The following skills and procedure checklist must be **completed and filed at the end of each academic quarter**. This is not a competency checklist. This is a list of foundational nursing skills that verifies a student has demonstrated knowledge and safety to perform the tasks and functions satisfactorily with minimum competencies or with supervision. Student are required to obtain a faculty’s initial **at the end of each skill in the learning lab, in the simulation activity, or in clinical** related to the skills below. Students are to **retain the original copy**.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is to verify that the above-named student has satisfactorily completed the followings with *minimum competencies* *or with supervision* either in the practice/ simulation and/or in the clinical setting. Skills that are completed in the learning lab will be check off after completing lab. Other skills can be validated in clinical.

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| Skill | Course | Date/faculty initial/comments |
| **Infection control** | | |
| Handwashing/hygiene |  |  |
| Donning and removing gloves |  |  |
| Application of PPE |  |  |
| Isolation Precautions |  |  |
| Sharps Disposal |  |  |
| **Bed making** | | |
| Making occupied bed |  |  |
| Making unoccupied bed |  |  |
| **Personal hygiene** | | |
| Showering a patient |  |  |
| Use of Shower Chair |  |  |
| Bathing a Patient (wipes, CHG) |  |  |
| Oral Care |  |  |
| Denture Care |  |  |
| Peri Care |  |  |
| **Elimination** | | |
| Use of a Bedside Commode |  |  |
| Use of a Bed Pan/urinal |  |  |
| Rectal Tube |  |  |
| Purewick urine collection system TM |  |  |
| Intake and Output |  |  |
| Bladder Scan |  |  |
| Impaction Removal |  |  |
| Enema |  |  |
| **Fall precautions** | | |
| Fall Risk Assessment |  |  |
| Fall Prevention Strategies |  |  |
| Bed/chair Alarms |  |  |
| **Communication** | | |
| Electronic health record/documentation |  |  |
| Hand-off |  |  |
| SBAR |  |  |
| Patient Education  -Diabetes Education |  |  |
| Nursing POC |  |  |
| Admission Assessment |  |  |
| Patient Transfer |  |  |
| Patient Discharge |  |  |

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| **Restraint application & monitoring** | | |
| Nonviolent |  |  |
| Violent |  |  |
| **Mobility** | | |
| Mobility/strength assessment |  |  |
| Gait belt application and mobilization |  |  |
| Mobilizing patient with walker |  |  |
| Mobilizing patient with wheelchair |  |  |
| Range of Motion |  |  |
| **Urinary care** | | |
| Insertion and Removal |  |  |
| Male catherization |  |  |
| Female catheterization |  |  |
| CAUTI/catheter care |  |  |
| CBI |  |  |
| **Tubes and drains – purpose, location, emptying and measuring output** | | |
| NG Tube (insertion, management and removal) |  |  |
| Small bore enteral tubes |  |  |
| Gastric Tubes (PEG, PEJ) |  |  |
| JP Drains |  |  |
| Hemovac drains |  |  |
| Chest tube drainage system |  |  |

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| **Wound care** | | |
| Bandages |  |  |
| Binders |  |  |
| Basic bandages |  |  |
| Ostomy care |  |  |
| Staple removal |  |  |
| Suture removal |  |  |
| Tracheostomy care and dressing |  |  |
| Chest tube care and dressing |  |  |
| **IV initiation and phlebotomy** | | |
| IV Start initiation/  *PIVO show & tell* |  |  |
| IV Site assessment and care |  |  |
| IV Removal |  |  |
| IV Flush |  |  |
| **IV therapy and infusion** | | |
| Prime IV Tubing |  |  |
| Removal of peripheral IV |  |  |
| Central Line Dressing Change |  |  |
| **Pulmonary toileting** | | |
| Effective Cough |  |  |
| Incentive Spirometry |  |  |
| Acapella choice ® device |  |  |

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| **Oxygenation** | | |
| Oxygen administration (NC, mask) |  |  |
| Oral Suctioning |  |  |
| Nasotracheal Suctioning |  |  |
| Nasopharyngeal Suctioning |  |  |
| Trach Care |  |  |
| Trach Suctioning |  |  |
| **VTE prevention** | | |
| Application of Compression Stockings |  |  |
| Application of SCDs |  |  |
| Doppler device |  |  |
| **Point of Care Testing and Specimen Collection** | | |
| Glucometer |  |  |
| Urine Dipstick |  |  |
| Hemoccult |  |  |
| Gastroccult |  |  |
| Wound Specimen |  |  |
| Urine Specimen |  |  |
| Stool Specimen |  |  |
| Sputum Specimen |  |  |

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| **Medication Administration** | | |
| Medication Rights |  |  |
| PO/Sublingual |  |  |
| IM |  |  |
| SubQ |  |  |
| Enteral |  |  |
| Inhalers |  |  |
| Transdermal |  |  |
| ID |  |  |
| Eye Drops |  |  |
| Ear Drops |  |  |
| Nasal Sprays |  |  |
| Rectal |  |  |
| Vaginal |  |  |
| Topical |  |  |
| **Feeding** | | |
| Diet Orders |  |  |
| Adult 1:1 Feeds |  |  |
| Swallowing Precautions |  |  |
| **Vital Signs** | | |
| Heart Rate |  |  |
| Respiratory Rate |  |  |
| Blood Pressure (manual, automated) |  |  |
| Orthostatic Blood Pressure |  |  |
| Temperature (Oral, Temporal, Axillary) |  |  |
| Pulse Oximetry |  |  |
| Weight (Standing, Bed) |  |  |
| Height |  |  |
| BMI calculations |  |  |
| **Blood transfusion** | | |
| Blood Transfusion Assessment |  |  |
| Recognition of Blood Transfusion Reaction |  |  |
| **Bedside and focused assessment** | | |
| Health history interview |  |  |
| Psychosocial assessment |  |  |
| Pain assessment and management |  |  |
| Musculoskeletal assessment  - ROM exercises |  |  |
| Respiratory assessment  - Auscultate lungs |  |  |
| Cardiovascular assessment  - auscultate heart  -12lead EKG  -telemetry device |  |  |
| Abdominal assessment  - auscultate bowel sounds |  |  |
| Nutritional assessment  - BMI calculations |  |  |

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| Neurological assessment  - CNS assessment  - CGS scale  - CMS assessment |  |  |
| Integumentary assessment  - daily skin check  - Braden skill assessment |  |  |

Clinical or lab faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_

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