

SKILLS CHECKLIST FOR CNA

<p>Ambulation Assistance: <input type="checkbox"/> with walker <input type="checkbox"/> with cane <input type="checkbox"/> with crutches <input type="checkbox"/> other</p> <p>Baths: <input type="checkbox"/> bed <input type="checkbox"/> tub <input type="checkbox"/> shower <input type="checkbox"/> perineal care <input type="checkbox"/> incontinent care</p> <p>Bed Making: <input type="checkbox"/> occupied <input type="checkbox"/> unoccupied</p> <p>Catheter Care Urinary: <input type="checkbox"/> external catheter care & application <input type="checkbox"/> measure urine & empty bag</p> <p>Elimination: <input type="checkbox"/> bedpan <input type="checkbox"/> commode <input type="checkbox"/> urinal</p> <p>Enemas: <input type="checkbox"/> fleets <input type="checkbox"/> tap water</p> <p>Food/Fluids: <input type="checkbox"/> feed patient <input type="checkbox"/> record food / fluid intake <input type="checkbox"/> meal preparation</p> <p><input type="checkbox"/> Light Housekeeping</p> <p><input type="checkbox"/> Medications Assist</p>	<p>Oral Hygiene: <input type="checkbox"/> dentures <input type="checkbox"/> special mouth care</p> <p>Ostomies: <input type="checkbox"/> bag change <input type="checkbox"/> cleanse stoma</p> <p>Patient Transfers: <input type="checkbox"/> weight bearing <input type="checkbox"/> non-weight bearing <input type="checkbox"/> mechanical lift <input type="checkbox"/> use of gait belt <input type="checkbox"/> positioning in bed</p> <p>Range of Motion: <input type="checkbox"/> active <input type="checkbox"/> passive</p> <p>Respiratory Care: <input type="checkbox"/> safety measures Equipment: <input type="checkbox"/> change regulator <input type="checkbox"/> fill portable liquid O2 <input type="checkbox"/> check tank for content <input type="checkbox"/> fill humidifier</p> <p><input type="checkbox"/> Support stocking</p> <p>Shampoo: <input type="checkbox"/> bed <input type="checkbox"/> tub <input type="checkbox"/> sink <input type="checkbox"/> shower</p> <p>Shaving: <input type="checkbox"/> electric razor <input type="checkbox"/> safety razor</p>	<p>Skin Care: <input type="checkbox"/> back rub <input type="checkbox"/> decubitis prevention <input type="checkbox"/> foot care - clean, file, trim <input type="checkbox"/> nail care - clean, file, trim <input type="checkbox"/> warm/cool applications</p> <p><input type="checkbox"/> Isolation Technique <input type="checkbox"/> Universal Precautions <input type="checkbox"/> Clean Technique</p> <p>Vital Signs: <input type="checkbox"/> B/P <input type="checkbox"/> respiration rate <input type="checkbox"/> pulse temperature: <input type="checkbox"/> oral <input type="checkbox"/> auxiliary <input type="checkbox"/> weigh patient</p> <p>Patient Rights/Safety: <input type="checkbox"/> maintain clean / safe / healthy environment <input type="checkbox"/> recognize physical / emotional developmental needs <input type="checkbox"/> recognize / report emergencies <input type="checkbox"/> respect patient privacy & property</p>
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What patient types and conditions do you have experience with? (Check all that apply.)

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| <input type="checkbox"/> alcoholism / drugs | <input type="checkbox"/> heart condition | <input type="checkbox"/> terminal illness | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> confusion / disorientation | <input type="checkbox"/> infant / child care | <input type="checkbox"/> retardation | <input type="checkbox"/> HIV |
| <input type="checkbox"/> convulsive disorders | <input type="checkbox"/> para / quadriplegic | <input type="checkbox"/> blindness | <input type="checkbox"/> ALS |
| <input type="checkbox"/> diabetes / hypo / hyperglycemic s/s | <input type="checkbox"/> Parkinson's disease | <input type="checkbox"/> burns | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> dying patient / physical care | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> geriatrics (elderly) | |

Employee Signature and Title

Date

Interviewer Signature and Title

Date