

CNA SKILLS COMPETENCY CHECKLIST

Name: _____ Date: _____

Total Years CNA experience: _____

Please rate your Skill Level by checking the appropriate box using the key below:

1 – No Experience

2 – Previous Training, but no hands-on experience

3 - Previous training / hands-on experience.

SKILLS		SKILLS	
CPR		Turning and positioning patients	
Vital signs (TPR, BP)		Disease processes	
Set up and feed patient meals		Aspiration precautions	
Make up empty or occupied beds		Assist patient with oxygen or pulse ox	
Assist patient with ambulation		Knowledge of infection control	
Partial bed bath / Shower scrub		Specimen collection	
Complete bed bath		Monitor and record intake and output	
Oral care		Pain management	
Foot care / Nail care		Behavior management	
Bowel care		Age specific communication	
Bladder care		Basic nutrition and meal planning	
Catheter care		Disaster planning and preparedness	
Toileting / Incontinence management			

SKILLS		SKILLS	
Foley care		Cardiac / Diabetic meal plan	
IV site monitoring		Care of the dying patient	
Skin care		Transfer patient	
Dry dressing changes		Scales / Weights	
Hair care / Shampoo / Roller sets		Post-mortem care	
Assist client with medications/reminders		Abuse and neglect reporting procedure	
Set up enteral or tube feedings		Knowledge of different types of abuse	
Take an EKG		Infection control in the home setting: – Hand washing – Protective equipment – Equipment cleaning – Exposure plan	
Assist client with use of glucometer		Documentation and reporting of client	
Safely operate the following medical equipment		Housekeeping	
Wheelchair, semi and electric bed		Linen change / Wash clothing	
Home glucometer		Use of shower bench / Chair / bsc	
Walker / Single point / Quad cane			
Hoyer lift / Trapeze			
Electronic thermometer			

Do you speak any other language(s) besides English?

Yes

No

If YES, please list other language(s): Do you have any other skills not listed here that are pertinent to the position?

I hereby certify that all information I have provided to MAS Home Care of New Hampshire on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate dismissal.

Employee (CNA)

Signature: _____ Date: _____

RHS Representative Reviewer

Signature: DeVon Maryland Date: _____