

GERIATRIC SKILLS CHECKLIST

NAME: _____

SIGNATURE: _____

DATE: _____

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill. See the Levels of Proficiency below.

1 - Can function well independently • 2 - Experienced, but may need review • 3 - Limited or no experience

MEDICATION ADMINISTRATION

Skills (check appropriate box)	1	2	3
Unit Dose			
Pouring from Stock Medications			
Controlled Substance Administration			
Controlled Substance Count & Security			
Syringe Count			
IV Antibiotics			
IV Additives			
Medications			
• Ophthalmic			
• Otic			
• Rectal			
• Vaginal			
• Topical			

IV THERAPY

Skills (check appropriate box)	1	2	3
Inserting IVs			
Mixing IVs			
Regulating IVs			
Discontinuing Peripheral IVs			
IV Infusion Pumps			
Heparin Locks			

DERMATOLOGICAL PROBLEMS

Skills (check appropriate box)	1	2	3
Recognizing normal skin changes (elderly)			
Identifying common skin problems (elderly)			
Prevention & Treatment of dermal ulcers			
• Internal Causes (i.e., poor nutrition)			
• External Causes (i.e., pressure, friction)			
Use of special pressure relief devices			
• Air Fluidizer			
• Low Airloss Beds			
• Pressure Relief Mattress/Seat Cushion			
Wound Care			
• Dressing Changes			
• Irrigations			

RESPIRATORY PROBLEMS

Skills (check appropriate box)	1	2	3
Chest Physiotherapy			
Incentive Spirometry			
Administering Intermittent Positive Pressure Breathing Treatments			
Suctioning			
• Oropharyngeal			
• Nasotracheal			
• Tracheal			
Oxygen Delivery Devices			
Inserting an Oral Airway			
Care of Resident with Tracheostomy			
Collection of Sputum Specimens			

INFECTION CONTROL

Skills (check appropriate box)	1	2	3
Aseptic Technique			
Universal Precautions			
Hazardous Waste - Sharps Disposal			
Enteric Precautions			
Respiratory Precautions			
Genitourinary Precautions			

CARDIOVASCULAR PROBLEMS

Skills (check appropriate box)	1	2	3
Recognizing Basic & Life-Threatening Dysrhythmias			
Cardiopulmonary Resuscitation (CPR)			
Heimlich Maneuver			
Care of Resident with Internal Pacemaker			
Assessment of Peripheral Pulses			
Administration of Nitrates			
• Oral			
• Topical			
Administration of Antiarrhythmics			
• Oral			
• Intramuscular			
• Intravenous			
Administration of Antihypertensives			
• Oral			
• Intravenous			
Pacemaker Check-Telecommunication			

NEUROLOGICAL PROBLEMS

Skills (check appropriate box)	1	2	3
Assessing Levels of Consciousness			
Reality Orientation			
Care of resident with behaviors of:			
• Wandering			
• Combativeness			
• Agitation			
• Anxiousness			
• Suicidal ideations			
• Hallucinations (auditory, olfactory, visual)			
Care of resident with a stroke			
Suicide Precautions			
Seizure Precautions			
Administration of Anticonvulsant			

SENSORY PROBLEMS

Skills (check appropriate box)	1	2	3
Cataracts			
Macular Degeneration			
Blindness			
Care of Contact Lens			
Prosthetic Eye Care			
Care of resident with hearing loss			
Application of Hearing Aid Devices			
Denture Care			

GENITOURINARY PROBLEMS

Skills (check appropriate box)	1	2	3
Bladder retraining			
Incontinence Management			
Insertion of			
• Catheter - Female			
• Catheter - Male			
• Catheter - Suprapubic			
Bladder irrigations			
• Intermittent			
• Continuous			
Care of Residents with			
• Dialysis Treatments			
• A-V Shunt/Fistula Care			
• Urinary Diversion (i.e., Ileal Conduit)			
• Nephrostomy Tube			
Collection of Urine Specimens			
Collections of Vaginal Cultures			
Removal of a Pessary			

MUSCULOSKELETAL PROBLEMS

Skills (check appropriate box)	1	2	3
Cast Care			
Circulation Checks			
Range of Motion Exercise			
Use of Hoyer Lift			
Use of Assistive Devices (walker, quad cane)			
Transfer Techniques			
Gait Retraining			
Application of Prosthetic Devices			
Application of Orthotic Devices			
Care of resident with:			
• Total Joint Replacement			
• Amputation			
• Arthritic/Rheumatic Disease			
• Neuromuscular Disease			

ENDOCRINE PROBLEMS

Skills (check appropriate box)	1	2	3
Insulin Administration			
• Single Type			
• Mixed Insulins			
Blood Glucose Monitoring			
• Performing Fingersticks			
• Use of Blood Glucose Meter Device			
• Use of Visual Blood Glucose Strips			

OBRA GUIDELINES

Skills (check appropriate box)	1	2	3
Resident Rights			
Use of Antipsychotic Medications			
Use of Restraints			
Interdisciplinary Care Planning			

My experience is primarily in: (Please Indicate Number of Years)

Medical _____ Telemetry _____ Oncology _____ Pediatrics _____ Psychiatry _____ Other: _____
 Surgical _____ Orthopedics _____ Neurology _____ OB-GYN _____ Rehabilitation _____