

NURSE AIDE SKILLS PERFORMANCE CHECKLIST

Program/Facility Name: _____ City, Town: _____

Aides Name: _____ Instructor/Nurse's Name: _____

310:677-3-8(a) (1-2)

(a) A program shall use a performance record/Skills Performance Checklist which shall include:

- (1) A record of when the trainee performs the duties and skills and the determination of satisfactory or unsatisfactory performance.**
- (2) The name of the instructor supervising the performance.**

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

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

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

Skill	Date Satisfactorily Performed	Student/Nurse Aide Trainee Initials	Instructor Initials	Satisfactory vs. Unsatisfactory
INFECTON CONTROL/SAFETY AND EMERGENCY SKILLS				
Perform Hand washing/use of Hand Sanitizer				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Perform Heimlich maneuver				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Seizures				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Falling and Fainting				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Apply personal protective equipment (gloves, mask and gown)				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Remove personal protective equipment (gloves, mask, and gown)/hand sanitizer				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Handle soiled linens				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Double-bag for isolation precautions				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Apply/Remove waist restraint/lap buddy				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Apply/Remove ankle/wrist restraint				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Apply/Remove vest restraint				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
MEAL/FEEDING SKILLS				
Use proper feeding techniques/Hygiene for resident				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide partial feeding assistance				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Use positioning and adaptive feeding devices				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Measure/Record Fluid Intake				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Measure/Record Solid Intake				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

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PERSONAL CARE SKILLS				
Provide male perineal care				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide female perineal care				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide oral care				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide oral care for unconscious resident				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide denture care				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide hair care				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Shave the resident				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide nail care to non-diabetics				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide foot care to non-diabetics				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide skin checks/Heel and elbow protectors				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide dressing/undressing assistance				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Apply compression support stockings				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Make unoccupied bed				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Make occupied bed				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide tub, whirlpool, or shower assistance				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide complete bed bath				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide backrub				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
ELIMINATION SKILLS				
Provide bedpan/fracture pan assistance				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide urinal assistance				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide bedside commode assistance				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide bathroom commode assistance				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Provide indwelling catheter care				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Measure/record fluid output				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

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VITAL SIGN SKILLS				
Perform/record manual and digital blood pressure				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Measure/record manual and digital pulse				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Measure/record pain				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Measure/record respirations				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Measure/record temperature with glass or digital thermometers				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Measure/record height				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Measure/record weight				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
POSITIONING SKILLS				
Perform active range of motion exercises				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Perform passive range of motion exercises				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Position resident fowlers				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Position resident lateral				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Position/reposition resident in chair				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Use prosthetic, orthotic, and assistive positioning devices				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
AMBULATION SKILLS				
Use a gait/transfer belt				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Assist resident with walker/rolling walker				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Assist resident with walking				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
LIFTING AND TRANSFER SKILLS				
Use a mechanical lift				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Use a gait/transfer belt				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

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LIFTING AND TRANSFER SKILLS				
Use a lift sheet				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Perform slide board transfer				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Move resident up/down in bed				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Move resident side/side in bed				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Turn resident onto side				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Logroll resident				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Perform standing pivot transfer				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Perform 2-person, head-to-foot lift				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Perform 2 -person, side-to-side lift				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Assist resident to sit on the side of the bed				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Transfer resident to wheelchair/operation of wheelchair				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Transfer resident to bedside commode				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Transfer resident to chair/geriatric recliner				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

SKILLS PROFICIENCY COMPLETION STATEMENT

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

Instructor/Nurse Supervisor Signature: _____ Date: _____

Student/Nurse Aide Trainee Signature: _____ Date: _____

The licensed nurse who signs this form must be a program instructor or nurse aide employee's nurse supervisor. Proficiency is determined by the satisfactory performance of the skill. Per 310:6773-4, Trainees shall not perform services for which they have not been trained and found proficient by the instructor.