BPSS Health Form 105a - Revised 03/03/16 - Adapted from BPSS Nurse Aide Training Booklet and NYS Dept. of Health Curriculum

CERTIFIED NURSE AIDE TRAINING PROGRAM (NATP)
CLINICAL SKILLS PERFORMANCE RECORD EVALUATION CHECKLIST

CNA STUDENT NAME: _____

SCHOOL NAME: _____

INTERNSHIP SITE (full name and address): _____

_____

PRIMARY INSTRUCTOR: _____ INTERNSHIP SUPERVISOR: _____

DATES OF CNA TRAINING: FROM ___/___/___ TO ___/___/___

DATES OF INTERNSHIP: FROM ___/___/___ TO ___/___/___

These mandated skills can be demonstrated by the student in the skills lab or during the internship. For details on how these skills need to be demonstrated, check the DOH curriculum.

Clinical Skill	Date Skill was Demonstrated by Teacher for the Student	Date Student Successfully Demonstrated the Skill by Her or Himself	Did the Student Demonstrate the Skill at the School (S) or Internship (I)	Teacher at School (S) Initials or Supervisor/at Internship (I) Initials	Comments
Unit I. Introductory Curriculum					
1. Hand washing					
2. Using an ABC fire extinguisher					
3. Heimlich maneuver					
Unit II. Basic Nursing Skills					
4. Measure/Record Respiration					
5. Measure/Record Oral Temp. (Non-Digital Thermometer)					
6. Measure/Record Rectal Temp. (Non-Digital Thermometer)					
7. Measure/Record Radial Pulse					
8. Measure/Record Height					
9. Measure/Record Weight (Balance Scale/Chair Scale)					
10. Make unoccupied bed					
11. Make occupied bed					
12. Use of Personal Protective Equipment (PPE)					
a. gloves					
b. gown					
c. mask					
d. goggles					

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13. Follow isolation procedures in the disposal of soiled linen						
14. Provide post-mortem care						
Unit III. Personal Care Skills						
15. Give complete bed bath						
16. Give partial bed bath						
17. Provide AM and PM care						
18. Give shower						
19. Give tub bath/whirlpool bath						
20. Provide hair care						
a. shampoo resident						
b. grooming, brushing, combing						
21. Provide mouth care (natural teeth)						
22. Provide mouth care (no teeth)						
23. Provide mouth care (unconscious)						
24. Provide denture care						
25. Shave resident						
26.Provide hand and nail care						
27. Provide foot care						
28. Dress resident						
a. care of eyeglasses						
b. care of hearing aides						
29. Perineal care - female						
30. Perineal care - male						
31. Perineal care – incontinent resident						
32. Assist with bedpan (offer/ remove/ clean)						
33. Assist with urinal (offer/ remove/ clean)						
34. Use bedside commode						
35. Urinary catheter care						
36.Care of / emptying of urinary drainage bag						
37. Measure/Record food and fluid intake						
38. Measure/Record urinary output						
39. Provide ostomy care						
40. Collect urine specimen						
41. Collect stool specimen						
42. Feed resident						
a. set-up tray						
b. partial assistance						
c. total assistance						
d. adaptive devices						
e. residents with dysphasia						
f. alternative feeding methods						
43. Provide skin care						

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a. protective devices						
b. give back rub						
44. Position resident in chair						
45. Move resident up in bed						
46. Position resident on side in bed						
47. Transfer resident						
a. one assist						
b. two assist						
c. mechanical lift						
d. transfer belt						
e. lift sheets						
Unit IV: Mental Health and Social Service needs						
48. Response with abusive resident						
Unit V: Care of Cognitively Impaired Residents						
49. Communication Skills						
Unit VI: Basic Restorative Services						
50. Assist with ambulation using gait belt						
51. Easing resident (about to fall) to floor during ambulation						
52. Ambulation assistive devices						
53. Ambulation adaptive equipment						
54. Feeding adaptive equipment						
55. Range of motion to upper extremities						
56. Range of motion to lower extremities						
57. Use of positioning devices in bed						
58. Use of positioning devices in chair						
59. Use of prosthetic/orthotic devices						
60. Apply hand splint						
Unit VII: Residents Rights						
61. Apply waist restraint						

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Knowledge Performance Evaluations (Tests)	Date	Primary Instructor Initials	Pass or Fail?	If Failed, Indicate Date when Student was Successful	Primary Instructor Initials
Unit I: Introductory Curriculum					
Unit II: Basic Nursing Skills					
Unit III: Personal Care Skills					
Unit IV: Mental Health and Social Service Needs					
Unit V: Care of Cognitively Impaired Residents					
Unit VI: Basic Restorative Services					
Unit VII: Residents Rights					
Date of Final NATP Performance Evaluation					

NOTES/COMMENTS:

_____

_____

_____

_____

_____

We hereby certify that the clinical skills performance record evaluation checklist depicted above is true and correct and that the named Nurse Aide Student has successfully completed all skills. A copy of this completed evaluation checklist has been provided to the Nurse Aide Student.

Signature of Nurse Aide Training Program (NATP) Director or Primary Instructor:

_____ Date_____

Signature of NATP Teacher: _____ Date_____

Signature of NATP Internship Supervisor: _____ Date_____

Signature of Nurse Aide Trainee: _____ Date_____

DATE(S) OF STATE NURSING HOME NURSE AIDE CERTIFICATION COMPETENCY EXAMINATION:

	DATE	CLINICAL SKILLS TEST P/F	WRITTEN/ORAL TEST P/F
1st Attempt:	_____	_____	_____
2nd Attempt:	_____	_____	_____
3rd Attempt:	_____	_____	_____

(From DOH NATP pages 212-214)

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