

**RENAISSANCE HOME HEALTH**  
**COMPETENCY ASSESSMENT SKILLS CHECKLIST**  
**Registered Nurse Skills Checklist**

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

Date of Employment: \_\_\_\_\_

\_\_\_\_\_ Initial      \_\_\_\_\_ Annual

**Key for Evaluation Method:**

*Verbal Test = V; Written Test = W; Observation = O; Demonstration = D; Special Training = ST*

Self-Assessment				Competency for the Registered Nurse	Evaluation Method (To be completed by Supervisor)
Do you have experience with this skill?		Are you competent performing the following?			
Yes	No	Yes	No		
<b>Demonstrates ability to process paperwork and associated functions necessary to facilitate:</b>					
<b>Infection Control:</b>					
				Hand Washing	
				Universal Precautions	
				Proper Waste Disposal	
				Equipment Disinfection	
				Needle Disposal	
<b>Assessment of:</b>					
				Cardiovascular System	
				Respiratory System	
				GI System	
				GU System	
				Head Neck	
				Neurological System	
				Integumentary System	
				Musculoskeletal System	
				Pain – Wong Baker Scale	
<b>IVs:</b>					
				Inserting IV Catheter	
				Inserting Butterfly	
				Inserting Heparin Lock	
				Maintaining Heparin Lock	
				Changing IV Fluids	
				Calculating Flow Rates	
				Adding Medication to IVs	
				Administering IV Drip Medications	
				Caring for IV Site	
				Changing IV Tubing	
				Changing IV Solutions	
				Drawing Venous Sample	
				Caring for pt. with Central Venous Catheter	

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Self-Assessment				Competency for the Registered Nurse	Evaluation Method (To be completed by Supervisor)
Do you have experience with this skill?		Are you competent performing the following?			
Yes	No	Yes	No		
<b>Urinary Catheters:</b>					
				Indwelling	
				Sterile Specimen	
				Catheter Care	
				Bladder Training	
				Suprapubic	
				Male	
				Female	
				Intermittent Self-Catheterization male/female	
				Bladder Irrigation	
<b>Bowel Protocols:</b>					
				Fleets Enema	
				Soapsuds Enema	
				Tap Water Enema	
				Oil Retention Enema	
				Bowel Training	
				Checking & Removal of fecal impaction	
				Adm. Rectal suppositories	
<b>Diabetes:</b>					
				Blood Glucose Self-Monitoring; Finger Sticks	
				Skins, foot, and Nail Care	
				Urine Check for S&A	
				Insulin Administration	
<b>Medications:</b>					
				Injection Sites	
				Intramuscular Injections	
				Intradermal Injections (Subcutaneously)	
				Topical Medications	
				Ear Drops	
				Eye Ointment	
				Vaginal Suppositories	
				Vaginal Irrigations	
				Perineal Care	
				Eye Drops	
				Eye Irrigation	
				Pain Control	
				IV Antibiotics	
				TPN	
				Oral Hygiene	
				General Post-Op Care	

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Self-Assessment				Competency for the Registered Nurse	Evaluation Method (To be completed by Supervisor)
Do you have experience with this skill?		Are you competent performing the following?			
Yes	No	Yes	No		
				Hemovac	
				Drains	
<b>Wound Care:</b>					
				Removing Sutures/Staples	
				Irrigation	
				Packing	
				Cleansing Wounds	
				Sterile Gloving	
				Dry Sterile Dressings	
				Wet to Dry Dressings	
				Maintaining Moist Dressings	
				Duoderm	
				Stomahesive	
				Occlusive Dressings	
				Antimicrobials	
				Debriding Agents	
				Hydrocolloids	
				Hemovac	
				Caring for pt. with burns	
<b>Caring for Patients with Ostomies:</b>					
				Colostomy Care	
				Colostomy Irrigation	
				Ileostomy Care	
				Ideal Conduit Care	
				Tracheotomy Care	
				Reinsertion of Trach Tube	
<b>Suctioning:</b>					
				Operating suction machine	
				Naso-oral Suctioning	
				Tracheal Care and Suctioning	
				Providing percussion & postural drainage	
<b>Peripheral Line:</b>					
				Frequency of Site Change	
				Dressing Change	
				Cap Changes	
				Flushes	
				Insertion of Butterfly	
<b>Naso-Gastric Tubes</b>					
				Insertion	
				Check Placement	

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Self-Assessment				Competency for the Registered Nurse	Evaluation Method (To be completed by Supervisor)
Do you have experience with this skill?		Are you competent performing the following?			
Yes	No	Yes	No		
				Removal	
				Med Administration	
				Irrigation	
<b>Gastrostomy Tubes</b>					
				Insertion	
				Check Placement	
				Site Care	
				Removal	
				Feedings	
				Med Administration	
				Irrigation	
<b>Trach Care:</b>					
				Stomacare	
				Dressings	
				Tube Insertion – Cuffed	
				Tube Insertion – UnCuffed	
				Cannula Care	
				Tube Removal	
<b>Suctioning:</b>					
				Nasopharyngeal	
				Oral	
				Tracheal	
<b>Inhalation Therapy:</b>					
				O2 Therapy	
				Face Mask	
				Non-Rebreather	
				Venturi	
				Tracheal O2	
				Bi Pap	
				CPap	
				Nebulizer	
				Pulse Ox	
<b>Lab Collection:</b>					
				Stool	
				Sputum	
				Venipuncture	
				Wound Culture	
				Throat Culture	
				Blood Culture	
				Urine Collection	

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Do you have experience with this skill?		Are you competent performing the following?			
Yes	No	Yes	No		
				Clean Catch	
				Cather Specimen	
<b>Mobility:</b>					
				Ambulatory Assist	
				Transfers	
				ROM – Active and Passive	
				Hoyer Life	
<b>Organization / Caseload Management:</b>					
				Determining Freq of Visits/Completing Schedule	
				Timeliness/ Submission of Paperwork	
				Guidelines for Aide Supervision and Scheduling	
				Patient Teaching	
				Reporting	
				OASIS Assessment & Documentation	
				Caseload Management	
<b>Procedures:</b>					
				Cast Care	
				Unna Boot	
				Ace Bandages	
				Stump Care	
				Prosthetic/Orthopedic Devices	
				Applying Ice Caps	
				Alcohol Sponge Bath	
				Applying Hot OMPRESSES	
				Health pad or Hot Water	
				Sitz Baths	
				Intake & Output	
				Use of Doppler	
<b>Other:</b>					
				Vital Signs	
				Patient with Pacemaker	
				Assessment/Intervention for Anaphylactic Shock	
				Body Mechanics	

**I have been instructed and have knowledge and ability in the nursing skill areas indicated on this form.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor/ Supervisor Signature

\_\_\_\_\_  
Date