

**HELP AT HOME HOMECARE
SKILLED NURSING COMPETENCY EVALUATION CHECKLIST (RN and LPN)**

Employee Name: _____ Title: _____ Date: _____

Self Assessment Key:
P - Proficient
N - Needs Review
I - Inexperienced

Evaluation Method Key:
D- Direct Observation/Demonstration
O – Oral Question/Interview

Touch or Mouse Click A, B or C Below for Each

SKILL/KNOWLEDGE	DATE	SELF ASSESSMENT	Supervisor Assessment Method	Comment	Supervisor Initials & Date
ASSESSMENT SKILLS					
Vital Signs		P N I	D O		
Heart Sounds		P N I	D O		
Lung Sounds		P N I	D O		
RESPIRATORY CARE					
Metered Dose Inhalers		P N I	D O		
Nebulizers (handheld)		P N I	D O		
CPAP		P N I	D O		
Transtracheal O ₂		P N I	D O		
Use of Oxygen Supplies (face mask, cannula)		P N I	D O		
Use of Oxygen (cylinders, concentrators)		P N I	D O		
Suctioning:					
Oral		P N I	D O		
Naso-Trach		P N I	D O		
Endotracheal		P N I	D O		
Tracheostomy Care:					
Stoma		P N I	D O		
Pulse Oximeter		P N I	D O		

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GI CARE					
Gastrostomy Tube Maintenance		P N I	D O		
G-Tube Feeding		P N I	D O		
Enteral Pump / Bolus					
Colostomy Irrigation/Care		P N I	D O		
Disimpaction		P N I	D O		
Enema		P N I	D O		
GI CARE					
Bladder Training		P N I	D O		
Straight Cath (M/F)		P N I	D O		
Care of Indwelling Catheter		P N I	D O		
Suprapubic Tube Insertion and Care		P N I	D O		
Urostomy Care		P N I	D O		

DIABETIC CARE					
Diabetic Teaching		P N I	D O		
Blood Glucose Monitor		P N I	D O		
WOUND CARE					
Dressing Change		P N I	D O		
Measurement		P N I	D O		
Staging		P N I	D O		

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Irrigation/Cleaning		P	N	I	D	O		
Preventative Measures		P	N	I	D	O		
Incision Care:		P	N	I	D	O		
Suture/Staple Removal		P	N	I	D	O		
DRAIN CARE								
Hemovac		P	N	I	D	O		
Heimlich Valve		P	N	I	D	O		
ORTHOPEDIC CARE								
ROM		P	N	I	D	O		
Transfers		P	N	I	D	O		
Use of Lifts (Hoyer)		P	N	I	D	O		
Assistive Devices		P	N	I	D	O		
Cast Care		P	N	I	D	O		
Ace Bandages		P	N	I	D	O		
Antiembolism Hose		P	N	I	D	O		
IV THERAPY								
Venipuncture (Vacutainer/Butterfly)		P	N	I	D	O		
Peripheral Line:					D	O		
Insertion		P	N	I	D	O		
Maintenance		P	N	I	D	O		
Discontinuance		P	N	I	D	O		

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Central Line:			D O		
Dressing Change		P N I	D O		
Blood Draw		P N I	D O		
Flushing		P N I	D O		
Infusion Pumps		P N I	D O		
MEDICATION ADMINISTRATION					
Injections:		P N I	D O		
IM		P N I	D O		
SQ		P N I	D O		
Z-Trach		P N I	D O		
SKILL/KNOWLEDGE	DATE	SELF ASSESSMENT	Supervisor Assessment Method	Comment	Supervisor Initials & Date
Intradermal		P N I	D O		
IV Push		P N I	D O		
IV Piggyback		P N I	D O		
Oral		P N I	D O		
Other:		P N I	D O		
Eyedrops & Ointment		P N I	D O		
Sublingual		P N I	D O		
Transdermal Patches		P N I	D O		
Rectal		P N I	D O		
NG Tube		P N I	D O		

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PAIN MANAGEMENT					
Pain Measurement Scale		P N I	D O		
Position Distraction		P N I	D O		
Alternative Therapies		P N I	D O		
Medication Regimen		P N I	D O		
HOMEMAKING		P N I	D O		
Meal preparation		P N I	D O		
Laundry; washer/dryer		P N I	D O		
Ironing		P N I	D O		
Shopping, errands, take to appointments		P N I	D O		
Light housekeeping		P N I	D O		
Pet care		P N I	D O		

INSTRUCTIONS:

1. New employee is to date and do self evaluation at orientation and give this form to Supervisor/Preceptor.
2. Preceptor/RN peer/Supervisor must evaluate new employee for each competency during orientation using one of the evaluation method keys, prior to employee making independent visits.
3. Preceptor/RN peer/Supervisor will evaluate competencies viewed during orientation using one of the evaluation method keys.
4. Employee does not have to be proficient in all Discipline Skills. Inexperienced and needs review skills must have follow-up and competency documented prior to employee performing the skill independently.
5. After form completed, the form is to remain in employee file for ongoing employee updates.

Employee has completed the Agency orientation program.

Employee: _____

Date: _____

RN Evaluator's Name/Title: _____

Date: _____

Originated: 8/09 Revised: 6/12; 4/18;11/19;4/20