

Student Name \_\_\_\_\_ Class \_\_\_\_\_

### Arizona Nursing Assistant Skills Checklist: 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	Clinical Practice Date	Student Initials	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	Clinical Practice Date	Student Initials	RN Initials
Apply Clean Bandages			
Assist in Admitting Resident			
Assist in Discharging Resident			
Assist in Transferring Resident			

	Classroom Practice Date	Student Initials	RN Initials
Assist with Diagnostic Test/Obtains Specimen			
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 \_\_\_\_\_

RN Clinical Instructor Signature \_\_\_\_\_ Initials \_\_\_\_\_

Program Completion Date \_\_\_\_\_