Infinite Healthcare Services

COMPETENCY CHECKLIST
CERTIFIED NURSING ASSISTANT

Name: _____   Date: _____

Rating Scale:
1. No previous experience.
2. Previous training, but no personal hands-on experience.
3. Previous training / hands-on experience. Need additional practice with supervisor.
4. Previous training and experience.

SKILLS	YES	NO	SKILLS	YES	NO
CPR	1		Turning and positioning patients		
Vital signs (TPR, BP)	2		Disease processes		
Set up and feed patient meals			Aspiration precautions		
Make up empty or occupied beds			Assist patient with oxygen or pulse ox		
Assist patient with ambulation			Knowledge of infection control in home		
Partial bed bath / Shower scrub			Specimen collection		
Complete bed bath			Monitor and record intake and output		
Oral care			Pain management		
Foot care / Nail care			Behavior management		
Bowel care			Age specific communication		
Bladder care			Basic nutrition and meal planning		
Catheter care			Disaster planning and preparedness		
Toileting / Incontinence management			Cardiac / Diabetic meal planning		
Foley care			Care of the dying patient		
IV site monitoring			Transfer patient		
Skin care			Scales / Weights		
Dry dressing changes			Post-mortem care		
Hair care / Shampoo / Roller sets					
Assist client with medications/reminders			Abuse and neglect reporting procedure		
Set up enteral or tube feedings			Knowledge of potential home violence		
Take an EKG			Prepare exam rooms		
Assist client with use of glucometer			Infection control in the home setting:		
Safely operate the following medical equipment			− Hand washing		
			− Protective equipment		
Pulse oximeter					

Shampoo tray for bed bound client			− Equipment cleaning − Exposure plan		
Wheelchair, semi, and electric bed			Documentation and reporting of client		
Home glucometer			Housekeeping		
Walker / Single point / Quad cane			Linen change / Wash clothing		
Hoyer lift / Trapeze					
Electronic thermometer			Use of shower bench / Chair / bsc		
Form Updated: 01/14/14					

To the best of my knowledge, information provided on this CNA Skills Checklist is true and accurate. My signature indicates that I have read this document in its entirety and understand its contents.

Print Name: _____

Signature: _____

Date: _____