



## Aide Inventory Skills Checklist

Date: \_\_\_\_\_ Name: \_\_\_\_\_ CNA ☐ Caregiver ☐

Please mark an X in the appropriate box next to each entry based on your experiences in patient care.

Skill	Proficient	Needs Review	Not Capable	Skill	Proficient	Needs Review	Not Capable
<b><u>Specialty Care</u></b>				<b><u>Personal Care</u></b>			
Geriatric				Tub Bath/Shower			
Alzheimer's/Dementia				Bed Bath/Sponge Bath			
Parkinson's Disease				Hair Care			
Skilled Nursing Facility				Oral/Mouth Care			
Assisted Living Facility				Denture Care			
Amputee				Hearing Aids			
Pulmonary/Respiratory				Skin Care/Grooming			
Cardiac/Heart				Shaving			
Diabetes				Nail Care			
Skin Burns				Foot Care			
Spinal Cord Injury				Pressure Sore Precautions			
Brain/Head Injury				<b><u>Nutrition</u></b>			
Hospice Care				Prepare/Serve Meals			
Stroke				Fluid Restrictions			
<b><u>Home Making</u></b>				Assist with Feeding			
Laundry/Washer/Dryer				Intake/Output Readings			
Dishes/Dishwasher				PEG Site Care			
Linens/Making Beds				Swallow Precautions			
Vacuum/Mop				<b><u>Universal Precautions</u></b>			
Garbage Disposal				Use of Protective Equipment			
<b><u>Dressing</u></b>				Masks			
Upper Body				Gloves			
Lower Body				Gowns/Aprons			
Sock Aids				CPR Shields			
Shoe Horn				<b><u>Vital Signs</u></b>			
Immobilizers				Temperature			
TED Hose/Elastic Stockings				Pulse			
Prosthesis				Respirations			
<b><u>Transferring</u></b>				Blood Pressure			
Wheelchair				<b><u>Toileting</u></b>			
Pivot				Toilet Transfers			
Repositioning				Use of Bedside Commode			
Hoyer				Use of Bedpan/Urinal			
Slide Board				Foley Cath Care			
<b><u>Other</u></b>				Empty Ostomy			
Medication Reminders				Use of Diapers/Depends			
Weight/Scale				<b><u>Ambulation</u></b>			
Languages Spoken				Use of Gait Belt			
Languages Read/Write				Range of Motion			
				Weight-bearing Restrictions			
				Ambulation with Devices			