

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
NURSE AIDE SKILL COMPETENCY CHECKLIST

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Applicant address: \_\_\_\_\_  
 Facility/School: \_\_\_\_\_

PERSONAL CARE	DATE PASSED BY EXAMINATION	DATE PASSED BY DEMONSTRATION	COMMENT	OBSERVER INITIALS
Tub bath				
Shower				
Bed bath				
Partial bath				
Oral care				
Denture care				
Female Pericare				
Male Pericare				
Nail care				
Hair care				
Shaving				
Use of commode & bedpan				
Dressing/undressing				
Prevention/Observation Pressure Sores				
Skin care				
Catheter care: proper handling, emptying, changing catheter bags				
Obtain specimens:				
Urine				
Stool				
Sputum				
Application of heat:				
Aqua pad				
Compress				
Application of cold:				
Ice bag				
Compresses				
Application of T.E.D. hose/compression stocking				
Documentation in resident records				
Assessment & care planning process				
<b>INFECTION CONTROL</b>				
Blood & body fluid precautions				
Hand washing				
Use of protective gown, gloves, mask				
Disposal of contaminated supplies				
Proper linen handling, storage, disposal				

<b>COMMUNICATION/RIGHTS</b>	<b>DATE PASSED BY EXAMINATION</b>	<b>DATE PASSED BY DEMONSTRATION</b>	<b>COMMENT</b>	<b>OBSERVER INITIALS</b>
Respectful in interactions/communications				
Knocks before entering room				
Asks permission/explains procedure in advance				
Addresses resident by preferred name				
Demonstrates techniques responding to:				
Combative resident				
Depressed resident				
Anxious resident				
Cognitively impaired resident				
Ensures privacy during personal care				
<b>ENVIRONMENT</b>				
Makes an unoccupied bed				
Makes an occupied bed				
Cleaning a resident unit				
Marks & cares for personal possessions				
Completes clothing & possessions list				
Cleans resident care equipment				
Care of glasses				
Care of hearing aids				
Care of prostheses				
<b>SAFETY &amp; REHABILITATION</b>				
Uses correct body mechanics				
Turn/position resident				
Range of motion				
Use of mechanical lifts				
Ambulation techniques: Use of gait belts				
Ambulation techniques: Use of mobility equip				
Transfers: Bed to chair				
Transfers: Chair to bed				
Transfers: One person				
Transfers: Two person				
ADL retraining				
Bowel/bladder retraining				
Use of restraints				
Use of side rails				
Use of call lights				
Use of protective devices:				
Padding, heel/elbow protectors, etc				
Alarms (bed, chair, door)				
Participates in fire drill				

<b>SPECIAL PROCEDURES</b>	<b>DATE PASSED BY EXAMINATION</b>	<b>DATE PASSED BY DEMONSTRATION</b>	<b>COMMENT</b>	<b>OBSERVER INITIALS</b>
Resident admission procedure				
Resident discharge procedure				
Resident transfer procedure				
Take & record:				
Temperature (electronic/temp dots)				
Oral				
Tympanic				
Axillary				
Pulse				
Respiration				
Blood pressure				
Height				
Weight				
CPR (optional)				
Heimlich				
Post-mortem care				
Ostomy care				
Respiratory care: (oxygen set-up, safety)				
<b>NUTRITION</b>				
Positioning (at table, in bed, during tube feedings)				
Assists residents who self-feed (supervision/cueing)				
Feeds dependent residents				
Partial physical assist to eat				
Serves supplements				
Preparing & serving thickened liquids				
Passes drinking water				
Records meal/supplement intake				
Records fluid intake/output				

### CERTIFICATION OF COMPETENCY

Program Coordinator or RN Clinical Instructor

I, \_\_\_\_\_ certify that \_\_\_\_\_ has satisfactorily  
(printed name of PC or RN CI) (printed name of student)  
performed all of the above listed skills.

Signature of PC or RN CI \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_