

Name: _____

Date: _____

DAILY LIVING SKILLS

Toileting Assistance YES NO
Dressing Assistance YES NO
Bathing Assistance YES NO
Mobilization Assistance

 YES NO
Transportation YES NO
Nutritional Care YES NO
Toenail Care YES NO
Laundry YES NO
Bed Making YES NO

SPECIALIZATIONS

Alzheimer's/Dementia YES NO
Handicapped Patients YES NO
Hospice Patients YES NO
Gastronomy Tubes YES NO
Breathing Treatments YES NO
Hoyer Lifts/Gait Belts YES NO
Special Meal Prep YES NO
Childcare Experience YES NO
Psychiatric Experience YES NO
Geriatric Experience YES NO
Homecare Experience YES NO
Assisted Living Experience YES NO
Hospital Experience YES NO
Nursing Home Experience YES NO

MEDICAL CLINICAL SKILLS

Vital Signs YES NO
Charting YES NO
Wound Care YES NO
Urinalysis YES NO
Diabetic Care YES NO
Post-procedural care YES NO
Infection Control YES NO
Enemas YES NO
Wet to dry dressings YES NO
Sterile dressing changes YES NO
Bladder irrigation YES NO
Blood Glucose Monitoring YES NO

Oral Care YES NO
Diabetic Teaching YES NO
Sterilization YES NO
Set-up/ Instruct Sitz Bath YES NO

MEDICATION ADMINISTRATION

Oral Medications YES NO
Subcutaneous injections YES NO
Intramuscular injections YES NO
Z-track injections YES NO
Heparin lock YES NO
Intradermal YES NO
Vaginal suppositories YES NO
Ophthalmic drops YES NO
Topical Ointments YES NO
Inhalers YES NO
Rectal Suppositories YES NO
Drug/allergic reaction YES NO

INTRAVENOUS

Starting an IV YES NO
Changing IV tubing YES NO
Discontinuing an IV YES NO
Maintain IV site YES NO

EQUIPMENT

Alternate pressure mattress YES NO
Egg crate mattress YES NO
Incentive spirometer YES NO
Heating pad YES NO
Bed Scale YES NO
Blood Glucose Monitors YES NO
Heat lamp YES NO
Humidifiers YES NO
Ambu-bag YES NO
Enteral pump YES NO
Hoyer Lift YES NO
Venturi Mask YES NO
Hemovac suction YES NO
Wall suction YES NO