

## **NURSE AIDE SKILLS PROFICIENCY CHECKLIST**

11. OBSERVATIONS/REPORT	Date of Proficiency	Evaluator(s) initial
Vital Signs – TPR		
Vital Signs – BP		
Observing common symptoms		
Weight and Height:		
- standing scale		
- bed scale		
- chair scale (may substitute with training)		

12. NUTRITION & ELIMINATION	Date of Proficiency	Evaluator(s) initial
<b>FEEDING*</b>		
Feeding residents with various disabilities such as:		
- residents unable to feed self		
- residents with swallowing problems		

ASSISTING & ELIMINATION		
Use of bedpan/urinal		
Incontinent Care – Adult brief/pericare		
Care of urinary/fecal drainage bags		
Participate in bowel/bladder training*		

INTAKE AND OUTPUT		
Measure and record input		
Measure and record output		

13. CARE OF RESIDENT WITH TUBES (may substitute with training)	Date of Proficiency	Evaluator(s) initial
Care of residents with		
- intravenous		
- foley catheter		
- N/G and gastrostomy		
- oxygen mask/nasal cannula		

14. MENTAL HEALTH AND SOCIAL NEEDS	Date of Competency	Evaluator(s) initial
Appropriate response to behaviors		
Care associated with aging process		
Promoting and respecting resident's independence, dignity, and rights		

15. CARE OF THE COGNITIVELY IMPAIRED	Date of Competency	Evaluator(s) initial
Technique for addressing unique needs and behaviors (Alzheimer's and other dementia)		
Communicating, understanding, and responding to the resident's behaviors		
Method of reducing effects of cognitively impairments		

16. COMMUNICATION	Date of Competency	Evaluator(s) initial
Observe, document, and refers to appropriate personnel for follow up action		