



LVN / LPN SKILLS COMPETENCY CHECKLIST

Name: _____ Date: _____

Total years of LVN / LPN nursing experience: _____

IV Therapy Certification: YES NO

Please rate your Skill Level:

0 – No Experience. Theory Only.

1 – Limited competency / proficiency.
Supervision Required.

2 – Acceptable competency / proficiency.

3 – Competent / proficient. Performed frequently and independently during the past 2 years.

SKILL	0	1	2	3
Activities of Daily Living				
Admission of Patient				
Administration of Medication				
Ambulation				
Application of Heat and Cold				
Aseptic Technique				
Assist with Medical Examination				
Bathing: Sitz, Tub, Bed & Shower				
Bandaging				
Binders				
Body Alignment				
Body Systems Review (Head to Toe Data Collection)				
Cast Care				
Catheterization / Foley Catheter Insertion				
Charting				
Colostomy Care & Irrigation				
CPR				
Crutch Walking				
Decubitus Care				
Diabetic Blood Glucose Testing				
Diagnostic Tests & Preparation of Forms				
Discharge Patients				
Dosage Computation				
Draping				
Dressing (Sterile)				
Ear Drops				
Elimination Needs				
Enemas, cleansing, retention, Harris Flush				
Hand Hygiene				

SKILL	0	1	2	3
Infection Control Precautions				
Standard Universal Precautions				
Reverse Isolation				
TB / Airborne Precautions				
MRSA / VRE Precautions				
Isolation procedure for specimen collection				
IVs: Monitor Rate & Infusion Site				
Medications: Oral, IM, Subcutaneous				
Mouth Care				
Nail Care				
Neurological Check				
Nutritional Needs				
Observations:				
Response to treatment/meds				
Signs of significant body sys. chgs				
Signs of shock				
Signs of pain				
Observes safety procedures				
O2 Administration				
Pain Assessment				
Patient Care Plans (Revise & Update)				
Patient Safety Standards / Precautions				
Positioning Patient				
Postural Drainage				
Pre-Op & Post-Op Care				
Provide Comfort, Safety & Privacy				
Pulse Oxymetry				
Range of Motion				
Report Observations / Changes				

SKILL	0	1	2	3
Restraints				
Skin Care				
Specimen Collection:				
Routine Urine				
Clean Catch				
12 & 24-hour specimen				
Stool				
Culture				
Sputum				
From Foley Catheter				
Suppositories (rectal & vaginal)				
Suction – Oral				

SKILL	0	1	2	3
Surgical Preps				
Trach Care / Suctioning				
Telephone Manners				
Topical Medication Application				
Traction				
Transfer / Transport Patients				
Proper use of wheelchair				
Proper use of gurney				
Assist patient to chair				
Urine tests for sugar / acetone				
Vital Signs – TPR & BP				
Weight: Bed & Standing scales				

Do you speak any other language(s) besides English? Yes / No If YES, please list other language(s): _____

Are you familiar with computer charting? Yes / No If YES, what system(s) have you used: _____

Comments:

I hereby certify that all information I have provided to Ally Home Care & Medical Staffing on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: _____ **Date:** _____

Reviewer Signature: _____ **Date:** _____