

Certified Nursing Assistant Skills Checklist

Please complete the CNA Skills checklist and return to the agency

Full Name *(Required)*: _____

Social Security Number: _____

Home Phone: _____ Cell Phone: _____

Please indicate your level of experience *(Circle appropriate answer using key below)*

- | | |
|--|---|
| A. Theory, no practice | C. Performs with minimal instruction |
| B. Performs with moderate instruction | D. Performs independently |

A. Provides basic age appropriate physical care and comfort measures and assistance with activities of daily living. **RN Observed**

- | | | |
|---|---------|-------|
| 1. Baths | A B C D | _____ |
| 1. Shampoo..... | A B C D | _____ |
| 2. Nail Care | A B C D | _____ |
| 3. Oral Care..... | A B C D | _____ |
| 4. Routine Skin Care | A B C D | _____ |
| 5. Positioning..... | A B C D | _____ |
| 6. Back Rubs | A B C D | _____ |
| 7. Ambulation Assistance | A B C D | _____ |
| 8. Oral and Nasal Care for Patients with NG Tube Feedings | A B C D | _____ |
| 9. Routine Catheter Care for Indwelling and External Catheters..... | A B C D | _____ |

B. Obtains basic age appropriate measurements consistent with established policy/procedure and practice standards for assigned patients.

- | | | |
|---|---------|-------|
| 1. Temperature, Pulse and Respiration Measurements | A B C D | _____ |
| 2. Obtains Blood Pressure Measurements..... | A B C D | _____ |
| 3. Measure Height and Weight..... | A B C D | _____ |
| 4. Accurate Maintain Intake and Output and Documents..... | A B C D | _____ |
| 5. Distinguishes measurements that must be Immediately Reported to any of the following: Patient Family/Supervising Nurse/MD/911..... | A B C D | _____ |

C. Assist in providing age appropriate nutritional support consistent with established policy/procedure for assigned patients.

- | | | |
|--|---------|-------|
| 1. Assists with meals and snacks consistent with treatment plan..... | A B C D | _____ |
| 2. Feeds patients with normal swallowing abilities..... | A B C D | _____ |
| 3. Administers gravity tube feedings through existing feeding Tubes within scope of CNA certification..... | A B C D | _____ |

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D. Assists in meeting the elimination support needs of assigned patients consistent with established policy/procedure.

- 1. Administers enemas as instructed by the supervising nurse or MD..... A B C D _____
- 2. Applies condom catheters as instructed by the supervising nurse or MD...A B C D _____

E. Assists in providing pulmonary support of assigned patients consistent with established policy/procedure.

- 1. Assist the patient in performing turn, cough and deep breathing exercises consistent with treatment plan.....A B C D _____
- 2. Assist the patient in performing incentive spirometryA B C D _____
- 3. Practices oxygen safety A B C D _____

F. Collects routine specimens for laboratory analysis for assigned patients.

- 1. Collects routine specimens for laboratory analysis for assigned patients.
 - Voided, clean catch and 24 hour urine..... A B C D _____
 - a) Stool..... A B C D _____
 - b) Sputum..... A B C D _____
- 2. Labels specimens consistent with lab requirements.....A B C D _____

G. Familiar with various assistive devices/techniques

- 1. Proper body mechanics..... A B C D _____
- 2. Transfer from bed to chair..... A B C D _____
- 3. Transfer from chair to bed..... A B C D _____
- 4. Proper use of Hoyer lifts.....A B C D _____
- 5. Proper use of specialty beds..... A B C D _____
- 6. Other _____ A B C D _____

AGE SPECIFIC PRACTICE CRITERIA

Please indicate each age group for which you have expertise in providing age-appropriate nursing care. *(Circle appropriate answer using key below)*

- | | |
|--|--|
| <ul style="list-style-type: none"> A. Newborn/Neonate (birth - 30 days) B. Infant (30 days - 1 year) C. Toddler (1 - 3 years) D. Preschooler (3 - 5 years) E. School age children (5 - 12 years) | <ul style="list-style-type: none"> F. Adolescents (12 - 18 years) G. Young adults (18 - 39 years) H. Middle adults (39 - 64 years) I. Older adults (64+) |
|--|--|

Experience With Age Groups:

Able to adapt care to incorporate normal growth and development.

A B C D E F G H I

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Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.

A B C D E F G H I

Can ensure a safe environment reflecting specific needs of various age groups.

A B C D E F G H I

My experience is primarily in: *(Please indicate number of years for each)*

Home Care	_____ year(s)	Alzheimer's	_____ year(s)
Nursing Home	_____ year(s)	Cancer	_____ year(s)
Assisted Living	_____ year(s)	Dementia	_____ year(s)
Medical	_____ year(s)	Diabetes	_____ year(s)
Surgical	_____ year(s)	Parkinson's	_____ year(s)
Hospice	_____ year(s)		
Other (specify):	_____		_____ year(s)

Certifications

CNA:	Cert# _____	Exp. Date: _____
Med Tech	Cert# _____	Exp. Date: _____
CPR:		Exp. Date: _____
BLS:		Exp. Date: _____

The information I have given is true and accurate to the best of my knowledge. I hereby authorize CarePlus to release this Certified Nursing Assistant Skills Checklist to Client facilities of CarePlus Home Health, Inc.

CNA Signature Date

RN Signature Date

RN Initials