

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_