Program/Facility Name: City, Town:

Student/Trainee Name: Instructor/Nurse Name:

**310:677-3-8(a) (1-2)**

**(a) A program shall use a performance record/Skills Performance Checklist which shall include:**

**(1) A record of when the trainee performs the duties and skills and the determination of satisfactory or unsatisfactory performance.**

**(2) The name of the instructor supervising the performance.**

**Student/Trainee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainee Initials:** \_\_\_\_\_\_\_\_\_\_\_\_

**Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Initials**: \_\_\_\_\_\_\_\_\_\_

**Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Initials**: \_\_\_\_\_\_\_\_\_\_

**Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Initials**: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Date Satisfactorily Performed** | **Student/Nurse Aide Trainee Initials** | **Instructor Initials** |
| **INFECTION CONTROL/SAFETY AND EMERGENCY SKILLS** |  |  |  |
| Perform Hand washing/use of Hand Sanitizer |  |  |  |
| Perform Heimlich maneuver |  |  |  |
| Seizures |  |  |  |
| Falling and Fainting |  |  |  |
| Apply personal protective equipment (gloves, mask and gown) |  |  |  |
| Remove personal protective equipment (gloves, mask, and gown)/hand sanitizer |  |  |  |
| Handle soiled linens |  |  |  |
| Double-bag for isolation precautions |  |  |  |
| Apply/Remove waist restraint/lap buddy |  |  |  |
| Apply/Remove ankle/wrist restraint |  |  |  |
| Apply/Remove vest restraint |  |  |  |
| **MEAL/FEEDING SKILLS** |  |  |  |
| Use proper feeding techniques/Hygiene for resident |  |  |  |
| Provide partial feeding assistance |  |  |  |
| Use positioning and adaptive feeding devices |  |  |  |
| Measure/Record Fluid Intake |  |  |  |
| Measure/Record Solid Intake |  |  |  |

Program/Facility Name: City, Town:

Student/Trainee Name: Instructor/Nurse Name:

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Date Satisfactorily Performed** | **Student/Nurse Aide Trainee Initials** | **Instructor Initials** |
| **PERSONAL CARE SKILLS** |  |  |  |
| Provide male perineal care |  |  |  |
| Provide female perineal care |  |  |  |
| Provide oral care |  |  |  |
| Provide oral care for unconscious resident |  |  |  |
| Provide denture care |  |  |  |
| Provide hair care |  |  |  |
| Shave the resident |  |  |  |
| Provide nail care to non-diabetics |  |  |  |
| Provide foot care to non-diabetics |  |  |  |
| Provide skin checks/Heel and elbow protectors |  |  |  |
| Provide dressing/undressing assistance |  |  |  |
| Apply compression support stockings |  |  |  |
| Make unoccupied bed |  |  |  |
| Make occupied bed |  |  |  |
| Provide tub, whirlpool, or shower assistance |  |  |  |
| Provide complete bed bath |  |  |  |
| Provide backrub |  |  |  |
| **ELIMINATION SKILLS** |  |  |  |
| Provide bedpan/fracture pan assistance |  |  |  |
| Provide urinal assistance |  |  |  |
| Provide bedside commode assistance |  |  |  |
| Provide bathroom commode assistance |  |  |  |
| Provide indwelling catheter care |  |  |  |
| Measure/record fluid output |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **VITAL SIGN SKILLS** |  |  |  |
| Perform/record manual and digital blood pressure |  |  |  |
| Measure/record manual and digital pulse |  |  |  |
| Measure/record pain |  |  |  |
| Measure/record respirations |  |  |  |
| Measure/record temperature with glass or digital thermometers |  |  |  |
| Measure/record height |  |  |  |
| Measure/record weight |  |  |  |
| Perform active range of motion exercises |  |  |  |
| Perform passive range of motion exercises |  |  |  |
| Position resident fowlers |  |  |  |
| Position resident lateral |  |  |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Date Satisfactorily Performed** | **Student/Nurse Aide Trainee Initials** | **Instructor Initials** |
| **VITAL SIGN SKILLS, cont.** |  |  |  |
| Position/reposition resident in chair |  |  |  |
| Use prosthetic, orthotic, and assistive positioning devices |  |  |  |
| Assist resident with walker/rolling walker |  |  |  |
| Assist resident with walking |  |  |  |
| **LIFTING AND TRANSFER SKILLS** |  |  |  |
| Use a mechanical lift |  |  |  |
| Use a gait/transfer belt |  |  |  |
| Use a lift sheet |  |  |  |
| Perform slide board transfer |  |  |  |
| Move resident up/down in bed |  |  |  |
| Move resident side/side in bed |  |  |  |
| Turn resident onto side |  |  |  |
| Logroll resident |  |  |  |
| Perform standing pivot transfer |  |  |  |
| Perform 2-person, head-to-foot lift |  |  |  |
| Perform 2 -person, side-to-side lift |  |  |  |
| Assist resident to sit on the side of the bed |  |  |  |
| Transfer resident to wheelchair/operation of wheelchair |  |  |  |
| Transfer resident to bedside commode |  |  |  |
| Transfer resident to chair/geriatric recliner |  |  |  |

**SKILLS PROFICIENCY COMPLETION STATEMENT**

***I verify that the skills performance checklist has been completed in accordance with safe guidelines set forth for nurse aide training programs. I further affirm the above named trainee/employee has satisfactorily performed all skills on the nurse aide skills performance checklist and has been determined proficient in those skills.***

Instructor/Nurse Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Nurse Aide Trainee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*The licensed nurse who signs this form must be a program instructor or nurse aide employee’s nurse supervisor. Proficiency is determined by the satisfactory performance of the skill. Per 310:677-3-4, Trainees shall not perform services for which they have not been trained and found proficient by the instructor.**