**Licensed Nurse Competency Checklist**

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | **Evaluation****(Check One)** | **Method of Evaluation****(Check One)**D = Skills DemonstrationO = Performance ObservationW = Written TestV = Verbal Test | **Verification** **(Initials/Date)** |
| --- | --- | --- | --- |
| **Competency****Demonstrated/****Meets** **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Admission** | **History and Physical**  |  |  |  |  |  |  |  |
| **Nursing Assessment** |  |  |  |  |  |  |  |
| **Adjustment Charting** | **Admission** |  |  |  |  |  |  |  |
| **Readmission** |  |  |  |  |  |  |  |
| **Room Change** |  |  |  |  |  |  |  |
| **Catheters** | **Catheterization – Female** |  |  |  |  |  |  |  |
| **Catheterization – Male** |  |  |  |  |  |  |  |
| **Foley Insertion/Removal** |  |  |  |  |  |  |  |
| **Change of Condition****Change of Condition****(cont.)****Change of Condition****(cont.)** | **Assessment** |  |  |  |  |  |  |  |
| **Vital Signs** |  |  |  |  |  |  |  |
| **Neurological Assessment*** **LOC**
* **Pupillary Assessment**
* **Speech**
* **Motor Function**
* **Extremity Strength**
* **Pain**
 |  |  |  |  |  |  |  |
| **Respiratory** **Assessment*** **Breath Sounds**
* **Cough, Sputum**
* **SOB**
* **Skin/nailbeds or lips-color**
* **Oxygen use**
 |  |  |  |  |  |  |  |
| **Cardiovascular Assessment*** **Heart rate, rhythm**
* **Apical Pulse**
* **Edema**
* **Heart Sounds**
* **Neck vein**
* **Capillary Refill**
* **Chest, jaw or arm pain**
 |  |  |  |  |  |  |  |
| **Gastrointestinal Assessment*** **Inspection**
* **Auscultation**
* **Bowel Sounds**
* **Abd aorta bruit**
* **Palpation**
* **N,V,D**
* **Date of last BM**
* **Appetite**
* **Bowel Incontinence**
 |  |  |  |  |  |  |  |
| **Genitourinary Assessment*** **Color, odor, amount**
* **Pain w/urination**
* **Abd discomfort**
* **Fever**
* **Quality of Stream**
* **Bladder Incontinence**
 |  |  |  |  |  |  |  |
| **Charting** |  |  |  |  |  |  |  |
| **Neuro Checks** |  |  |  |  |  |  |  |
| **24 Hour Report Board** |  |  |  |  |  |  |  |
| **Charting** | **Antidepressant** |  |  |  |  |  |  |  |
| **Behavior** |  |  |  |  |  |  |  |
| **I&O** |  |  |  |  |  |  |  |
| **Appetite**  |  |  |  |  |  |  |  |
| **Monitoring/Weight Changes** |  |  |  |  |  |  |  |
| **Cultural Competence** | **Need for interpreter, care plan culture specific beliefs and requests, include family with communication and care, follow person centered care plan interventions** |  |  |  |  |  |  |  |
| **Notification** | **MD** |  |  |  |  |  |  |  |
| **Resident Representative** |  |  |  |  |  |  |  |
| **Resident** |  |  |  |  |  |  |  |
| **Medicare** | **Medicare** |  |  |  |  |  |  |  |
| **Weekly Summaries and changes/events****Weekly Summaries****(cont.)** | **Charting** |  |  |  |  |  |  |  |
| **Problem Charting** |  |  |  |  |  |  |  |
| **Incident/Accident/Event** **Charting and Notification** |  |  |  |  |  |  |  |
| **Allegation of Abuse, Neglect, Misconduct** |  |  |  |  |  |  |  |
| **Assessment/****Documentation/****POC/Notification****Assessment/****Documentation/****POC/Notification (cont.)** | **Fall Risk** |  |  |  |  |  |  |  |
| **Pain** |  |  |  |  |  |  |  |
| **Nutrition/Hydration/****Weight** |  |  |  |  |  |  |  |
