



Certified Nursing Assistant (CNA) Skills Checklist

Please check the appropriate boxes to describe your experience level with each skill listed below.

Name: _____

Date: _____

1-No Experience, 2-Limited Experience, 3-Experienced, 4-Highly Experienced

	1	2	3	4
Patient Rights				
Communicates and obtains information while respecting the rights and privacy and confidentiality of information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).				
Involves the patient and family and respects their role in determining the nature of care to be provided, including Advance Directives.				
Complies with nursing staff.				
Meets patient and families needs regarding communication, including interpreter services.				
Provides accurate information to patient and families when necessary in a timely manner.				
Personal Care				
Complete bed bath				
Partial bed bath				
Tub Bath				
Shower				
Dressing				
Shampoo in shower				
Shampoo in bed				
Combing hair				
Shaving male patient/resident with electric razor				
Shaving male patient/resident with safety razor				
Assisting patient/resident brushing teeth				
Special mouth care				
Use of bed pan				
Placing a urinal				
Assisting patient/resident to bathroom				
Comfort Measures				
Skin Care				

Massages				
Turning & Positioning patients/residents				
Heel protectors				
Elbow protectors				
Use of footboards				

Use of sandbags				
Use of bed cradle				
Lifting & Moving Patients/Residents				
In bed				
Bed to wheelchair & back again				
Bed to stretcher & back again				
Bed to straight chair & back again				
Assisting patients/residents to walk				
Use of lift				
General Nursing				
Vital Signs Monitoring				
Temperature, Oral				
Temperature, Rectal				
Temperature, Axillary				
Temperature, Electronic				
Temperature, Glass				
Measuring fluid output: From bedpan/urinal				
Measuring fluid output: From foley bag				
Measuring fluid output: From gastric suction				
Charting: TPR				
Charting: Blood Pressure				
Charting: On intake & output sheets				
Charting: On diabetic record sheets				
Feeding Patients/Residents				
Meal Serving				
Routine assistance with feeding				
Assisting those with swallowing difficulty				
Assisting someone with a stroke				
Infection Control/Safety				
Hand washing				
Linen handling				
Maintaining patient/resident unit				
Care of patient/resident in isolation				
Universal Precautions				
Fire precautions				

Use of bedrails				
Vest restraints				
Wrist restraints				
Bed alarms				
Special Skills				
Care of patient/resident with foley				
Colostomy care				
Care of patient/resident with oxygen				
Care of patient/resident with an IV				
Care of patient/resident with a cast				
Care of patient/resident with a pressure sore				
Experience Areas, Record Years/Months				
Acute				
Long Term Care				
Med Surge				
Other:				

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Mobile Health Team to release this skills proficiency checklist to client facilities of Mobile Health Team, Inc.

Signature: _____

Date: _____