

Certified Nurse Aide Skills Checklist

This checklist will be used to assess your suitability for placement.

Note: You can save the checklist at any time and your progress will be stored.

Experience Guide

- 1 - Not Applicable - minimal or no exposure to clinical aspect or care.
- 2 - Beginner - sufficient knowledge to understand the contextual nature of the function, able to perform routine functions independently, requires assistance when setting priorities in complex situations, needs to gain speed and flexibility to be competent.
- 3 - Competent - perceives situations and functions as a whole, has knowledge of the typical events to expect in a given situation and the appropriate responses, flexible in decision making.
- 4 - Proficient - considerable background and experience, can grasp situations intuitively, mastery in performance, incorporates elements of innovation and creativity in clinical experience.

Specialty Areas Worked

General

	Experience					Experience			
	1	2	3	4		1	2	3	4
Private Duty LTC/Nursing Home/Skilled Nursing Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OR Technician/Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1:1 Adolescent Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Labor & Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open Heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ears, Nose & Throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHANGING THE FUTURE OF HEALTHCARE STAFFING

Central Supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Acute Care/Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Behavioral Health Technician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OB/GYN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plastics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adolescent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Home Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Med Surg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Geriatric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient Care
General

	Experience					Experience			
	1	2	3	4		1	2	3	4
Complete Bed Bath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Partial Bed Bath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tub Bath with Assist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bed Making - Unoccupied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bed Making - Occupied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bed Making - Post Op Surgical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Care of Confused Patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of Suicidal Patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Care of Combative Patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Range of Motion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oral Hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Shaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Catheter Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracheostomy Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perineal Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Intake and Output	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Post Mortem Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Vital Signs

	Experience					Experience			
	1	2	3	4		1	2	3	4
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Respirations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Temperature - Oral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature - Axillary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Temperature - Rectal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature - Tympanic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

JCAHO/OSHA

	Experience					Experience			
	1	2	3	4		1	2	3	4
Use of Restraints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Handwashing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Universal Precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Isolation Techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients Bill of Rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

Equipment

	Experience					Experience			
	1	2	3	4		1	2	3	4
Ace Bandage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cast Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Hot/Cold Packs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hoyer Lift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bed Scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CPM / Ortho	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walker / Crutches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Traction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Miscellaneous Skills

	Experience					Experience			
	1	2	3	4		1	2	3	4
Weighing Patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Admitting Patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charting in Nurses Notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Enemas (Soap Suds/Fleets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-Pads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Patient Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charting in Graphich Sheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CPR Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Glucose Monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

Age Specific Practice Criteria

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

- A. New Born/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)

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- F. Adolescents (12 - 18 Years)
- G. Young Adults (18 - 39 Years)
- H. Middle Adults (39 - 64 Years)
- I. Older Adults (+64 Years)

Experience With Age Groups

Able to adapt care to incorporate normal growth and development A B C D E F G H I

Able to adapt method and terminology of patient information 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 varying age groups. A B C D E F G H I

By signing this checklist you agree to the following:

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Skills Checklist to the Client facilities in relation to consideration of employment as a per diem nurse with those facilities.

Nurse Signature

Date