

NURSE AIDE SKILLS PERFORMANCE CHECKLIST

Program/Facility Name: _____

City, Town: _____

Aides Name: _____

Instructor/Nurse's Name: _____

310:677-3-8(a) (1-2)

(a) A program shall use a performance record/Skills Performance Checklist which shall include:

- (1) A record of when the trainee performs the duties and skills and the determination of satisfactory or unsatisfactory performance.
- (2) The name of the instructor supervising the performance.

| Skill | Date Satisfactorily Performed | Student or Nurse Aide Employee Signature | Instructor or Nurse Supervisor Signature | Satisfactory vs. Unsatisfactory |
|--|-------------------------------|--|--|--|
| INFECTION CONTROL/SAFETY AND EMERGENCY SKILLS | | | | |
| Perform Hand washing/use of Hand Sanitizer | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Perform Heimlich maneuver | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Seizures | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Falling and Fainting | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Apply personal protective equipment (gloves, mask and gown) | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Remove personal protective equipment (gloves, mask, and gown)/hand sanitizer | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Handle soiled linens | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Double-bag for isolation precautions | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Apply/Remove waist restraint/lap buddy | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Apply/Remove ankle/wrist restraint | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Apply/Remove vest restraint | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| MEAL/FEEDING SKILLS | | | | |
| Use proper feeding techniques/Hygiene for resident | | | | |
| Provide partial feeding assistance | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Use positioning and adaptive feeding devices | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Measure/Record Fluid Intake | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Measure/Record Solid Intake | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |

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| PERSONAL CARE SKILLS | | | | |
| Provide male perineal care | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide female perineal care | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide oral care | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide oral care for unconscious resident | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide denture care | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide hair care | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Shave the resident | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide nail care to non-diabetics | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide foot care to non-diabetics | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide skin checks/Heel and elbow protectors | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide dressing/undressing assistance | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Apply compression support stockings | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Make unoccupied bed | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Make occupied bed | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide tub, whirlpool, or shower assistance | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide complete bed bath | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide backrub | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| ELIMINATION SKILLS | | | | |
| Provide bedpan/fracture pan assistance | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide urinal assistance | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide bedside commode assistance | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide bathroom commode assistance | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Provide indwelling catheter care | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Measure/record fluid output | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |

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| VITAL SIGN SKILLS | | | | |
| Perform/record manual and digital blood pressure | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Measure/record manual and digital pulse | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Measure/record pain | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Measure/record respirations | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Measure/record temperature with glass and digital thermometers | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Measure/record height | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Measure/record weight | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| POSITIONING SKILLS | | | | |
| Perform active range of motion exercises | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Perform passive range of motion exercises | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Position resident supine | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Position resident fowlers | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Position resident lateral | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Position resident semi-supine | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Position/reposition resident in chair | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Use prosthetic, orthotic, and assistive positioning devices | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| AMBULATION SKILLS | | | | |
| Use a mechanical lift | | | | <input type="checkbox"/> |
| Use a gait/transfer belt | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Assist resident with walker/rolling walker | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Assist resident with walking | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |

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| LIFTING AND TRANSFER SKILLS | | | | |
| Use a mechanical lift | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Use a gait/transfer belt | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Use a lift sheet | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Perform slide board transfer | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Move resident up/down in bed | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Move resident side/side in bed | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Turn resident onto side | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Logroll resident | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Perform standing pivot transfer | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Perform 2-person, head-to-foot lift | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Perform 2 -person, side-to-side lift | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Assist resident to sit on the side of the bed | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Transfer resident to wheelchair/operation of wheelchair | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Transfer resident to bedside commode | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| Transfer resident to chair/geriatric recliner | | | | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |

SKILLS PROFICIENCY COMPLETION STATEMENT

I verify that the skills performance checklist has been completed in accordance with safe guidelines set forth for nurse aide training programs. I further affirm the above named trainee/employee has satisfactorily performed all skills on the nurse aide skills performance checklist and has been determined proficient in those skills.

Instructor/Nurse Supervisor Signature _____ Date _____

Student/Nurse Aide Employee Signature _____ Date _____

The licensed nurse who signs this form must be a program instructor or nurse aide employee's nurse supervisor. Proficiency is determined by the satisfactory performance of the skill. Per 310:6773-4, Trainees shall not perform services for which they have not been trained and found proficient by the instructor.