| **Restraints – Chemical/Physical** |  |  |  |  |  |  |  |
| **Skin*** **Color**
* **Diaphoresis**
* **Rash**
* **Reddened Areas**
* **Pressure Ulcers**
* **Non-pressure wounds**
* **Incisions**
* **Skin Tears**
* **Bruisiing**
* **Abrasions**
 |  |  |  |  |  |  |  |
| **Clinical Assessment** |  |  |  |  |  |  |  |
| **Colostomy/Ileostomy** | **Appliance Change** |  |  |  |  |  |  |  |
| **Diabetic Monitoring/****Blood Glucose Monitoring** | **Diabetic Monitoring/****Blood Glucose Monitoring** |  |  |  |  |  |  |  |
| **Dialysis Care** | **Monitoring of access site, fluid management, communication with dialysis center, et.** |  |  |  |  |  |  |  |
| **Discharge/Transfer**  | **Documentation** |  |  |  |  |  |  |  |
| **Process**  |  |  |  |  |  |  |  |
| **Notification** |  |  |  |  |  |  |  |
| **Ear Drops** | **Ear Drops** |  |  |  |  |  |  |  |
| **Emergency Codes** | **Fire, Tornado, Elopement, Missing Resident** |  |  |  |  |  |  |  |
| **Enema** | **Enema** |  |  |  |  |  |  |  |
| **Eye Drops** | **Eye Drops** |  |  |  |  |  |  |  |
| **Gastrostomy** | **Daily Care** |  |  |  |  |  |  |  |
| **Insertion (Mandatory Class if LPN)**  |  |  |  |  |  |  |  |
| **Heparin – Sub Injection** | **Heparin – Sub Injection** |  |  |  |  |  |  |  |
| **Insulin** | **Mixed Dose** |  |  |  |  |  |  |  |
| **Single Dose** |  |  |  |  |  |  |  |
| **Sliding Scale** |  |  |  |  |  |  |  |
| **IV Therapy****IV Therapy****(cont.)** | **Insertion (RN Only)** |  |  |  |  |  |  |  |
| **Heparin Flush (RN Only)** |  |  |  |  |  |  |  |
| **IV Fluid to Mechanical Pump (RN Only)** |  |  |  |  |  |  |  |
| **IV Push Medications (RN Only** |  |  |  |  |  |  |  |
| **IV Piggy Back Medications (RN Only)** |  |  |  |  |  |  |  |
| **Central Venous Catheters** |  |  |  |  |  |  |  |
| **Lab** | **Specimen Collection** |  |  |  |  |  |  |  |
| **Transcription of Orders** |  |  |  |  |  |  |  |
| **Medications****Medications****(cont.)** | **Administer and Record Oral Meds** |  |  |  |  |  |  |  |
| **Administer and Record IM Meds** |  |  |  |  |  |  |  |
| **Administer and Record Sub Q Meds** |  |  |  |  |  |  |  |
| **Checks – apical, B/P, etc. appropriately** |  |  |  |  |  |  |  |
| **Discontinue/Destroy Medications** |  |  |  |  |  |  |  |
| **Medication Reconcilliation** |  |  |  |  |  |  |  |
| **Psychotropic medications** |  |  |  |  |  |  |  |
| **Observing for effectiveness, side effects, adverse consequences and documentation** |  |  |  |  |  |  |  |
| **Punch Card System** |  |  |  |  |  |  |  |
| **Record PRN Medication/Treatment** |  |  |  |  |  |  |  |
| **Mantoux-PPD** |  |  |  |  |  |  |  |
| **Narcotic/Controlled Substance Count** |  |  |  |  |  |  |  |
| **Patches** |  |  |  |  |  |  |  |
| **Pain Scale and Interventions** |  |  |  |  |  |  |  |
| **NG Tubes** | **Flushes** |  |  |  |  |  |  |  |
| **Insertion** |  |  |  |  |  |  |  |
| **Placement Check** |  |  |  |  |  |  |  |
| **Nebulizer** | **Nebulizer** |  |  |  |  |  |  |  |
| **Nitroglycerin Ointment PRN** | **Nitroglycerin Ointment PRN** |  |  |  |  |  |  |  |
| **Occurrence Form – Med Error** | **Occurrence Form – Med Error** |  |  |  |  |  |  |  |
| **Oral Assessment** | **Oral Assessment** |  |  |  |  |  |  |  |
