

Student Name _____ Class _____

Nursing Assistant Skills Checklist: Classroom and Clinical

***Students may not perform skills on residents/patients until they have demonstrated competency and been signed off by a RN in the skills laboratory.**

Testable	Classroom Competency Date	RN Initials	Clinical Practice Date	RN Initials
Ambulation with Gait Belt				
Ambulation with Walker				
Applying Antiembolic Stockings				
Bedpan and Output				
Bed Bath-Whole Face, One Arm, and Underarm				
Blood Pressure -Manual				
Denture Care				
Dressing Bedridden Resident				
Feeding the Dependent Resident				
Fluid Intake				
Isolation Gown and Gloves				
Mouth Care-Brushing teeth				
Mouth Care of Comatose Resident				
Making an Occupied Bed				
Perineal Care-Female				
Perineal Care-Male With a Soiled Brief				
Positioning Resident on Side				
Range of Motion Hip and Knee				
Range of Motion Shoulder				
Pivot Transfer a Wt. Bearing, Non-Ambulatory Resident from W/C to Bed using Gait Belt				
Pivot transfer a Wt. Bearing, Non-Ambulatory Resident from Bed to W/C using Gait Belt				
Vital Signs TPR				
Vital Signs TR, Pulse Oximetry, Electronic BP				

Non-Testable	Classroom Competency Date	RN Initials	Clinical Practice Date	RN Initials
Apply Clean Bandages				
Assist in Admitting Resident				
Assist in Discharging Resident				
Assist in Transferring Resident				
Assist with Diagnostic Test/Obtains Specimen				

	Classroom Competency Date	RN Initials	Clinical Practice Date	RN Initials
Back Rub				
Body Mechanics				
Care/ Use of Prosthetic or Orthotic Devices				
Catheter Care				
Documenting ADLs				
Donning/Removing Gown/Gloves/Mask				
Dress Resident				
Empty Catheter and Measure Output				
Fingernail Care				
Handwashing/Hand Hygiene				
Maintaining a Resident's Environment				
Make an Unoccupied Bed				
Mechanical Lift Transfer				
Move Resident Up in Bed				
Observe, Report Pain				
Ostomy Care				
Pass and Set Up Trays				
Perioperative Care				
Post Mortem Care				
Provide Care for Patients with Drains				
Provide Care of Patients with Feeding Tubes				
Range of Motion Exercises				
Recognizing and Reporting abnormal physical, psychological or mental changes				
Record Meal Percentage and Intake				
Report Skin Condition				
Shampoo and Hair Care				
Shaving				
Shower				
Skin Care				
Toileting				
Transfer and Position Resident in Chair				
Use of Assistive Devices in Feeding				
Use of Assistive Devices in Transferring, Ambulating, and Dressing				
Weight- Standing, W/C and Bed Scales				

Student Signature _____

Classroom RN Signature _____ Initials _____

RN Clinical Instructor Signature _____ Initials _____

Program Completion Date _____