



Business phone: (510) 452-4626
 Toll-free: (800) 704-8391
 Fax: (510) 452-4642
 Locations on the East and West Coasts

NAME: _____ DATE: _____

Years of CNA Experience: _____

Areas Most Proficient: _____

CHECKLIST FOR CERTIFIED NURSE AIDE

KEY

Please check the appropriate column of proficiency for each skill or patient care situation.

Level of Proficiency:

- 0 - No experience
- 1 - Some experience; need review and supervision
- 2 - Able to perform independently
- 3 - Proficient; able to supervise and teach

BASIC SKILLS

	0	1	2	3
Admission/discharge/transfer				
Advance directives				
Universal precautions				
Surgical tubes				

	0	1	2	3
Confidentiality of Information				
Joint Commission regulations				
Infection control				
Charting/documenting/consents				

VITAL SIGNS

	0	1	2	3
Vital signs recorded as directed				
RN informed of abnormal values				

	0	1	2	3
Temperature control				
Blood pressure monitor				

PATIENT HYGIENE, SAFETY, AND COMFORT

	0	1	2	3
Bath/routine care given				
Kept RN informed of patient condition				
Dentures cleaned and in mouth at mealtime				
Restraints application/safeguards				
Elastic (TED) hose stockings				

	0	1	2	3
Oral care given				
Side rails in place				
Bed scale/standing weights				
Wound care				



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MOBILIZATION

	0	1	2	3
Patients ambulated as instructed				
Patients up in chair as instructed				

	0	1	2	3
Patients turned as instructed				

NUTRITION AND ELIMINATION

	0	1	2	3
Patients fed				
Intake and output recorded accurately				

	0	1	2	3
Patients set up properly for meal				
Patients diet followed (solid, liquid, etc.)				

DISCHARGES

	0	1	2	3
All personal items sent home with patients				

	0	1	2	3
All equipment and supplies removed				

PEDIATRICS

	0	1	2	3
Admissions, discharges				
Normal newborn nursery				
Intensive care nursery				
Charting, documentation, consent				
Warmer beds, isolettes, and probes				
Cardiac and vital sign monitoring				
Formula and breastfeeding assessments				
O2 and suctioning setup				
Dressing change				
Temperature control				
ID bands				
Sterile techniques/field: dropping/handlings items				
Security procedures/confidentiality				

	0	1	2	3
Intermediate care nursery				
Newborn neonate				
Bathing and cord care				
Wound care				
Bassinets and crib safety				
Universal precautions				
Suctioning				
Bulb syringe use				
Surgical drains and tubes				
Umbilical cord inspection				
Collection of specimens				
Restraint procedures				

PSYCHIATRIC

	0	1	2	3
Detox units				
Community care center				
Psychiatric unit in hospital				
Mental disorders				
Making rounds and safety checks				
Special precautions procedures, e.g., suicide watch				
Communication with staff				

	0	1	2	3
Psychiatric hospital				
Crisis intervention center				
Rehabilitation/addiction center				
Securing hazardous items				
Restraint and seclusion procedures				
Documentation of responses to psychiatric treatment or care				



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Are there any other additional procedures with which you have had significant experience?

Signature: _____ **Date:** _____