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**LPN 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	<b>Precautions</b>	
	Isolation, regular	0,1,2,3,4
	Isolation, reverse	0,1,2,3,4
	Enteric, isolation	0,1,2,3,4
	Respiratory isolation	0,1,2,3,4
	Sterile dressing changes	0,1,2,3,4
2	<b>Arterial Puncture for Blood Gas Determination</b>	
	Unit dose	0,1,2,3,4
	Pass Medication 1-10 patients	0,1,2,3,4
	Pass Medication 10-20 patients	0,1,2,3,4
	Pediatric conversions	0,1,2,3,4
	IV additives & IV piggy backs	0,1,2,3,4
3	<b>IV Therapy</b>	
	IV certified	0,1,2,3,4
	Heparin locks	0,1,2,3,4
	Initiating IV line	0,1,2,3,4
	CVP lines & dressing changes	0,1,2,3,4
	Infusion pumps	0,1,2,3,4
	Hanging blood & blood products	0,1,2,3,4
	Care of cut down	0,1,2,3,4
	Administration	0,1,2,3,4
	Veni-Puncture	0,1,2,3,4

	Aterial-blood gases: obtain sample	0,1,2,3,4
	Arterial-blood gases interpretation	0,1,2,3,4
4	<b>Respiratory Therapy</b>	
	Suctioning Oro-naso-pharynx	0,1,2,3,4
	Tracheosomy care	0,1,2,3,4
	OST equipment: mask/cannulas	0,1,2,3,4
	Ventilators	0,1,2,3,4
	Endotracheal tubes	0,1,2,3,4
	Chest tubes	0,1,2,3,4
5	<b>G.I. Tubes</b>	0,1,2,3,4
	Nasogastric Tube Care	0,1,2,3,4
	Miller-Abbott	0,1,2,3,4
	Blakemore (Minnesota)	0,1,2,3,4
	Tube feedings	0,1,2,3,4
6	<b>G.U.</b>	
	Catheters: Foley Insertion (Male and Female)	0,1,2,3,4
	3-way Foley	0,1,2,3,4
	Supapubic	0,1,2,3,4
7	<b>Orthopedics</b>	
	Circo-electric bed	0,1,2,3,4
	Crutchfield traction	0,1,2,3,4
	Balanced traction	0,1,2,3,4
	Cast care	0,1,2,3,4
	Neurologic checks	0,1,2,3,4
8	<b>Oncology</b>	
	Care of oncology patient	0,1,2,3,4
	Administration of total parenteral nutrition	0,1,2,3,4
	Care of Hickman catheter	0,1,2,3,4
	Administration of IV drip chemo therapy	0,1,2,3,4
	Administration of IV push therapy	0,1,2,3,4
9.	<b>Diagnosis of Problems</b>	
	Fresh MI	0,1,2,3,4
	GI Bleed	0,1,2,3,4
	Drug OD	0,1,2,3,4
	Care of lung	0,1,2,3,4
	Emphysema & Asthma	0,1,2,3,4
	Renal Failure	0,1,2,3,4

	Psychiatric disorders	0,1,2,3,4
	Diabetes	0,1,2,3,4
	Cinthisis of liver	0,1,2,3,4
	Hepatic Encephalopathy	0,1,2,3,4
	Femoral bypass (vascular) procedures	0,1,2,3,4
	COPD	0,1,2,3,4
	Hypothyroidism	0,1,2,3,4
	Hyperthyroidism	0,1,2,3,4
	Ulcers	0,1,2,3,4
	Gunshot wounds	0,1,2,3,4
	Stab wounds	0,1,2,3,4
	Impeding Dts	0,1,2,3,4
10	<b>Additional Nursing Skills</b>	
	Arrhythmia Interpretation	0,1,2,3,4
	Set-up & run 12-lead EKG	0,1,2,3,4
	Arrests-initial resuscitation (CPR)	0,1,2,3,4
	Arrests-administration of medications & assist with initiation	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: \_\_\_\_\_