



Nurse, Certified Nursing Assistant, Medical Assistant, and
Emergency Medical Technician Skills Checklist

Name: _____

Date: _____

For planning purposes, we would like information concerning your medical experience. Using the scale below, rate your present level of experience and confidence with each of the following procedures/skills.

Experience Scale:

- 1 – Have never performed – I am totally unfamiliar with.**
- 2 – Have never performed, but understand the theory.**
- 3 – Have performed but need experience.**
- 4 – Experienced, feel confident in ability to perform.**

- _____ Demonstrate/verbalize obtaining patient history
 - _____ Chief complaint/reason for visit _____ Allergies
 - _____ Smoking history _____ Last menstrual period
- _____ Demonstrate/verbalize rationale for and use of drug formulary (*nurse only*)
- _____ Demonstrate/verbalize proficiency in age-appropriate medication use (*nurse only*)
- _____ Demonstrate/verbalize understanding of insulin use & diabetic care (*nurse only*)
- _____ Demonstrate procedure to obtain vital signs
 - _____ Blood pressure _____ Respiratory rate
 - _____ Temp _____ Pulse oximetry
 - _____ Pulse _____ Weight
- _____ Communicate unusual situations and needs with medical provider
- _____ Assist medical provider with patient preparation and care
- _____ Document patient care and education
- _____ Complete and document discharge instructions (*nurse only*)

- _____ Assessment of self care needs
- _____ Assessment of safety
- _____ Assessment of indicators of abuse or neglect
- _____ Functional assessments to evaluate need for rehab services

- _____ Demonstrate safe use of assistive devices
- _____ Demonstrate use of universal precautions and personal protective equipment
- _____ Demonstrate/verbalize procedures for disposal of biohazardous materials
- _____ Demonstrate/verbalize procedures for use of spill kits

OFFICE USE

Follow up: