

Licensed Vocational Nurse and Registered Nurse 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.
5. Competent/ proficient. Performed frequently and independently during the past 2 years.

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| **SKILLS**  | **Rate** | **SKILLS**  | **Rate**  |
| Activities of Daily Living |  | Enemas, cleansing, retention, Harris Flush |  |
| Admission of Patient |  | Hand Hygiene |  |
| Administration of Medication |  | Infection Control Precautions |  |
| Ambulation |  | Isolation procedure for specimen collection |  |
| Application of heat and cold |  | IVs: Monitor Rate & Infusion Site |  |
| Aseptic Technique |  | Medications: Oral, IM, Subcutaneous |  |
| Assist with Medical Examination |  | Mouth Care / Nail Care |  |
| Bathing |  | Neurological Check |  |
| Bandaging |  | Nutritional Needs |  |
| Body Alignment |  | Observations: |
| Body Systems Review |  |  Response to treatment/meds |  |
| Cast Care |  |  Signs of significant body sys. chgs |  |
| Catheterization |  |  Signs of shock |  |
| Charting |  |  Signs of pain |  |
| Colostomy care |  | Observes safety procedures |  |
| CPR |  | 02 Administration |  |
| Crutch Walking |  | Pain Assessment |  |
| Decubitus Care |  | Patient Care Plans (Revise & Update) |  |
| Diagnostic Tests |  | Patient Safety Standards I Precautions |  |
| Discharge Patients |  | Positioning Patient |  |
| Dosage Computation |  | Postural Drainage |  |
| Draping |  | Postural Drainage |  |
| Dressing (Sterile) |  | Pre-Op & Post-Op Care |  |
| Ear Drops |  | Provide Comfort, Safety & Privacy |  |
| Elimination Needs |  | Pulse Oximetry |  |

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| **SKILLS**  | **Rate** | **SKILLS**  | **Rate**  |
| Range of Motion |  | Suppositories (rectal and vaginal) |  |
| Report Observations / Changes |  | Suction (oral) |  |
| Restraints |  | Surgical Preps |  |
| Skin Care |  | Trach care / Suctioning |  |
| Specimen Collection: |  | Telephone Manners |  |
|  Routine Urine |  | Topical Medication Application |  |
|  Clean Catch |  | Traction |  |
|  12 & 24 hr specimen |  | Transfer Patient |  |
|  Stool |  | Urine test for Sugar |  |
|  Culture |  | Vital signs TPR & BP |  |
|  Sputum |  | Weight (Bed and standing scales) |  |
|  From Foley Catheter |  |  |  |

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