

SKILLS PERFORMANCE CHECKLIST

Facility Name: _____ **City, Town:** _____

Student/Trainee Printed Name: _____

Student/Trainee Signature: _____ **Trainee Initials:** _____

Instructor Printed Name: _____ **License #** _____

Instructor Signature: _____ **Instructor Initials:** _____

Instructor Printed Name: _____ **License #** _____

Instructor Signature: _____ **Instructor Initials:** _____

Instructor Printed Name: _____ **License #** _____

Instructor Signature: _____ **Instructor Initials:** _____

Instructor Printed Name: _____ **License #** _____

Instructor Signature: _____ **Instructor Initials:** _____

| SKILLS: INFECTION CONTROL | Date Satisfactorily Performed | Student Trainee Initials | Instructor Initials |
|--|-------------------------------|--------------------------|---------------------|
| Perform Hand washing/use of Hand Sanitizer | | | |
| Perform Heimlich maneuver | | | |
| Seizures | | | |
| Falling and Fainting | | | |
| Apply personal protective equipment (gloves, mask and gown) | | | |
| Remove personal protective equipment (gloves, mask, and gown)/hand sanitizer | | | |
| Handle soiled linens | | | |
| Double-bag for isolation precautions | | | |
| Apply/Remove waist restraint/lap buddy | | | |
| Apply/Remove ankle/wrist restraint | | | |
| Apply/Remove vest restraint | | | |

| SKILLS: MEAL/FEEDING | | | |
|--|--|--|--|
| Use proper feeding techniques/Hygiene for resident | | | |
| Provide partial feeding assistance | | | |
| Use positioning and adaptive feeding devices | | | |
| Measure/Record Fluid Intake | | | |
| Measure/Record Solid Intake | | | |

SKILLS PERFORMANCE CHECKLIST

| | Date Satisfactorily Performed | Student Trainee Initials | Instructor Initials |
|---|-------------------------------|--------------------------|---------------------|
| SKILLS: PERSONAL CARE | | | |
| Provide male perineal care | | | |
| Provide female perineal care | | | |
| Provide oral care | | | |
| Provide oral care for unconscious resident | | | |
| Provide denture care | | | |
| Provide hair care | | | |
| Shave the resident | | | |
| Provide nail care to non-diabetics | | | |
| Provide foot care to non-diabetics | | | |
| Provide skin checks/Heel and elbow protectors | | | |
| Provide dressing/undressing assistance | | | |
| Apply compression support stockings | | | |
| Make unoccupied bed | | | |
| Make occupied bed | | | |
| Provide tub, whirlpool, or shower assistance | | | |
| Provide complete bed bath | | | |
| Provide backrub | | | |

| | | | |
|--|--|--|--|
| SKILLS: ELIMINATION | | | |
| Provide bedpan/fracture pan assistance | | | |
| Provide urinal assistance | | | |
| Provide bedside commode assistance | | | |
| Provide bathroom commode assistance | | | |
| Provide indwelling catheter care | | | |
| Measure/record fluid output | | | |

| | | | |
|---|--|--|--|
| SKILLS: VITAL SIGNS | | | |
| Perform/record manual and digital blood pressure | | | |
| Measure/record manual and digital pulse | | | |
| Measure/record pain | | | |
| Measure/record respirations | | | |
| Measure/record temperature with glass or digital thermometers | | | |
| Measure/record height | | | |
| Measure/record weight | | | |

| | | | |
|---|--|--|--|
| SKILLS: POSITIONING | | | |
| Perform active range of motion exercises | | | |
| Perform passive range of motion exercises | | | |
| Position resident fowlers | | | |
| Position resident lateral | | | |
| Position/reposition resident in chair | | | |
| Use prosthetic, orthotic, and assistive positioning devices | | | |

SKILLS PERFORMANCE CHECKLIST

| SKILLS: AMBULATION | Date Satisfactorily Performed | Student Trainee Initials | Instructor Initials |
|--|-------------------------------------|--------------------------------|------------------------|
| Use a gait/transfer belt | | | |
| Assist resident with walker/rolling walker | | | |
| Assist resident with walking | | | |

| SKILLS: LIFTING AND TRANSFER | | | |
|---|--|--|--|
| Use a mechanical lift | | | |
| Use a gait/transfer belt | | | |
| Use a lift sheet | | | |
| Perform slide board transfer | | | |
| Move resident up/down in bed | | | |
| Move resident side/side in bed | | | |
| Turn resident onto side | | | |
| Logroll resident | | | |
| Perform standing pivot transfer | | | |
| Perform 2-person, head-to-foot lift | | | |
| Perform 2 -person, side-to-side lift | | | |
| Assist resident to sit on the side of the bed | | | |
| Transfer resident to wheelchair/operation of wheelchair | | | |
| Transfer resident to bedside commode | | | |
| Transfer resident to chair/geriatric recliner | | | |

SKILLS PROFICIENCY COMPLETION STATEMENT

I verify that the skills performance checklist has been completed in accordance with safe guidelines set forth. I further affirm the above named trainee/employee has satisfactorily performed all skills on the skills performance checklist and has been determined proficient in those skills.

Instructor/Nurse Supervisor Signature: _____ Date: _____

Student Trainee Signature: _____ Date: _____

Per 310:677-3-4, Trainees shall not perform services for which they have not been trained and found proficient by the instructor.