

## CNA/PCT SKILLS CHECKLIST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Key:** (1) - I have reviewed policies / articles on this item but have never performed it.  
 (2) - I am familiar with this item and have performed it supervised.  
 (3) - I am familiar with this item and am able to perform it independently.

(1)	(2)	(3)	SKILL / CONCEPT
			Assessing patient needs
			AM / PM care
			Shaving facial hair
			Skin care / decubitus prevention care
			Specimen collection – stool, urine, sputum
			Communication with Team Leader / Charge RN
			Input & Output ( I&O's) Measuring
			Straining urine
			Care of patient in Restraints
			Height / Weights
			Ice, Water, Tray distribution
			Vital Signs
			Foley Care
			Assist with elimination – BSC and BRP
			Assist in moving and lifting patients
			Answering call lights
			Use of Hoyer lift
			Use of Slide board
			Use of ROM machine
			Care of patient in Isolation
			Universal precaution
			Post mortem care
			Changing linens
			Feeding Patients / Tray set-up
			Familiar with the terms NPO and Q2H
			Oral Care
			Patient admission & discharge of belongings
			Oxygen equipment
			Application of TED hose
			Application of K thermia pad
			Patient ADL charting