

CNA Skills Checklist

Name: _____

Date: _____

0= Never performed

1=performed, but needs review

2=can perform, but with supervision

3= can perform independently

4= perform with expertise

DOCUMENTATION						
	0	1	2	3	4	COMMENTS
Intake and output						
Temperature						
B/P and respirations						
Weight						
PERSONAL CARE						
Total bed bath						
Tub bath						
Shower						
Sponge Bath						
Hair Care						
Nail and foot care						
Skin care						
Perineal Care						
Oral Care						
Denture Care						
Shave						
Assist with dressing						
Assist with getting out of bed						
Assist with walking						

ELIMINATION	0	1	2	3	4	COMMENTS
Monitor bowel movements						
Measure/ record output						
Bedside commode						
Assist w/ bowel program						
Assist w/ ostomy appliance						
Empty foley catheter bag						
ACTIVITY						
Reposition in bed						
Walk w/supervision						
Up in chair						
Dangle						
Assist w/ walker						
PROM						
AROM						
Transfer from bed to chair						
Transfer from bed to stretcher						
Transfer from stretcher to bed						
Transfer from chair to bed						
Hoyer lift						
Assist w/ exercise program						
Therapeutic communication						
VITAL SIGNS						
IVAC Temp monitor						
Thermometer reading						
Temp in Celsius						
Temp in Farenheit						
Wall blood pressure cuff						

Dinamap blood pressure						
Radial pulse						
Labored Respirations						
Unlabored Respirations						
Weight scale						
NUTRITION	0	1	2	3	4	COMMENTS
Regular diet						
Low salt diet						
Low fat diet						
Bland diet						
Diabetic diet						
Full liquid diet						
Soft diet						
Low residual diet						
Serve meal						
Assist w/ feeding						
Encourage fluids						
Fluid restrictions						
Measure/record I/O						
CARE OF PATIENT						
Laundry						
Linen change						
Make bed						
Mopping/ Sweeping						
INFECTION CONTROL						
Universal precautions						
TB precautions						
Blood Borne pathogens						
Disposal of hazardous waste						

Signature: _____