

LPN 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)

CORE SKILLS

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Admission of a Patient | | | |
| Transfer of a Patient | | | |
| Discharge of a Patient | | | |
| Emergency Situations/Code Blue | | | |
| Vital Signs | | | |
| Post Mortem Care | | | |
| Defibrillation | | | |
| Cardioversion | | | |
| Documentation | | | |
| Patient & Family Education | | | |
| Assessment of Abuse | | | |
| Restraints | | | |
| Body Mechanics | | | |
| Aseptic Technique | | | |
| Isolation Precautions | | | |
| Medication Administration | | | |
| • PO Medications | | | |
| • IM Injections | | | |
| • SQ Injections | | | |
| • Z-track Injections | | | |
| • Rectal Suppositories | | | |
| • Nasal Sprays | | | |
| • Ear Drops | | | |
| • Eye Drops | | | |
| • Inhalers | | | |
| • Emergency Drugs/Code Cart | | | |

PULMONARY

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Assessment | | | |
| • Breath Sounds | | | |
| • Rate & Work of Breathing | | | |
| Interpretation of Lab Results | | | |
| • Arterial Blood Gasses | | | |
| Equipment & Procedures | | | |
| • Endotracheal Tube/Suctioning | | | |
| • Nasal Airway/Suctioning | | | |
| • Oropharyngeal/Suctioning | | | |
| • Sputum Specimen Collection | | | |
| • Tracheostomy/Suctioning | | | |
| • Assist With Intubation | | | |
| • Assist With Thoracentesis | | | |
| • Chest Tube Management | | | |
| • Chest Physiotherapy | | | |
| • Incentive Spirometry | | | |
| • Pulse Oximetry | | | |
| Oxygen Therapy | | | |
| • Bag & Mask | | | |
| • Face Mask | | | |
| • Nasal Cannula | | | |
| • Portable O ₂ Tank | | | |

NEUROLOGICAL

| Skills (check appropriate box) | 1 | 2 | 3 |
|------------------------------------|---|---|---|
| Assessment | | | |
| • Glasgow Coma Scale | | | |
| • Level of Consciousness | | | |
| Equipment & Procedures | | | |
| • Assist with Lumbar Puncture | | | |
| • Use of Hypo-Hyperthermia Blanket | | | |

CARDIOVASCULAR

| Skills (check appropriate box) | 1 | 2 | 3 |
|------------------------------------|---|---|---|
| Assessment | | | |
| • Auscultation (Rate, Rhythm) | | | |
| • Blood Pressure/Non-invasive | | | |
| • Doppler | | | |
| • Heart Sounds/Murmurs | | | |
| Interpretation of Lab Results | | | |
| • Cardiac Isoenzymes | | | |
| • Blood Chemistries | | | |
| Equipment & Procedures | | | |
| • Basic Arrhythmia Interpretation | | | |
| • Lead Placement | | | |
| • Basic 12 Lead EKG Interpretation | | | |

ORTHOPEDICS

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Assessment | | | |
| • Circulation Checks | | | |
| • Gait | | | |
| • Range of Motion | | | |
| • Skin | | | |
| Equipment & Procedures | | | |
| • Wheelchair | | | |

GASTROINTESTINAL

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------------|---|---|---|
| Assessment | | | |
| • Abdominal/Bowel Sounds | | | |
| • Fluid Balance | | | |
| • Nutritional | | | |
| Equipment & Procedures | | | |
| • Placement of NG Tube | | | |
| • Placement of Flexible Feeding Tube | | | |
| • Administration of Tube Feeding | | | |
| • Feeding Pumps | | | |
| • Gravity Feeding | | | |
| • Salem Sump to Suction | | | |
| • Care of Gastrostomy Tube | | | |
| • Colostomy Care | | | |

RENAL/GENITOURINARY

| Skills (check appropriate box) | 1 | 2 | 3 |
|--|---|---|---|
| Assessment | | | |
| • Fluid Balance | | | |
| • Urinary Output | | | |
| Interpretation of Lab Results | | | |
| • BUN & Creatinine | | | |
| Equipment & Procedures | | | |
| • Catheter Care | | | |
| • Specimen Collection | | | |
| • Routine | | | |
| • 24-Hour | | | |
| Insertion & Care of Straight & Foley Catheters | | | |
| • Female | | | |
| • Male | | | |

ENDOCRINE/METABOLIC

| Skills (check appropriate box) | 1 | 2 | 3 |
|-----------------------------------|---|---|---|
| Assessment | | | |
| • S/S Diabetic Coma | | | |
| • S/S Insulin Reaction | | | |
| Equipment & Procedures | | | |
| • Blood Glucose Monitoring | | | |
| • Performing Finger/Heel Stick | | | |
| • Sliding Scale Insulin Protocols | | | |

WOUND MANAGEMENT

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Assessment | | | |
| • Skin for Impending Breakdown | | | |
| • Surgical Wound Healing | | | |
| Equipment & Procedures | | | |
| • Sterile Dressing Change | | | |

INTRAVENOUS THERAPY

| Skills (check appropriate box) | 1 | 2 | 3 |
|--|---|---|---|
| Assessment | | | |
| • Site Assessment | | | |
| Equipment & Procedures | | | |
| • Administration of Blood & Blood Products | | | |
| • Drawing Blood from a Central Line | | | |
| • Drawing Venous Blood | | | |
| • Initiation of an IV | | | |
| • Heplock Flushes | | | |
| • Administration of IV Fluid | | | |
| • Administration of Piggy Back | | | |
| • Administration of IV Push Medications | | | |
| • Site Care & Dressing Changes | | | |
| • Central Line | | | |
| • Peripheral Line | | | |
| • Administration of TPN/Lipids | | | |

PAIN MANAGEMENT

| Skills (check appropriate box) | 1 | 2 | 3 |
|--|---|---|---|
| Assessment | | | |
| • Assessment of Pain Level/Tolerance | | | |
| Equipment & Procedures | | | |
| • Administration of Narcotic Analgesia | | | |
| • PCA Pumps | | | |
| • IV Conscious Sedation | | | |
| • Epidural Anesthesia | | | |

AGE SPECIFIC CARE

| Skills (check appropriate box) | 1 | 2 | 3 |
|---|---|---|---|
| Newborn/Neonatal (Birth to 30 Days) | | | |
| Infant (30 Days to 1 Year) | | | |
| Toddler (1 Year to 3 Years) | | | |
| Preschool (3 Years to 5 Years) | | | |
| School Age Children (5 Years to 12 Years) | | | |
| Adolescent (12 Years to 18 Years) | | | |
| Young Adults (18 Years to 39 Years) | | | |
| Middle Adults (39 Years to 64 Years) | | | |
| Older Adults (64+ Years) | | | |