



PLEASE COMPLETE THIS NA/CNA SKILL INVENTORY, PRINT IT AND THEN SCAN & EMAIL IT TO hr @kahumalama.com OR FAX IT TO 808-941-0061.



NURSE AIDE SKILLS INVENTORY

NAME: _____

DATE: _____

SKILL INVENTORIES ARE AN ANNUAL REQUIREMENT

DATE FORMAT IS MM/DD/YYYY

Please indicate the amount of experience you have with the following procedures by placing an X in the appropriate box, ranging from **no experience** to **frequent experience**.

	None	Minimal	Occasional	Frequent		None	Minimal	Occasional	Frequent
PERSONAL CARE					VITAL SIGNS				
Assist with bedpan					Temperature (using glass thermometer)				
Assist with urinal					Pulse, Respiration				
Assist with bedside commode					Apical pulse				
Assist to toilet					Manual blood pressure				
Assist with bathing					Electronic vital signs monitoring				
Bed Bath					Pedal pulses				
Perineal Care									
Oral Hygiene					SPECIMEN COLLECTION				
Denture care					Recording output				
Shampoo					Urine specimen				
Shave					Urine specimen from Foley catheter				
Skin Care					Stool specimens				
Dressing					Sputum specimens				
Bed change, unoccupied									
Bed change, occupied					DOCUMENTATION				
					Graphic/flow sheets				
MOBILITY					Admission forms				
Positioning the client					Narrative charting				
ROM Exercises					Admission/Transfer/Discharge				
Transfer techniques									
Use of a gait belt					SPECIAL PROCEDURES				
Assist with ambulation, walker					Applying posey vest				
Assist with ambulation, cane					Applying wrist restraints				
Using the Hoyer Lift					Applying leather restraints				
					Applying heat/cold				
NUTRITION					Enema				
Feeding the patient					Vaginal douche/irrigation				
Recording calorie intake					Sitz bath				
Measuring & recording Intake					Sterile gloving				
Giving diet instructions					Isolation				
					Post Mortem Care				

Please add any other special training/experience that you may have: _____