



**CLINICAL SKILLS ASSESSMENT & DEMONSTRATION FOR
CNA/GNA/HHA/CMT/CNA**

Employee: Please check Yes or No at time of hire and annually for **Adult** and/or **Pediatric** experience

RN Supervisor: Please date and initial after observation & demonstration

Name: _____ **Job Title:** _____ **Date:** _____

Initial ____ **Annual** ____

SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS	
		YES	NO	YES	NO	INITIALS	DATE
Bath:	Bed bath						
	Self-help						
	Tub Bath						
	Shower						
Shampoo:	Bed						
Shave:	Electric Razor						
	Safety Razor						
Oral Hygiene:	Alert Patient						
	Unresponsive Patient						
	Dentures						
Nail:	Clean/Trim Fingernails						
Foot:	Clean/Trim Toenails						
Skin Care:	Back Rub						
Pressure Relief:	Peri Care						
Dressing:	Bedbound Patient						
	Patient with Paralysis						

SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS	
		YES	NO	YES	NO	INITIALS	DATE
Feeding:	Offer Fluid/Nutrition appropriate to Patient's Diet						
	Feeding with spoon						
	Giving liquids with syringe						
Vital signs:	Blood Pressure						
	Pulse(Radial)						
	Respiration						
	Temperature:						
	Oral						
	Axillary						
	Rectally						
Mobility:	Position in bed with proper body alignment						
	Range of Motion						
	All Joint						
Transfers Technique:	Bed to chair/ Commode/Wheel chair						
	Chair to bed(i.e. Wheelchair to Toilet						
Ambulation:	Assist with Ambulation						
	Cane						
	Crutches						
	Pick-up Walker						
	Wheeled walker						

SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS	
		YES	NO	YES	NO	INITIALS	DATE
Medication Administration (CMT/CMA ONLY)	Provides thorough Knowledge						
	Drugs						
	Dose/label Accuracy						
	Frequency						
	Side Effects /Adverse						
	Medication Error						
	Discontinued Orders						
	Container Integrity						
	Appropriate Storage						
	Medication Conversion						
	Oral						
	Sublingual/Buccal						
	Subcutaneous						
	Intradermal						
	Transdermal						
	Ear/Eye/Nasal						
	Nebulizer						
	MAR Documentation						
	Five(5) Rights						

SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS	
		YES	NO	YES	NO	INITIALS	DATE
Emergency and Safety	Able to demonstrate use of:						
	Infection Control Manual						
	Safety Manual						
	Fire/Emergency Management Manual						
	Procedure Manual						
	Patient Teaching Aids/Materials						
	PDR/Drug Reference Manual						
	RN Supervisor Notification						
	Bed Making						
	Hand Hygiene						
	Note Taking						

Comments: _____

Name & Signature of RN Supervisor: _____

Signature of Staff Member: _____ Name: _____