

## A WATCHFUL EYE HOMECARE AGENCY, LLC.

SKILLS CHECKLIST FOR LPN/PCA/CNA

Name: Positi		_ Date:
Personal Care Skills Lists	Skilled	Unskilled
	[Check with X]	[Check with X]
Personal Hygiene:		
<ul> <li>Sponge Bath (including bed bath)</li> </ul>		
<ul> <li>Shower Bath</li> </ul>		
Tub Bath		
<ul> <li>Applying Lotion</li> </ul>		
<ul> <li>Dressing &amp; Changing Clothes</li> </ul>		
Oral Hygiene:		
Hair Care:		
Dry Shampoo		
Wet Shampoo		
Skin Care:		
Nail Care:		
<ul> <li>Clip and Clean</li> </ul>		
Diabetic Referral		
Toileting:		
<ul> <li>Use of Bed Pan</li> </ul>		
<ul> <li>Urinal</li> </ul>		
<ul> <li>Applying Briefs</li> </ul>		
<ul> <li>Movement to/from bathroom</li> </ul>		
Feeding:		
<ul> <li>Oral</li> </ul>		
<ul> <li>Tube</li> </ul>		
Meal Preparation		
Mobility & Transfers:		
Positioning/Transferring		
<ul> <li>Lifting (including the use of Hoyer Lift)</li> </ul>		
<ul> <li>Range of Motion (ROM) Exercises</li> </ul>		
Crutches		
Cane		
Walker		
Temperature:		
Oral		
Axillary		
Rectal		
Pulse:		
Radial		
Apical		
Medication:		
Administration		
Reminder		
MAR documentation		



## A WATCHFUL EYE HOME HEALTHCARE, LLC. SKILLS CHECKLIST FOR LPN/PCA/CNA

Personal Care Skills Lists	Skilled [Check with X]	Unskilled [Check with X]
General Nursing:		
<ul> <li>Orient Patients</li> </ul>		
<ul> <li>Vital Sign Monitoring</li> </ul>		
<ul> <li>Urine Dipstick</li> </ul>		
<ul> <li>Blood Glucose Monitoring</li> </ul>		
<ul> <li>Wound Care &amp; Dressing Changes</li> </ul>		
<ul> <li>Ostomy Care</li> </ul>		
Light Housekeeping:		
<ul> <li>Laundry</li> </ul>		
<ul> <li>Home management</li> </ul>		
<ul> <li>Bed Making</li> </ul>		
Pain Management:		
<ul> <li>Turning and Repositioning</li> </ul>		
<ul> <li>Backrub</li> </ul>		
Comfort Management:		
<ul> <li>Showing Empathy</li> </ul>		
<ul> <li>Listening to Client</li> </ul>		
Shopping & errands		
Documentation		
Report Writing		

This is a self-evaluation for assessing your experience and demonstrations of skills in specific clinical areas. The information I have given is true and accurate to the best of my knowledge.

Signature of Personal Care Aide

Certifications

\_\_\_/ Date

Name of Reviewing Officer

Signature

Date