

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	Skills (check appropriate box)	1	2	3	Skills (check appropriate box)	1	2	3
AMBULATION				URINARY CATHETER CARE				COMMUNICATION			
Provide Care & Assist with:				Perineal Hygiene				Verbal			
• Crutches				External Catheter				Non-Verbal w/ Cognitive Impaired			
• Walker				Foley Catheter				Positions Call Light Appropriately			
• Cane				Supra Pubic Catheter				CARE OF PROSTHETIC DEVICES			
• Gait Belt				TRANSFER TECHNIQUES				Limbs			
• Side Rails				Use of Transfer Gait Belt				Eye Glasses			
PERSONAL CARE				Weight Bearing				Hearing Aids			
Bath:				Non-Weight Bearing				SAFETY/EMERGENCIES			
• Bed				Mechanical Lift				Recognize & Report:			
• Shower				Wheelchair				• Safety Hazards			
Skin Care:				TURNING/POSITIONING PATIENT				• Emergencies			
• Back Rub				Supine				Respond to Emergencies			
• Decubitus Prevention Care				Side-Lying				Handles Oxygen Safely			
Dress:				In Chair				Observe, Report, Document:			
• Assist As Needed				In Bed				• Changes in Body Functions			
• Use Of Assistive Devices				Use of Lift Sheet				• Changes in Behavior			
Hair Care:				SAFETY DEVICES				UNDERSTANDS & CAN PERFORM			
Nail Care (Fingers & Toes):				Vest Restraint				Enemas:			
• Clean/File/Trim with Clippers				Soft Wrist/Ankle Restraint				• Fleets			
Oral Hygiene:				Padded Side Rail				• Tap Water			
• Mouth Care				Side Rails				• Soap Suds			
• Brush Teeth				BASIC INFECTION CONTROL				Binders & Bandages			
• Denture Care				Handwashing				• ACE Bandages			
Shaving with Electric Razor				Universal Precautions				• Support Stockings			
Maintain Clean, Safe Environment:				Use of Warm & Cool Applications				Care of the Deceased			
• Linen Change – Occupied Bed				SPECIMEN COLLECTION				MENTAL HEALTH/SOCIAL SERVICES			
• Linen Change – Unoccupied Bed				Urine				Demonstrate Principles of			
NUTRITION/HYDRATION				Stool				Behavior Management			
Feeding Techniques				Sputum				Provided Emotional Support			
Assist with Eating				Blood				Encourages:			
Use of Feeding Assistive Devices				TAKE & RECORD VITAL SIGNS				• Patient to make personal choices			
Abdominal Thrusts (Heimlich)				Temperature:				• Family Support			
Measure & Record Intake				• Oral				• Self-care as ability allows			
Encourage Fluids				• Rectal				Knowledge of Reporting Statutes:			
BOWEL & BLADDER ELIMINATION				• Ear Canal				• Adult, Child, Elder Abuse			
Assist/Care of Patient with:				Pulse:				• Domestic Violence			
• Bed Pan/Urinal				• Apical				• Violent Injury			
• Bedside Commode				• Radial				Respect Patients' Rights & Dignity			
• Care of Incontinent Patient				• Pedal				including Privacy & Confidentiality			
• Stoma Care				• Femoral				ASSIST/CARE OF PATIENT WITH			
• Bowel/Bladder Training				Respirations				Diabetes			
• Measure & Record Output				Blood Pressure				Cancer			
RANGE OF MOTION EXERCISES				Height				Heart Disease			
Active				Weight:				Oxygen Therapy			
Passive				• Standing				Respiratory Disease			
Combination				• Bed Scale				Terminal			
				• Chair Scale				Infectious Disease			