

# DOLLY'S PERSONAL CARE HOME, INC.

## Nursing Assistant Skills Checklist

Please print clearly in black ink

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Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last First Middle Initial

The following checklist is a profile used to assess your clinical efficiency and assist in matching your skills with available assignments. Your employment is not dependent upon responses given in this checklist. Please rate your ability as accurately as possible by circling the appropriate number.

### Please Mark Your Level of Experience

- |   |  |
|---|--|
| 1) No Experience: Theory/Observed Only      | 3) Moderate Experience: May Minimal Resource |
| 2) Intermittent Experience: May Need Review | 4) Competent: Proficient                     |

### I. Measure Vital Sign

B/P		1	2	3	4
Temperature	-oral	1	2	3	4
	-axillary	1	2	3	4
Pulse	-radical	1	2	3	4
	-apical	1	2	3	4
Respirations		1	2	3	4
Height		1	2	3	4
Weight		1	2	3	4

### II. Body Mechanics/Transferring Patient

#### Principals of Body Mechanics

Posture		1	2	3	4
Body Alignment		1	2	3	4
Turning and Positioning		1	2	3	4
Bed and Stretcher		1	2	3	4
Bed to Wheelchair (chair)		1	2	3	4
Mechanical Lift		1	2	3	4
Ambulation of Patients		1	2	3	4
Transporting Patients		1	2	3	4

### III. Grooming

Mouth Care		1	2	3	4
Bed Bath		1	2	3	4
	A. Assistance with bath	1	2	3	4
Perineal Care		1	2	3	4
	A. Male	1	2	3	4
	B. Female	1	2	3	4
Catheter Care		1	2	3	4
Hair Care		1	2	3	4
Back Rub		1	2	3	4

### IV. Skin Care

Shaving		1	2	3	4
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<b>V.</b>	<b>Range of Motion Exercise</b>				
	Active ROM	1	2	3	4
	Passive ROM	1	2	3	4
<b>VI.</b>	<b>Elimination</b>				
	Assistance to Bathroom	1	2	3	4
	Assistance with Bed Pan	1	2	3	4
	Assistance to Commode	1	2	3	4
	Assist with Enemas	1	2	3	4
<b>VII.</b>	<b>Feeding</b>				
	Assistance with meals	1	2	3	4
	Calculate intake	1	2	3	4
	Calculate outtake	1	2	3	4
	Passing Ice/Water	1	2	3	4
<b>VIII.</b>	<b>Work Environment</b>				
	Patient Room Clean	1	2	3	4
	Supplies in Room	1	2	3	4
	Trash Emptied	1	2	3	4
	Hallways Clear	1	2	3	4
	Linen in Appropriate Place	1	2	3	4
<b>IX.</b>	<b>Patients Rights</b>				
	Confidentiality	1	2	3	4
	Complies with Dress Code	1	2	3	4
	Meets Time and Attendance Standards	1	2	3	4
<b>X.</b>	<b>Infection Control/Universal Precautions</b>				
	Isolation	1	2	3	4

The information I have given is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_