

LPN SKILLS CHECKLIST



Please complete the LPN Skills Checklist and return it to our office.

Full Name: _____

Social Security Number: _____

Home Phone: _____ Cell Phone: _____

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

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| <p>A. Theory, no practice
 B. Performs with moderate instruction</p> | <p>C. Performs with minimal instruction
 D. Performs independently</p> |
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TYPES OF SETTINGS

	A B C D	<u>RN Observed</u>
Acute Hospitals: Medical/Surgical.....	A B C D	_____
Pediatrics.....	A B C D	_____
Psychiatric.....	A B C D	_____
Trauma/ER.....	A B C D	_____
Intensive Care: General MICU/SICU.....	A B C D	_____
Cardiac.....	A B C D	_____
Acute Rehabilitation: CVA.....	A B C D	_____
Skilled Nursing.....	A B C D	_____
Home Health.....	A B C D	_____

DOCUMENTATION

Adult.....	A B C D	_____
Pediatric.....	A B C D	_____
Home Health.....	A B C D	_____

RESPIRATORY CARE

Trach Care: Trach site care.....	A B C D	_____
Saline installation.....	A B C D	_____
Suctioning sterile procedure.....	A B C D	_____
Cleaning technique.....	A B C D	_____
Positioning.....	A B C D	_____
Chest physiotherapy postural drainage.....	A B C D	_____
Percussion.....	A B C D	_____
General respiratory/ Administration of oxygen.....	A B C D	_____
Equipment sterile/distilled water change.....	A B C D	_____
Tubing change-mist system.....	A B C D	_____
Ambu bag: Mask.....	A B C D	_____
Ambu bag: Trach/Stoma.....	A B C D	_____
Oxygen cylinders.....	A B C D	_____
Use of O2 face back.....	A B C D	_____
Nasal cannula for oxygen.....	A B C D	_____
Fill portable O2 back.....	A B C D	_____
Oxygen regulator.....	A B C D	_____
Oxygen concentrator.....	A B C D	_____
Analyze oxygen.....	A B C D	_____
Humidification/heating device.....	A B C D	_____
Temperature probe.....	A B C D	_____
Nebulized med treatments.....	A B C D	_____

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Oral airway insertion.....	A B C D	_____
Stationary suction machine.....	A B C D	_____
CPAP.....	A B C D	_____
Portable suction machine.....	A B C D	_____
Pulse oximetry.....	A B C D	_____
End tidal CO2 monitor.....	A B C D	_____
Clean and disinfect equipment.....	A B C D	_____
Ventilator: Types: PLV 100/102.....	A B C D	_____
Types: LP6/LP10 series.....	A B C D	_____
Sechrist (continuous flow).....	A B C D	_____
Puritan Bonnett 2600.....	A B C D	_____
PEEP Valve.....	A B C D	_____
Negative pressure vest.....	A B C D	_____
Clean and set-up of vent tubing.....	A B C D	_____

URINARY CARE

Foley cath insertion-female.....	A B C D	_____
Foley cath insertion-male.....	A B C D	_____
Clean technique for intermittent catheterization.....	A B C D	_____
Supra public catheters.....	A B C D	_____
Bladder training.....	A B C D	_____
Catheter care.....	A B C D	_____
Ostomy care.....	A B C D	_____
Vesicostomy care.....	A B C D	_____

BOWEL CARE

Management for fecal impaction.....	A B C D	_____
Bowel regimen.....	A B C D	_____
Ostomy care.....	A B C D	_____
Administration of enema.....	A B C D	_____

DRESSING AND WOUND CARE

Suturing/suture removal.....	A B C D	_____
Wound cleansing/irrigation.....	A B C D	_____
Packed dressing.....	A B C D	_____
Wet-dry dressing.....	A B C D	_____
Sterile dressing.....	A B C D	_____
Use of Stoma adhesive.....	A B C D	_____
Use of Occlusive dressing.....	A B C D	_____
Use of Transparent dressing.....	A B C D	_____
Use of Duoderm.....	A B C D	_____

MEDICATION ADMINISTRATION

Intradermal SQI/IM injections.....	A B C D	_____
Eye drops/ointment.....	A B C D	_____
Suppositories.....	A B C D	_____
Pain management.....	A B C D	_____
Alternative access: NG.....	A B C D	_____

CARDIOPULMONARY

Lead placement.....	A B C D	_____
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Belt placement.....	A B C D	_____
Setting/checking alarm limits.....	A B C D	_____
Bracycardia interventions.....	A B C D	_____
Tachycardia interventions.....	A B C D	_____
Pneumograms.....	A B C D	_____
Perform monitor download.....	A B C D	_____

GI / NUTRITIONAL

Nasogastric/Orogastric: Insertion.....	A B C D	_____
Size selection.....	A B C D	_____
Check placement.....	A B C D	_____
Bolus feeds.....	A B C D	_____
Continuous feeds.....	A B C D	_____
Pumo feeds.....	A B C D	_____
Change/replace balloon or button tube.....	A B C D	_____
Use of Gastrointestinal Flexiflo.....	A B C D	_____
Equipment Pump/Gastros- Kangaroo.....	A B C D	_____

ENDOCRINE

Diabetic management.....	A B C D	_____
Teaching blood glucose monitoring.....	A B C D	_____
Diabetic skin, foot, nail care.....	A B C D	_____
Insulin administration.....	A B C D	_____
Blood glucose monitoring equipment.....	A B C D	_____

COLLECTION OF LAB SPECIMENS

Capillary sampling, heel, or finger stick.....	A B C D	_____
Sputum for C&S.....	A B C D	_____
Urine, sugar and acetone.....	A B C D	_____
Wound for C&S.....	A B C D	_____
Clean voided urine.....	A B C D	_____
Stool collection.....	A B C D	_____
24-hour urine collection.....	A B C D	_____
Nasopharyngeal swab for C&S.....	A B C D	_____
PH probe.....	A B C D	_____

PEDIATRIC PROCEDURES

Nutritional assessment.....	A B C D	_____
PO feeding premature infant.....	A B C D	_____
Feeding infant with cleft lip/palate.....	A B C D	_____
Management of home.....	A B C D	_____
Medicine Administration: Intradermal SQ/IM injections.....	A B C D	_____
Infants.....	A B C D	_____
Toddlers.....	A B C D	_____
School age.....	A B C D	_____
Adolescents.....	A B C D	_____
Eardrops.....	A B C D	_____
Phototherapy: Use of phototherapy.....	A B C D	_____
Equipment.....	A B C D	_____
Wallaby.....	A B C D	_____
Biliblanket.....	A B C D	_____

LPN SKILLS CHECKLIST

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

LPN Signature _____ Date _____

CarePlus Director of Nursing Signature _____ Date _____