| **Oxygen Therapy** | **Concentrator** |  |  |  |  |  |  |  |
| **Liquid O2** |  |  |  |  |  |  |  |
| **Oxygen Therapy****(cont.)** | **Portable Tanks**  |  |  |  |  |  |  |  |
| **Pain Management** | **Pain Management** |  |  |  |  |  |  |  |
| **Treatments****Treatments****(cont.)** | **Skin-Pressure Ulcers Documentation** |  |  |  |  |  |  |  |
| **Skin-Pressure Ulcers Assessment/****Measurement** |  |  |  |  |  |  |  |
| **Skin-Pressure Ulcers****Sterile Technique** |  |  |  |  |  |  |  |
| **Ointments** |  |  |  |  |  |  |  |
| **Pressure Relief** |  |  |  |  |  |  |  |
| **Splint Application** |  |  |  |  |  |  |  |
| **TEDS** |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |
| **Phone** | **Phone** |  |  |  |  |  |  |  |
| **P&P Manual and Usage** | **P&P Manual and Usage** |  |  |  |  |  |  |  |
| **Post Mortem Care** | **Post Mortem Care** |  |  |  |  |  |  |  |
| **Rectal Checks-Suppository Insertion** | **Rectal Checks-Suppository Insertion** |  |  |  |  |  |  |  |
| **Report/Assignment Sheet** | **Report/Assignment Sheet** |  |  |  |  |  |  |  |
| **Restorative Nursing****Restorative Nursing****(cont.)** | **Can measure resident self-performance per RAI manual** |  |  |  |  |  |  |  |
| **Can identify staff level of assistance per RAI manual** |  |  |  |  |  |  |  |
| **Completes tools to measure:*** **Voluntary / Involuntary ROM**
* **Contractures**
* **Feeding assist. level**
* **Ambulation**
* **Bed Mobility**
* **Dressing / Grooming / Bathing**
 |  |  |  |  |  |  |  |
| **Identifies documentation requirements and understands minutes recording** |  |  |  |  |  |  |  |
| **Rounds (Team Leader)** | **Rounds (Team Leader)** |  |  |  |  |  |  |  |
| **Suctioning, Oral/Nasopharyngeal** | **Suctioning, Oral/Nasopharyngeal** |  |  |  |  |  |  |  |
| **Indwelling Urinary Catheter** **Supra-pubic catheter** | **Daily Care** |  |  |  |  |  |  |  |
| **Insertion** |  |  |  |  |  |  |  |
| **Transcription of Orders** | **Transcription of Orders** |  |  |  |  |  |  |  |
| **Trach Care** | **Routine (Changing Ties, etc.)** |  |  |  |  |  |  |  |
| **Suctioning** |  |  |  |  |  |  |  |
| **Ventilator Care**  | **Ventilator Care** |  |  |  |  |  |  |  |
| **Tube Feeding**  | **Tube Feeding Gravity** |  |  |  |  |  |  |  |
| **Tube Feeding** **(cont.)** | **Tube Feeding Pump** |  |  |  |  |  |  |  |
| **Standard Precautions** | **Personal Protective Equipment** |  |  |  |  |  |  |  |
| **Sharps handling and disposal** |  |  |  |  |  |  |  |
| **Occupational exposure** |  |  |  |  |  |  |  |
| **Antibiotic Stewardship** |  |  |  |  |  |  |  |
| **Transmission -based Precautions-isolation** |  |  |  |  |  |  |  |
| **Blood or Body Fluid Spills** |  |  |  |  |  |  |  |
| **Infection Control** |  |  |  |  |  |  |  |
| **Outbreak Management** |  |  |  |  |  |  |  |
| **Influenza and Pneumococcal immunizations** |  |  |  |  |  |  |  |
| **Hand Hygiene** |  |  |  |  |  |  |  |
| **Other (Describe)**  |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**\*I certify that I have received orientation in the above mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Orientator:**

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**Initials Signature Date**

***(Place in Employment File)***

***(PLACE IN EMPLOYMENT FILE)***