

STUDENT NURSE AIDE SKILLS CHECKLIST

- **THIS FORM IS ONLY FOR TEMPORARY USE THROUGHOUT THE DURATION OF THE COVID-19 EMERGENCY.**
- Upon completion of the full 75 training hours, email this completed and signed checklist to WIDQA_NATCEP@wi.gov.
- Maintain a copy of this form in the student's personnel file for reference and department review.

Name – Student Nurse Aide	Name – Program
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Essential Nurse Aide Training Completed
 Bellin College Traditional program Previously trained by approved program Other:

I attest that I have obtained sufficient proof that the above-named individual has successfully completed a 16-hour essential competency course per Wis. Admin. Code §§ DHS 129.07(2)(b)(1) and (2) prior to providing direct patient care.

SIGNATURE – Instructor ➤	Name – Instructor (<i>Print or type.</i>)	Date Signed
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Skill	Clinical Date	RN Initials
Identify client		
Demonstrate respect and concern for residents' rights		
Maintain privacy and confidentiality of resident		
Demonstrate proper handwashing/sanitizing techniques		
Demonstrate proper use of PPE: <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Mask <input type="checkbox"/> Goggles		
Demonstrate appropriate handling, transporting, and processing of soiled linens and equipment		
Demonstrate standard precaution use		
Demonstrate transmission-based precautions		
Demonstrate proper body mechanics		
Knows facility policy and procedure for fire and severe weather safety		
Demonstrate Heimlich maneuver on peer		
Demonstrate correct application of restraints		
Verbalize common restraint alternatives		
Demonstrate proper use of side rails		
Demonstrate measures to prevent pressure injuries		
Assist client with use of crutches, walkers, wheelchairs, canes, and prosthesis		
Reinforce breathing exercises, including coughing and deep breathing		
Perform passive range of motion exercise		
Assist client with hearing/visual aids		
Make unoccupied bed		
Make occupied bed		
Measure/record temperature, pulse, and respiration T: _____ P: _____ R: _____		
Measure/record height and weight		
Measure food/fluid intake		
Empty urinary drainage bag; measure/record fluid output		
Assist resident to eat		
Dress and undress a resident		
Apply TED hose		
Provide denture care		

Skill	Clinical Date	RN Initials
Demonstrate proper oral hygiene care: <input type="checkbox"/> Brush/floss teeth <input type="checkbox"/> Provide oral care to unconscious resident		
Provide complete bed bath		
Provide partial bed bath		
Provide shower/tub bath/Whirlpool bath		
Provide hair care: <input type="checkbox"/> Shampoo hair <input type="checkbox"/> Grooming, brushing, combing		
Shave resident		
Provide AM and PM care		
Provide hand and nail care		
Provide foot care		
Provide back rub		
Apply topical medications		
Provide toileting assistance		
Perform female perineal care		
Perform male perineal care		
Place and remove bedpan		
Change/place incontinence pad		
Perform catheter care		
Demonstrate proper use of lifts (Note: Students under 18 may not operate motorized lifts.) <ul style="list-style-type: none"> • Use sit-to-stand • Use total body lift 		
Demonstrate proper use of gait belt <ul style="list-style-type: none"> • Transfer resident from bed to chair using gait belt • Ambulate resident with gait belt 		
Use lift sheet		
Position body in correct alignment (non-slip mats, foot rests, pillows, etc.)		
Provide cares for resident with dementia		
Notes/Comments		

SIGNATURE – Student Nurse Aide ➤	Date Signed	SIGNATURE – Instructor ➤	Date Signed
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By submitting this checklist, I attest that the student nurse aide named on this form has successfully completed a minimum of 75 hours nurse aide training, including a minimum of 16 hours of clinical, and has demonstrated competency in all skills identified above.

SIGNATURE – Supervising RN ➤	Name (<i>Print or type.</i>) – Supervising RN	Date Signed
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