

Aide Inventory Skills Checklist

Date:	Name:	CNA		Caregiver	
Please mark an X in t	he appropriate box next to each entry based on your experiences in	n patien	t car	e.	

Skill	Proficient	Needs Review	Not Capable	Skill	Proficient	Needs Review	Not Capable
Specialty Care				Personal Care			
Geriatric				Tub Bath/Shower			
Alzheimer's/Dementia				Bed Bath/Sponge Bath			
Parkinson's Disease				Hair Care			
Skilled Nursing Facility				Oral/Mouth Care			
Assisted Living Facility				Denture Care			
Amputee				Hearing Aids			
Pulmonary/Respiratory				Skin Care/Grooming			
Cardiac/Heart				Shaving			
Diabetes				Nail Care			
Skin Burns		,		Foot Care			
Spinal Cord Injury				Pressure Sore Precautions			
Brain/Head Injury				Nutrition			
Hospice Care				Prepare/Serve Meals			
Stroke				Fluid Restrictions			
Home Making				Assist with Feeding			
Laundry/Washer/Dryer				Intake/Output Readings			
Dishes/Dishwasher				PEG Site Care			
Linens/Making Beds				Swallow Precautions			
Vacuum/Mop				Universal Precautions			
Garbage Disposal				Use of Protective Equipment			-
Dressing				Masks			
Upper Body				Gloves			
Lower Body				Gowns/Aprons			
Sock Aids				CPR Shields			
Shoe Horn				Vital Signs			
Immobilizers				Temperature			
TED Hose/Elastic Stockings				Pulse	+		
Prosthesis			-	Respirations	-		
Transferring		-		Blood Pressure			
Wheelchair			-		_		
7. C.				Toileting	-		
Pivot				Toilet Transfers	-		
Repositioning				Use of Bedside Commode	-		
Hoyer Slide Board			-	Use of Bedpan/Urinal	-		
			-	Foley Cath Care	+		-
<u>Other</u>			-	Empty Ostomy	-		
Medication Reminders			-	Use of Diapers/Depends	-		
Weight/Scale				Ambulation	1		
Languages Spoken				Use of Gait Belt	1		
Languages Read/Write				Range of Motion	-		
				Weight-bearing Restrictions			
				Ambulation with Devices			