

**NURSE AIDE SKILLS PROFICIENCY CHECKLIST**

1. Last Name _____	First Name _____	MI _____
2. Social Security Number: _____		
Date of Hire: _____		
3. Purpose: Completion of this form indicates that the nurse aide has met the State of Hawaii requirements of a Nurse Aide Training Program.		
4. <u>Proficiency</u> of each procedure includes demonstration of understanding and adherence to legal and ethical responsibilities of the nursing assistant, effective communication with resident and other staff provides for safety and privacy of resident, self, others, identifies 5 rights of care: right resident, procedure, time, amount, method; and reporting results of care.  Competency of each area includes understanding, interacting, and reacting, appropriately to an individual, agency, and/or facility need.		
5. Print Evaluator's Name	Title	Initial
1.		
2.		
3.		

6. SAFETY MEASURES	Date of Proficiency	Evaluator(s) initial
Handwashing		
Universal Precautions		
Safety/emergency procedures, including Heimlich maneuver		
Responding to a facility fire		
Evacuation techniques		
-one man		
-two man		
Proper use of restraints		
-vest restraint		
-waist restraint		
-wrist restraint		
-other type of restraints		
-proper use of side rails		

7. BASIC SKILLS	Date of Proficiency	Evaluator(s) initial
POSITIONING*		
Positioning in bed		
Positioning in chair		
Positioning and comfort rounds		
Mechanical lifts		

8. CERTIFICATION OF NURSE AIDE TRAINING	
Completion of Training Course:	
9. I certify that this checklist is complete and that the nurse aide is competent and proficient in the skills below.	
_____ Director of Nurses	_____ Date

	Date of Proficiency	Evaluator(s) initial
Transfer & Ambulation*		
Transfer bed to chair		
Transfer chair to toilet		
Ambulate with walking aid		
Ambulate with gait belt		

RANGE OF MOTION*	Date of Proficiency	Evaluator(s) initial
Active ROM of extremities		
Passive ROM of extremities		

CARE OF THE ENVIRONMENT	Date of Proficiency	Evaluator(s) initial
Proper adjustment of: temperature, humidity, light, ventilation, noise, odor, neatness, privacy, color, safety		
Proper use of equipment in room		

10. PERSONAL CARE SKILLS*	Date of Proficiency	Evaluator(s) initial
Bedmaking – occupied		
Bedmaking – unoccupied		
Baths – shower		
Oral care – with/without dentures		
Groom, dressing – inclusive self-care -includes: hair, and nail care, dressing, shaving		
Skin Care		
-back rub		
-use of decubitus preventive aides		

\* Included in Restorative Care