

CERTIFIED NURSES ASSISTANT SKILLS CHECKLIST

NAME: _____

SIGNATURE: _____

DATE: _____

1 – Highly skilled (can function well independently, strong experience)

2 – Proficient (experienced, may need occasional review/assistance) **3 – Limited Skill** (limited to no experience)

Skills (check appropriate box)	1	2	3
AMBULATION			
Provide Care & Assist with:			
• Crutches			
• Walker			
• Cane			
• Gait Belt			
• Side Rails			
PERSONAL CARE			
Bath:			
• Bed			
• Tub			
• Shower			
Skin Care:			
• Back Rub			
• Decubitus Prevention Care			
Dress:			
• Assist As Needed			
• Use Of Assistive Devices			
Hair Care:			
Nail Care (Fingers & Toes):			
• Clean/File/Trim with Clippers			
Oral Hygiene:			
• Mouth Care			
• Brush Teeth			
• Denture Care			
Shaving with Electric Razor			
Maintain Clean, Safe Environment:			
• Linen Change – Occupied Bed			
• Linen Change – Unoccupied Bed			
NUTRITION/HYDRATION			
Feeding Techniques			
Assist with Eating			
Use of Feeding Assistive Devices			
Abdominal Thrusts (Heimlich)			
Measure & Record Intake			
Encourage Fluids			
BOWEL & BLADDER ELIMINATION			
Assist/Care of Patient with:			
• Bed Pan/Urinal			
• Bedside Commode			
• Care of Incontinent Patient			
• Stoma Care			
• Bowel/Bladder Training			
• Measure & Record Output			
RANGE OF MOTION EXERCISES			
Active			
Passive			
Combination			

Skills (check appropriate box)	1	2	3
URINARY CATHETER CARE			
Perineal Hygiene			
External Catheter			
Foley Catheter			
Supra Pubic Catheter			
TRANSFER TECHNIQUES			
Use of Transfer Gait Belt			
Weight Bearing			
Non-Weight Bearing			
Mechanical Lift			
Wheelchair			
TURNING/POSITIONING PATIENT			
Supine			
Side-Lying			
In Chair			
In Bed			
Use of Lift Sheet			
SAFETY DEVICES			
Vest Restraint			
Soft Wrist/Ankle Restraint			
Padded Side Rail			
Side Rails			
BASIC INFECTION CONTROL			
Handwashing			
Universal Precautions			
Use of Warm & Cool Applications			
SPECIMEN COLLECTION			
Urine			
Stool			
Sputum			
Blood			
TAKE & RECORD VITAL SIGNS			
Temperature:			
• Oral			
• Rectal			
• Ear Canal			
Pulse:			
• Apical			
• Radial			
• Pedal			
• Femoral			
Respirations			
Blood Pressure			
Height			
Weight:			
• Standing			
• Bed Scale			
• Chair Scale			

Skills (check appropriate box)	1	2	3
COMMUNICATION			
Verbal			
Non-Verbal w/ Cognitive Impaired			
Positions Call Light Appropriately			
CARE OF PROSTHETIC DEVICES			
Limbs			
Eye Glasses			
Hearing Aids			
SAFETY/EMERGENCIES			
Recognize & Report:			
• Safety Hazards			
• Emergencies			
Respond to Emergencies			
Handles Oxygen Safely			
Observe, Report, Document:			
• Changes in Body Functions			
• Changes in Behavior			
UNDERSTANDS & CAN PERFORM			
Enemas:			
• Fleets			
• Tap Water			
• Soap Suds			
Binders & Bandages			
• ACE Bandages			
• Support Stockings			
Care of the Deceased			
MENTAL HEALTH/SOCIAL SERVICES			
Demonstrate Principles of Behavior Management			
Provided Emotional Support			
Encourages:			
• Patient to make personal choices			
• Family Support			
• Self-care as ability allows			
Knowledge of Reporting Statutes:			
• Adult, Child, Elder Abuse			
• Domestic Violence			
• Violent Injury			
Respect Patients' Rights & Dignity including Privacy & Confidentiality			
ASSIST/CARE OF PATIENT WITH			
Diabetes			
Cancer			
Heart Disease			
Oxygen Therapy			
Respiratory Disease			
Terminal			
Infectious Disease			