

Infinity Healthcare Staffing
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CNA SKILLS CHECKLIST

Complete the following by indicating length of time (**months or years**) you have for **EACH** skill listed. Areas, in which you have **NO EXPERIENCE**, enter N/A in space provided.

Do not leave any blank spaces.

NAME: _____ **DATE:** _____

<u>SKILLS</u>	<u>Yrs.Exp</u>	<u>PATIENT TYPES/CONDITIONS</u>	<u>Yrs.Exp.</u>
AM/PM Care	_____	Alcoholism	_____
Ace Bandages	_____	Amputees	_____
Accucheck	_____	Arthritis	_____
Ambulation	_____	Blindness	_____
Back/Skin Care	_____	Burns	_____
Bed Baths/Tub Bath	_____	Cancer	_____
Bedsore/care/Prev.	_____	Cataracts	_____
Blood pressure/manual cuff	_____	Coma	_____
Catheter	_____	Confusion/Disorientation	_____
Colostomy Care	_____	Convulsive Disorder	_____
Compresses: Hot/Cold	_____	Deaf	_____
Dressings	_____	Diabetes	_____
EKG	_____	Drug Abuse	_____
Exercise: Range of Motion	_____	Fractures	_____
Gait Belt	_____	Gastrostomy	_____
Hair Care	_____	Geriatrics	_____
Hand Washing	_____	Heart Conditions	_____
Heat Lamp Application	_____	Incontinence	_____
Hot/Cold Water Bottle	_____	Infant/Child Care	_____
Ice Bag	_____	Multiple Sclerosis	_____
Intake/Output	_____	Pacemaker	_____
Isolation Techniques	_____	Para/ Quadriplegia	_____
Menu/Nutritional Planning	_____	Parkinson's Disease	_____
Oral Hygiene	_____	Retardation	_____
Oxygen (Patient With)	_____	Senility	_____
Patient Observations	_____	Shock	_____
Perineal Care	_____	Terminally Ill	_____
Phlebotomy	_____	Transplantation	_____
Post Mortem Care	_____	Other:	_____
Psychiatry	_____	Other	_____
Shaving	_____		
Soap Charting	_____		
Therapeutic Diets	_____	Return Demonstration	
Transfers	_____	TPR	_____
Urine Collection/Testing	_____	BP	_____
		Wipeless Glucometer	_____

R.N. Signature _____