

CNA/HHA/GNA SKILLS CHECKLIST

Self-Rating Key:

0-No experience (please print)

1-Minimal experience/works with supervision

2-Independent/works without supervision in most cases

3-Senior/works at a supervisory or teaching level

Has knowledge of and can provide care and assist patients with the following tasks:

| | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| AMBULATION | | | | |
| 1. Crutches | | | | |
| 2. Walker | | | | |
| 3. Cane | | | | |
| 4. Gait belt | | | | |
| PERSONAL CARE x | | | | |
| 1. Bath: | | | | |
| a. Bed | | | | |
| b. Tub | | | | |
| c. Shower | | | | |
| 2. Skin Care: | | | | |
| a. Back rub | | | | |
| b. Decubitus prevention/care | | | | |
| 3. Dress: | | | | |
| a. Assist as needed | | | | |
| b. Use of assistive devices | | | | |
| 4. Hair Care | | | | |
| 5. Nail Care (fingers & toes) | | | | |
| a. Clean/file/trim with clippers | | | | |
| 6. Oral Hygiene: | | | | |
| a. Mouth care | | | | |
| b. Brush teeth | | | | |
| c. Denture care | | | | |
| 7. Shaving: Safety razor/electric razor | | | | |
| NUTRITION / HYDRATION x | | | | |
| 1. Feeding techniques | | | | |

| | 0 | 1 | 2 | 3 |
|--|---|---|---|---|
| 2. Assist with eating | | | | |
| 3. Use of feeding assistive devices | | | | |
| 4. Measure & record intake | | | | |
| 5. Encourage fluids | | | | |
| BASIC INFECTION CONTROL PROCEDURES x | | | | |
| 1. Hand washing | | | | |
| 2. Universal precautions | | | | |
| 3. Use of warm & cool applications | | | | |
| ASSISTING OR CARE OF PATIENT WITH BOWEL & BLADDER ELIMINATION x | | | | |
| 1. Bedpan / urinal | | | | |
| 2. Bedside commode | | | | |
| 3. Care of incontinent patient | | | | |
| 4. Stoma care | | | | |
| 5. Bowel / bladder training | | | | |
| 6. Measure & record output | | | | |
| URINARY CATHETER CARE | | | | |
| 1. Perineal hygiene | | | | |
| 2. Foley catheter | | | | |
| 3. Supra pubic catheter | | | | |
| TRANSFER TECHNIQUES x | | | | |
| 1. Use of transfer gait belt | | | | |
| 2. Weight bearing | | | | |
| 3. Non-weight bearing | | | | |
| 4. Mechanical lift | | | | |
| 5. Wheelchair | | | | |
| TURNING / POSITION PATIENT | | | | |
| 1. Supine | | | | |
| 2. Side-lying | | | | |
| 3. In chair | | | | |
| 4. In bed | | | | |
| 5. Use of lift sheet | | | | |
| COMMUNICATION x | | | | |
| 1. Verbal | | | | |
| 2. Non-verbal with cognitively impaired patients | | | | |
| RANGE OF MOTION EXERCISES x | | | | |

| | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| 1. Active | | | | |
| 2. Passive | | | | |
| 3. Combination | | | | |
| TAKE & RECORD VITAL SIGNS | | | | |
| 1. Temperature | | | | |
| a. Oral | | | | |
| b. Rectal | | | | |
| c. Ear canal | | | | |
| 2. Pulse: | | | | |
| a. Apical | | | | |
| b. Radial | | | | |
| c. Pedal | | | | |
| 3. Respirations | | | | |
| 4. Blood Pressure | | | | |
| 5. Height | | | | |
| 6. Weight | | | | |
| a. Standing | | | | |
| b. Bed scale | | | | |
| c. Chair scale | | | | |
| SAFETY DEVICES | | | | |
| Padded side rail | | | | |
| Side rails | | | | |
| MENTAL HEALTH & SOCIAL SERVICE NEEDS x | | | | |
| 1. Demonstrates principles of behavior management | | | | |
| 2. Provides emotional support to patient | | | | |
| 3. Encourages family support | | | | |
| 4. Encourages patients to make personal choices | | | | |
| 5. Respects patient's rights & dignity, including privacy & confidentiality | | | | |
| 6. Encourages self-care as ability allows | | | | |
| 7. Knowledge of adult, child and elder abuse reporting statutes | | | | |
| 8. Knowledge of domestic violence and violent injury reporting statutes | | | | |
| SAFETY / EMERGENCIES | | | | |
| 1. Recognizes & reports safety hazards | | | | |
| 2. Recognizes & reports emergencies and responds appropriately | | | | |
| 3. Handles O2 safely | | | | |

| | 0 | 1 | 2 | 3 |
|--|---|---|---|---|
| 4. Observes, reports & documents changes in body functions, behavior | | | | |
| CARE OF PROSTHETIC DEVICES x | | | | |
| 1. Limbs | | | | |
| 2. Eye glasses | | | | |
| 3. Hearing aids | | | | |
| SPECIMEN COLLECTION x | | | | |
| 1. Urine | | | | |
| 2. Stool | | | | |
| 3. Sputum | | | | |
| UNDERSTAND AND CAN PERFORM x | | | | |
| 1. Binders & Bandages | | | | |
| a. ACE bandages | | | | |
| b. Support stockings | | | | |
| 2. Care of the deceased | | | | |
| ASSIST THE CARE OF PATIENT WITH x | | | | |
| 1. Diabetes | | | | |
| 2. Cancer | | | | |
| 3. Heart Disease | | | | |
| 4. O2 therapy | | | | |
| 5. Respiratory disease | | | | |
| 6. Terminal | | | | |
| 7. Infectious diseases | | | | |

To the best of my knowledge, information provided on this CNA/HHA/GNA Skills Checklist is true and accurate. My signature indicates that I have read this document in its entirety and understand its contents.

Print Name: _____

Signature: _____ Date: _____

Supervisor: _____ Date: _____