

# Skills Demonstration Checklist (RN/LPN)

NAME \_\_\_\_\_

TITLE \_\_\_\_\_ NEIGHBORHOOD \_\_\_\_\_

To be completed by mentor. Please submit completed forms to Nursing Supervisor.

CLINICAL SKILLS	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Hand-washing	<input type="checkbox"/>	<input type="checkbox"/>	
Infection control	<input type="checkbox"/>	<input type="checkbox"/>	
Personal protective equipment: Donning	<input type="checkbox"/>	<input type="checkbox"/>	
Removing	<input type="checkbox"/>	<input type="checkbox"/>	
Pericare female	<input type="checkbox"/>	<input type="checkbox"/>	
Pericare male	<input type="checkbox"/>	<input type="checkbox"/>	
Catheter care: Foley bag	<input type="checkbox"/>	<input type="checkbox"/>	
Leg bag	<input type="checkbox"/>	<input type="checkbox"/>	
Correct use of diet cards	<input type="checkbox"/>	<input type="checkbox"/>	
Follows fall protocol and procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Obtains and documents vital signs properly	<input type="checkbox"/>	<input type="checkbox"/>	
Obtains and documents heights and weights properly	<input type="checkbox"/>	<input type="checkbox"/>	
Ostomy care	<input type="checkbox"/>	<input type="checkbox"/>	
Baths, showers, whirlpool	<input type="checkbox"/>	<input type="checkbox"/>	
Resident transfers	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of gait belt	<input type="checkbox"/>	<input type="checkbox"/>	
Lifts: Stander	<input type="checkbox"/>	<input type="checkbox"/>	
Full mechanical	<input type="checkbox"/>	<input type="checkbox"/>	

PHARMACY	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Verify orders and maintain medication list	<input type="checkbox"/>	<input type="checkbox"/>	
Refill medications	<input type="checkbox"/>	<input type="checkbox"/>	
Monitor drug expiration dates	<input type="checkbox"/>	<input type="checkbox"/>	
Prepare and administer oral medications	<input type="checkbox"/>	<input type="checkbox"/>	
Perform injections properly	<input type="checkbox"/>	<input type="checkbox"/>	
Apply transdermal medications properly	<input type="checkbox"/>	<input type="checkbox"/>	

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## Skills Demonstration Checklist (RN/LPN) *cont.*

LABORATORY/RADIOLOGY	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Collect urine/stool specimen	<input type="checkbox"/>	<input type="checkbox"/>	
Enter orders, document results, notify physician and other responsible parties in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	

ENTERAL FEEDING	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Enter orders accurately	<input type="checkbox"/>	<input type="checkbox"/>	
Perform feeding according to protocol	<input type="checkbox"/>	<input type="checkbox"/>	
Document accurately	<input type="checkbox"/>	<input type="checkbox"/>	

INSULIN ADMINISTRATION	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Blood glucose monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Glucometer quality control procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Medication preparation	<input type="checkbox"/>	<input type="checkbox"/>	
Medication administration	<input type="checkbox"/>	<input type="checkbox"/>	
Medication documentation	<input type="checkbox"/>	<input type="checkbox"/>	
Correct identification of resident	<input type="checkbox"/>	<input type="checkbox"/>	
Medication destruction	<input type="checkbox"/>	<input type="checkbox"/>	
Medication order/refill	<input type="checkbox"/>	<input type="checkbox"/>	

SKIN AND WOUND CARE	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Enter orders accurately	<input type="checkbox"/>	<input type="checkbox"/>	
Perform treatments properly	<input type="checkbox"/>	<input type="checkbox"/>	
Document accurately	<input type="checkbox"/>	<input type="checkbox"/>	

COMMUNICATION/DOCUMENTATION SKILLS	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Communicates important information to physicians, NPs, supervisors	<input type="checkbox"/>	<input type="checkbox"/>	
Addresses residents appropriately	<input type="checkbox"/>	<input type="checkbox"/>	
Shows respect for residents and honors their dignity	<input type="checkbox"/>	<input type="checkbox"/>	
Performs walking rounds at the start and end of each shift	<input type="checkbox"/>	<input type="checkbox"/>	
Manages time efficiently to complete all duties and documentation in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	

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# Skills Demonstration Checklist (RN/LPN) *cont.*

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COMMUNICATION/DOCUMENTATION SKILLS	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Seeks assistance when needed to perform skills efficiently and correctly	<input type="checkbox"/>	<input type="checkbox"/>	
Delegates work to appropriate staff	<input type="checkbox"/>	<input type="checkbox"/>	
Supervises CNAs and CMTs	<input type="checkbox"/>	<input type="checkbox"/>	
Promotes teamwork on Neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	
Ensures call lights are answered in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	
Communicates well with family members	<input type="checkbox"/>	<input type="checkbox"/>	
Proficient with EMR documentation	<input type="checkbox"/>	<input type="checkbox"/>	

NEIGHBORHOOD ORIENTATION	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Understands emergency codes	<input type="checkbox"/>	<input type="checkbox"/>	
Fire safety (equipment location and use)	<input type="checkbox"/>	<input type="checkbox"/>	
Utility rooms (clean and dirty)	<input type="checkbox"/>	<input type="checkbox"/>	
Biohazard trash/room	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen supply room	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency procedures/ambu-bag location	<input type="checkbox"/>	<input type="checkbox"/>	
Call light system	<input type="checkbox"/>	<input type="checkbox"/>	
Nourishment area/kitchen	<input type="checkbox"/>	<input type="checkbox"/>	
Uses proper telephone etiquette	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry room	<input type="checkbox"/>	<input type="checkbox"/>	
Resident charges	<input type="checkbox"/>	<input type="checkbox"/>	
Time clocks	<input type="checkbox"/>	<input type="checkbox"/>	
Lunch room	<input type="checkbox"/>	<input type="checkbox"/>	
Neighborhood staff schedule	<input type="checkbox"/>	<input type="checkbox"/>	

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Mentor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Orientee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date