Nursing Department - Skills Checklist

Date:_____

Printed Student Name:_____

	SKILL	Competent
Hand hygiene technique	SKILL	Competent
PPE, Isolation requirements, Gloving		
3. Bed Making		
4. Obstructed Airway: Conscious adult		
5. Lifting/Moving/Positioning client in bed		
6. Transferring client from bed to chair – 1 & 2 a	assistant	
7. Ambulation		
8. Passive range of motion		
9. Patient hygiene/Bathing/Basic grooming		
10. Oral hygiene		
11. Apply TED hose		
12. Dress/Undress		
13. Individual safety interventions including high reach, etc.)	n fall risk interventions (toileting schedule, keep walker in	
14. Bedpan, commode, and urinal		
15. Prepare for meals/Feeding resident (Aspiration	<u> </u>	
16. Obtaining accurate vital signs, (Temperature,	<u>-</u>	
17. Obtaining accurate (manual) blood pressure (including orthostatic)	
18. Height and weight		
19. Intake and output		
20. Catheter care/ Emptying drainage bag		
21. Providing incontinent care		
22. Communication/client rights		
23. Completed at least 75 hours of clinical expe	erience.	
Additional Comments:		
My signature below acknowledges that I	have assessed the above student skills and they have	e met the requirements.
Evaluator Printed Name:	Evaluator Signature	Date:
Organization Full Address:		
Organization Phone Number:	Organization or Evaluator Email:	
	D 4 (80) 1 (80)	

Any questions, please contact St. Ambrose, Department of Nursing at (563)333-6076 or email: Nursing@sau.edu

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Received:	Approved by: