

## Caregiver Training Institute Nursing Assistant Clinical Skills Checklist

Student Name \_\_\_\_\_ Course Number #     CN    

Instructor Name \_\_\_\_\_ Course Start Date \_\_\_\_\_

Clinical Site: \_\_\_\_\_

**Clinical:** The skills must be demonstrated on a client, patient, or resident in the clinical setting under the supervision of Board-approved faculty.

\*Faculty must make every effort to accomplish all skill(s) listed in clinical setting(s) on residents/patients. If not available, list the skill(s) in the comment box below and document how the skill(s) was demonstrated, e.g., scenario/simulation, skill test etc.

<b>Clinical Skills</b>	<b>Date Return Demonstrated in Clinical</b>	<b>Initials or signature of Board Approved Nurse Evaluator</b>
<b>Collaboration with Health Care Team:</b>		
1-Take/give report		
<b>Person-centered Care:</b>		
2-Follow the person's plan of care and preferences		
<b>Infection Prevention and Standard or Transmission Based Precautions:</b>		
3-Wash hands		
4-Hand hygiene		
5-Proper care for person's environment		
6-Make an occupied bed		
7-Put on and remove PPE: gloves		
8-Put on and remove PPE: gown		
9-Put on and remove PPE: mask		
10-Put on and remove PPE: goggles/face shield		
<b>Safety/Emergency Procedures:</b>		
11-Ambulate using a gait belt		
12-Ambulate with a walker		
13-Demonstrate proper positioning/turning/alignment techniques for a person in bed		
14- Demonstrate proper positioning/alignment techniques for a person in a chair and wheelchair		
15- Transfer a person from bed to wheelchair		
16-Transfer a person from wheelchair to bed		

## Clinical Skills

	Date Return Demonstrated in Clinical	Initials or signature of Board Approved Nurse Evaluator
17-Use safe transfer and handling techniques with lift equipment		
<b>Personal Care:</b>		
18-Assist with hair care		
19-Shampoo hair		
20-Dress/undress		
21-Give a shower		
22-Provide denture care		
23-Provide fingernail care		
24-Provide foot care		
25-Provide oral care		
26-Provide perineal/incontinence care		
27-Provide skin care: clean, dry, intact, pressure relief, report changes		
28-Shave face with electric or disposable razor		
<b>Nutrition and Hydration:</b>		
29-Assist with eating/hydration		
30-Measure and record intake: food/fluids		
<b>Elimination:</b>		
31-Measure and record output		
32-Assist with toileting		
33-Change disposable brief		
34-Apply topical barrier creams and ointments		
<b>Restorative Care:</b>		
35-Assist with lower extremity range of motion		
36-Assist with upper extremity range of motion		
<b>Measure and Record:</b>		
37-Pain level		
38-Temperature (oral, temporal, infra-red, axillary)		
39-Radial pulse		
40-Respirations		
41-Electronic blood pressure		
42-Manual blood pressure (upper arm)		
43-Measure and record weight		
44-Pulse oximetry		
<b>Documentation:</b>		
45-Record care provided in a timely manner		

Instructor comments:

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Signature of Program Director \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_





