



**GERIATRIC NURSING 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.

<b>EXPERIENCE LEVEL</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>PATIENT CARE</b>				
Bed Bathing				
Tub Bathing				
Nail Care				
Foot Care				
Shampoo (In Shower and In Bed)				
Mouth/Denture Care				
Application of Skin Care: Lotions, Back Rub				
Brush hair				
Assistance with Toileting				
Shaving: Electric Razor				
Assistance with Dressing				
Patient with Dementia				
Post Mortem Care				
Perineal Care				
Passive Range of Motion for shoulder, knee, ankle, etc.				
Turning Positions in Bed				
Assistance with Meals				
Use high elastic stocking				
<b>SAFETY EQUIPMENT/DEVICES</b>				
Feeding Techniques				
Encourage Fluids				
Measure and Record Output				
Measure and Record Input				

<b>EXPERIENCE LEVEL</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
CPR				
Resuscitation				
Choking				
Admitting and Discharging Patients				
Blood Glucose Monitor				
<b>ENVIRONMENT</b>				
Light Housekeeping				
Meal Preparation				
Linen Changing of Unoccupied Bed				
Linen Changing of Occupied Bed				
<b>OSHA</b>				
Standard Precautions				
Patient's Bill of Rights				
Isolation Techniques				
Hand Washing				
<b>TAKE AND RECORD VITAL SIGNS</b>				
Pulse – Apical				
Pulse – Brachial				
Pulse – Radial				
Blood Pressure (one-step procedure)				
Blood Pressure (two-step procedure)				
Height and Weight				
Respirations				
Temperature – Oral				
Temperature – Axillary				
Temperature - Rectal				
<b>BLADDER &amp; BOWEL ( ELIMINATION)</b>				
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				
<b>AMBULATION / TRANSFER TECHNIQUES</b>				
Slide Board				
Hoyer Lift				
Weight Bearing				
Wheelchair				
Walker / Crutches / Cane				
Gait Belt				
2 – Person Transfer				

<b>EXPERIENCE LEVEL</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>OXYGEN</b>				
Cannula / Mask Replacement				
Flow Rate				
Water to Humidifier				
<b>SPECIMEN COLLECTION</b>				
Stool				
Sputum				
Urine				
<b>DOCUMENTATION / REPORTING / OBSERVATION</b>				
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**