**Licensed Nurse Competency Checklist**

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

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = 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)***