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CNA Skills Checklist

Name:

Date:

Key: 0=No Experience 1=Limited 2=Moderate 3=Experiences & Competent 4= Able to teach and supervise
Please circle appropriate number:

	Skills	Rating
1	Personal Care	
	Complete bed bath	0,1,2,3,4
	Partial bed bath	0,1,2,3,4
	Tub bath	0,1,2,3,4
	Shower	0,1,2,3,4
	Dressing	0,1,2,3,4
	Undressing	0,1,2,3,4
	Shampoo in shower	0,1,2,3,4
	Shampoo in bed	0,1,2,3,4
	Shampoo in sink	0,1,2,3,4
	Combing hair	0,1,2,3,4
	Shaving male patient/resident with electronic razor	0,1,2,3,4
	Shaving male patient/resident with safety razor	0,1,2,3,4
	Assisting patient/resident brushing teeth	0,1,2,3,4
	Removing & Cleaning dentures	0,1,2,3,4
	Special mouth care	0,1,2,3,4
	Mouth care for unconscious patient	0,1,2,3,4
	Use of commode	0,1,2,3,4
	Placing a urinal	0,1,2,3,4

	Assisting patient/resident to bathroom	0,1,2,3,4
2	Bed Making	
	Occupied	0,1,2,3,4
	Unoccupied	0,1,2,3,4
3	Comfort Measures	
	Skin Care	0,1,2,3, 4
	Massages	0,1,2,3,4
	Turning & Positioning patients/residents	0,1,2,3,4
	Heel protectors	0,1,2,3,4
	Elbow protectors	0,1,2,3,4
	Use of footboards	0,1,2,3,4
	Use of sandbags	0,1,2,3,4
	Use of bedcradle	0,1,2,3,4
	Air mattress	0,1,2,3,4
4	Positioning Patients/Residents	
	Supine	0,1,2,3,4
	Prone	0,1,2,3,4
	Side lying	0,1,2,3,4
	Sitting	0,1,2,3,4
5	Safety	
	Fire precautions	0,1,2,3,4
	Use of bedrails	0,1,2,3,4
	Vest restraints	0,1,2,3,4
	Wrist restraints	0,1,2,3,4
	Bed Alarms	0,1,2,3,4
6	Lifting & Moving Patients/Residents	
	In bed	0,1,2,3,4
	Bed to wheelchair & back again	0,1,2,3,4
	Bed to stretcher & back again	0,1,2,3,4
	Bed to straight chair & back again	0,1,2,3,4
	Ambulating	0,1,2,3,4
	Dangling	0,1,2,3,4
	Assisting patients/residents to walk	0,1,2,3,4
	Use of hoier lift	0,1,2,3,4
7	Feeding Patients/Residents	
	Meal serving	0,1,2,3,4

	Routine assistance with feeding	0,1,2,3,4
	Assisting with swallowing difficulty	0,1,2,3,4
	Assisting someone with a stroke	0,1,2,3,4
	Assisting a blind patient/resident	0,1,2,3,4
8	Elimination	
	Toileting	0,1,2,3,4
	Assisting to the commode	0,1,2,3,4
	Diapering	0,1,2,3,4
	Incontinent care	0,1,2,3,4
9	Infection Control	
	Hand washing	0,1,2,3,4
	Linen handling	0,1,2,3,4
	Maintaining patient/resident unit	0,1,2,3,4
	Care of patient/resident in isolation	0,1,2,3, 4
	Enteric precautions	0,1,2,3,4
	Universal precautions	0,1,2,3,4
10.	Fluid Balance	
	Pleasuring oral intake	0,1,2,3,4
	Forcing fluids	0,1,2,3,4
	Measuring fluid output: from bedpan or urinal	0,1,2,3,4
	Measuring fluid output: from Foley bag	0,1,2,3,4
	Measuring fluid output: from emesis basin	0,1,2,3,4
	Measuring fluid output: from gastric suction	0,1,2,3,4
11	Vital Signs	
	Measuring temperature: oral	0,1,2,3,4
	Measuring temperature: axillary	0,1,2,3,4
	Measuring temperature: rectal	0,1,2,3,4
	Measuring temperature:	0,1,2,3,4

	electronic	
	Measuring temperature: glass	0,1,2,3,4
	Forcing fluids	0,1,2,3,4
	Measuring fluid output: from bedpan or urinal	0,1,2,3,4
	Measuring fluid output: from Foley bag	0,1,2,3,4
	Measuring fluid output: from emesis basin	0,1,2,3,4
	Measuring fluid output: from gastric suction	0,1,2,3,4
12	Diagnostic Procedures	
	Diabetic urine testing	0,1,2,3,4
	Obtaining a urine specimen: from a bedpan or urinal	0,1,2,3,4
	Obtaining a urine specimen: from a Foley bag	01,2,3,4
	Obtaining a urine specimen: from a Foley catheter	0,1,2,3,4
	Collecting mid-stream urine	0,1,2,3,4
	Straining urine	01,2,3,4
	Collecting stool specimen	01,2,3,4
	Testing stools for occult blood	0,1,2,3,4
	Collecting a sputum specimen	01,2,3,4
	Measuring height	0,1,2,3,4
	Measuring weight	0,1,2,3,4
13	Charting	
	TPR	0,1,2,3,4
	Blood Pressure	0,1,2,3,4
	On clinical record sheets	0,1,2,3,4
	On intake & output sheets	0,1,2,3,4
	On diabetic record sheets	0,1,2,3,4
	On turning records	0,1,2,3,4
	On restraint records	0,1,2,3,4
14	Special Skills	
	Care of a patient/resident with Foley	0,1,2,3,4

	Colostomy care	0,1,2,3,4
	Care of a patient/resident with oxygen	0,1,2,3,4
	Care of a patient/resident with an IV	0,1,2,3,4
	Care of a patient/resident with a cast	0,1,2,3,4
	Care of a patient/resident with a pressure sore	0,1,2,3,4
	Post-mortem care	0,1,2,3,4

The information, I have given is true and accurate to the best of my knowledge. I hereby authorize All American Healthcare Services Inc. to release my skills proficiency checklist to client facilities of AAHCS in relation to my employer with that institution.

Signature: _____

Date: _____