

## Nursing Skills Checklist

	CLASSROOM /LAB		CLINICAL COMP.	
Student's Name  _____	Practice Date	Initial	Date Observed	Initial
Name of NAEP  _____				
<p><b>All skills should be signed off in the lab setting prior to students performing them in the clinical setting. Every effort should be made to have clinical opportunities available for all skills. However, if a particular skill is not available in the clinical setting (such as side rails or catheter care), the instructor should <u>initial and circle</u> that skill and make an explanatory note on the last page of this form.</b></p>				
<b>MOBILITY/AMBULATION:</b>				
One person				
Use of cane				
Use of walker				
Application of gait belt				
Proper use of wheelchair				
<b>BEDMAKING:</b>				
Occupied & unoccupied				
<b>BODY MECHANICS:</b>				
Student/Caregiver				
<b>COMMUNICATION:</b>				
With verbal resident(s)				
With non-verbal resident(s)				
With resident(s) with cognitive impairments				
With resident(s) with sensory loss(es)				
Reporting any observed changes in residents to the appropriate personnel				
Proper documentation on flowsheets				
<b>INFECTION CONTROL:</b>				
Application/removal of gloves				
Handling soiled items				
Handwashing				

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Student's Name  _____	Practice Date	Initial	Date Observed	Initial
Name of NAEP				
Application of personal protective equipment				
<b>NUTRITION:</b>				
I & O documentation				
Serving food/beverages				
Feeding				
<b>CATHETER CARE:</b>				
Cleaning tubing				
Drainage Bags				
<b>SUPPORTIVE:</b>				
ROM-active				
ROM-passive				
Alignment in bed				
Alignment in chair				
Position pillows				
Support splints				
Turning/repositioning				
Skin protectors				
Support hose				
<b>TRANSFERS:</b>				
Chair to commode				
Bed to wheelchair				
One person				
Two person				
Mechanical lift *				
<b>TOILETING:</b>				
Assisting with toileting				

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Student's Name  _____	Practice Date	Initial	Date Observed	Initial
Name of NAEP				
Urinal				
Bed pan				
Adult briefs				
Collection of urine specimen				
<b>VITAL SIGNS/MEASUREMENTS:</b>				
Temperature				
Blood pressure				
Radial pulse				
Respirations				
Weight				
Height				
<b>PERSONAL CARE:</b>				
Bath – complete				
Backrub				
Lotion to bony areas				
Peri-care				
Nail care				
Dressing				
Undressing				
Hair care				
Eye glasses				
Hearing aid				
Shave				
Shampoo				
<b>ORAL CARE:</b>				
Brushing teeth				

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Student's Name	Practice Date	Initial	Date Observed	Initial
_____ Name of NAEP				
Denture care				
Use of swab				
<b>SAFETY:</b>				
Use of call bell				
Use of side rails				
Heimlich maneuver				
Use of bed brakes				
<b>Privacy Curtain</b>				

\* Per federal Dept. of Labor regulation, students who are younger than 18 years of age are prohibited from using mechanical lifts/hoists in patient care settings. If career and technical centers have such equipment available, it is up to each of those programs to decide (with their administrators/legal counsel) whether they will permit under-18 year olds to practice using mechanical lifts/hoists in the classroom/lab (non-clinical) setting.

Students younger than 18 who do not demonstrate use of mechanical lifts in either or both the lab and clinical settings will be considered to have fully met program requirements as long as the reason is noted and signed off by the instructor on this form.

NURSE ASSISTANT STANDARD SKILLS LIST				
Student's Name				
Program's Name				
INSTRUCTOR'S NAME, SIGNATURE & INITIALS:				
STUDENT'S SIGNATURE:				
DATE:				

