

Certified Nursing Assistant Competency Checklist

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

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| **SKILLS** | **Rate** | **SKILLS** | **Rate** |
| CPR |  | Turning and positioning patients |  |
| Vital signs (TPR, BP) |  | 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 |  | HIPAA Adherence |  |

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| **SKILLS** | **Rate** | **SKILLS** | **Rate** |
| 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:  − Hand washing  − Protective equipment  (Appropriate use)  − Equipment cleaning  − Exposure plan |  |
| Safely operate the following medical equipment: | |
| Pulse oximeter |  |
| Shampoo tray for bed bound client |  |
| 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 |  | Adhere to policies both registry & facility |  |
| Electronic thermometer |  | Use of shower bench / Chair / bsc |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that all information I have provided to Heritage Nursing Agency on this checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment or termination.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_