

MILLENNIUM MEDICAL STAFFING INC.

P: (718) 364-7250

F: (718) 364-7355

CERTIFIED NURSING ASSISTANT (CNA) SKILLS COMPETENCY CHECKLIST

Name: _____ Date: _____

Total years of CNA nursing experience: _____

Please rate your Skill Level:

0 – No Experience. Theory Only.

1 – Limited competency / proficiency.
Supervision Required.

2 – Acceptable competency / proficiency.

3 – Competent / proficient. Performed frequently and independently during the past 2 years.

SKILL	0	1	2	3
Assist with Admission of Patient				
Assist with Ambulation				
Assist with bedpan / urinal / commode				
Backrubs / back care				
Basic medical asepsis				
Bathing: complete / partial Sitz				
Bed cradles				
Bed making – occupied / unoccupied / surgical				
Bed rails: when / how to use them				
Cast Care				
Charting / checklists / graphic charts				
Compresses: warm / cold				
Coughing / deep breathing				
CPR				
Crutch walking: Assist patient				
Dangling patient				
Dietary restrictions				
Discharge of patient				
Documentation: vital signs, I & O				
Documentation of patient's belongings				
Douches				
Elastic stockings (AE hose)				
Elimination check & record				
Enemas, rectal tubes, Harris flush				
Feed patient				
Foley catheter care & emptying				
Footboard				
Hand Hygiene				

SKILL	0	1	2	3
Height: measure & record				
Intake & output measure & record				
Infection Control Precautions				
Standard Universal Precautions				
Reverse Isolation				
TB / Airborne Precautions				
MRSA / VRE Precautions				
Nourishment for patients				
Observing patients				
Oral hygiene				
Patient safety standards / Precautions				
Perineal care				
Positioning patients				
Prosthetic devices (care of dentures, contact lenses, etc.)				
Range of motion exercises				
Reporting changes of patient condition				
Reporting / recording of patient's pain level				
Restraints				
Skin Care				
Specimen Collection				
Routine Urine				
Clean Catch				
12 & 24-hour specimen				
Stool				
Culture				
Sputum				
From Foley Catheter				
Vital signs				

Do you speak any other language(s) besides English? Yes / No If YES, please list other language(s): _____

Are you familiar with computer charting? Yes / No If YES, what system(s) have you used: _____

Comments:

I hereby certify that all information I have provided to Mill Med Staffing 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 termination.

Nurse Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____