekeeping				
Meal Preparation				
Linen Changing of Unoccupied Bed				
Linen Changing of Occupied Bed				
OSHA				
Standard Precautions				
Patient's Bill of Rights				
Isolation Techniques				
Hand Washing				
TAKE AND RECORD VITAL SIGNS				
Pulse – Apical				
Pulse – Brachial				
Pulse – Radial				
Blood Pressure				
Height and Weight				
Respirations				
Temperature – Oral				
Temperature – Axillary				
Temperature - Rectal				
BLADDER & BOWEL (ELIMINATION)				
Foley Catheter Care				
External Cather Care				
Colostomy Care				
Bedside Commode				
Bed Pan / Urinal & Fracture Pan				
Enemas: Tap, H2O, Fleets, Soap Suds				
Measure and Record Output				
AMBULATION / TRANSFER TECHNIQUES				
Slide Board				
Hoyer Lift				
Weight Bearing				
Wheelchair				
Walker / Crutches				
Cain				
Gait Belt				
2 – Person Transfer				

EXPERIENCE LEVEL	1	2	3	4
OXYGEN				
Cannula / Mask Replacement				
Flow Rate				
Water to Humidifier				
SPECIMEN COLLECTION				
Stool				
Sputum				
Urine				
DOCUMENTATION / REPORTING / OBSERVATION				
Charting on Nurse Notes				
Change in Body functions				
Change in Routines				
Charting of Graphics Sheet				
Change in Behavior				

I ATTEST THAT THE INFORMATION CONTAINED ABOVE IS TRUE AND ACCURATE.

Independent Contractor

Date

Encore Staff

Date