



Department of Nursing - Skills Checklist

Printed Student Name: _____

Date: _____

SKILL	Competent
1. Hand hygiene technique	
2. PPE, Isolation requirements, Gloving	
3. Bed Making	
4. Obstructed Airway: Conscious adult	
5. Lifting/Moving/Positioning client in bed	
6. Transferring client from bed to chair – 1 & 2 assistant	
7. Ambulation	
8. Passive range of motion	
9. Patient hygiene/Bathing/Basic grooming	
10. Oral hygiene	
11. Apply TED hose	
12. Dress/Undress	
13. Individual safety interventions including high fall risk interventions (toileting schedule, keep walker in reach, etc.)	
14. Bedpan, commode, and urinal	
15. Prepare for meals/Feeding resident (Aspiration precautions/modified diet)	
16. Obtaining accurate vital signs, (Temperature, Pulse, & Respirations)	
17. Obtaining accurate (manual) blood pressure (including orthostatic)	
18. Height and weight	
19. Intake and output	
20. Catheter care/ Emptying drainage bag	
21. Providing incontinent care	
22. Communication/client rights	
23. Completed at least 75 hours of clinical experience.	
Additional Comments:	

My signature below acknowledges that I have assessed the above student skills and they have met the requirements.

Evaluator Printed Name: _____	Evaluator Signature _____	Date: _____
Organization Full Address: _____		
Organization Phone Number: _____	Organization or Evaluator Email: _____	

Any questions, please contact St. Ambrose, Department of Nursing at (563)333-6076 or email: Nursing@sau.edu

SAU OFFICE USE ONLY Received: _____ Approved by: _____
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