

# Staff One HealthCare CNA Skills Checklist

Print Name:	
Signature:	SKILL LEVELS
Date:	0 = no experience, theory only 1 = Limited, supervision required 2 = Acceptable proficiency 3 = Independently proficient

Indicate Clinical Skill Competency/Level of Proficiency for ALL procedures/equipment in last 12 mos.

	SKILL LEVEL					SKILL LEVEL			
	0	1	2	3		0	1	2	3
<b>AGE SPECIFIC</b>					<b>VITAL SIGNS</b>				
Neonates - birth to 30 days					Oral Temperature				
Infants - 30 days to 1 year					Rectal Temperature				
Toddlers - 1 to 3 years					Axillary Temperature				
Preschool - 3 to 5 years					Typanic Temperature				
Older Children 5 to 12 years					Carotid Pulse				
Adolescents 12 to 18 years					Apical Pulse				
Young Adults 18 to 39 years					Respirations				
Middle Adults 39 to 64 years					Manual Blood Pressure				
Geriatrics 64+ years					Digital Blood Pressure				
					Telemetry				
<b>EXPERIENCE</b>					<b>MEDICATION ADMINISTRATION</b>				
Med/Surg					Rectal				
Telemetry					Oral				
Oncology					Feeding Tube				
Surgical									
Orthopedics					<b>TRANSFERS</b>				
ER					1 - person assist				
Skilled Care					2 - person assist				
CBRF					Hoyer Lift				
Alzheimers					EZ Lift				
Assisted Living					Gurnee				
Group Home									
Nursing Home					<b>PHLEBOTOMY</b>				
Home Care					Blood Draws				
Hospice					Accu - Check				
Clinic									
Hospital					<b>ISOLATION - STANDARD &amp; UNIVERSAL PRECAUTIONS</b>				
<b>PERSONAL CARES</b>					Strict				
Back Rub					Droplet				
Foley Catheter Care					Gown				
Condom Catheter					Mask				
Apply Ostomy					Gloves				
Change Ostomy					Standard Technique				
Peri Care									
Denture Care									
Oral Care									
Shaving									
Hair wash tray									
ROMs									

# Staff One HealthCare CNA Skills Checklist

	SKILL LEVEL			
	0	1	2	3
<b>BATHING</b>				
Whirlpool				
Bed Bath				
Sitz Bath				
Tub Bath				
Tub with Lift				
Shower				
<b>AMBULATION</b>				
Cane				
Crutches				
Walker				
Tripod Cane				
Gait Belt				
<b>INTAKE/OUTPUT RECORDING</b>				
Liquids				
Urine				
Drains				
Foley Catheter				
<b>FEEDING/DIET</b>				
Mechanical soft				
Pureed				
Tube Feeding				
Recording %'s				
Restricted Na+				
Diabetic				
Liquid Diet				
NPO				
<b>WEIGHTS</b>				
Digital				
Standing				
Lift Scale				
Chair Scale				
<b>CPR</b>				
Basic Life Support				
Infant				
Child				
Adult				

Please use this space to list any other skills or experience you believe is relevant:

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Print Name:
Signature:
Date: