

## SKILLS PERFORMANCE CHECKLIST

**Facility Name:** \_\_\_\_\_ **City, Town:** \_\_\_\_\_

**Student/Trainee Printed Name:** \_\_\_\_\_

**Student/Trainee Signature:** \_\_\_\_\_ **Trainee Initials:** \_\_\_\_\_

**Instructor Printed Name:** \_\_\_\_\_ **License #** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Instructor Initials:** \_\_\_\_\_

**Instructor Printed Name:** \_\_\_\_\_ **License #** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Instructor Initials:** \_\_\_\_\_

**Instructor Printed Name:** \_\_\_\_\_ **License #** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Instructor Initials:** \_\_\_\_\_

**Instructor Printed Name:** \_\_\_\_\_ **License #** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Instructor Initials:** \_\_\_\_\_

SKILLS: INFECTION CONTROL	Date Satisfactorily Performed	Student Trainee Initials	Instructor Initials
Perform Hand washing/use of Hand Sanitizer			
Perform Heimlich maneuver			
Seizures			
Falling and Fainting			
Apply personal protective equipment (gloves, mask and gown)			
Remove personal protective equipment (gloves, mask, and gown)/hand sanitizer			
Handle soiled linens			
Double-bag for isolation precautions			
Apply/Remove waist restraint/lap buddy			
Apply/Remove ankle/wrist restraint			
Apply/Remove vest restraint			

SKILLS: MEAL/FEEDING			
Use proper feeding techniques/Hygiene for resident	Date Satisfactorily Performed	Student Trainee Initials	Instructor Initials
Provide partial feeding assistance			
Use positioning and adaptive feeding devices			
Measure/Record Fluid Intake			
Measure/Record Solid Intake			

## SKILLS PERFORMANCE CHECKLIST

	Date Satisfactorily Performed	Student Trainee Initials	Instructor Initials
<b>SKILLS: PERSONAL CARE</b>			
Provide male perineal care			
Provide female perineal care			
Provide oral care			
Provide oral care for unconscious resident			
Provide denture care			
Provide hair care			
Shave the resident			
Provide nail care to non-diabetics			
Provide foot care to non-diabetics			
Provide skin checks/Heel and elbow protectors			
Provide dressing/undressing assistance			
Apply compression support stockings			
Make unoccupied bed			
Make occupied bed			
Provide tub, whirlpool, or shower assistance			
Provide complete bed bath			
Provide backrub			

<b>SKILLS: ELIMINATION</b>			
Provide bedpan/fracture pan assistance			
Provide urinal assistance			
Provide bedside commode assistance			
Provide bathroom commode assistance			
Provide indwelling catheter care			
Measure/record fluid output			

<b>SKILLS: VITAL SIGNS</b>			
Perform/record manual and digital blood pressure			
Measure/record manual and digital pulse			
Measure/record pain			
Measure/record respirations			
Measure/record temperature with glass or digital thermometers			
Measure/record height			
Measure/record weight			

<b>SKILLS: POSITIONING</b>			
Perform active range of motion exercises			
Perform passive range of motion exercises			
Position resident fowlers			
Position resident lateral			
Position/reposition resident in chair			
Use prosthetic, orthotic, and assistive positioning devices			

## SKILLS PERFORMANCE CHECKLIST

SKILLS: AMBULATION	Date Satisfactorily Performed	Student Trainee Initials	Instructor Initials
Use a gait/transfer belt			
Assist resident with walker/rolling walker			
Assist resident with walking			

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

### SKILLS PROFICIENCY COMPLETION STATEMENT

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

Instructor/Nurse Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Per 310:677-3-4, Trainees shall not perform services for which they have not been trained and found proficient by the instructor.*