<u>SECTION IV:</u>
Application to Challenge Nurse Aide State Examination
Required Nurse Aide Skills Check Off

Nursing Student Name: _____

Required Nurse Aide Skills you must have completed training for during the course you stated above that deemed you eligible for challenging the NATCEP State Exam. Your Nursing Program Instructor must date and initial each skill as verification of training and competency.

Check	Nurse Aide Task List (09/06/2022)		
	Task	Date	Initial
	1. Practice good personal hygiene		
	2. Maintain good personal health		
	3. Exhibit acceptable behavior		
	4. Work cooperatively with others		
	5. Maintain confidentiality		
	6. Observe the Resident's Rights		
	7. Identify and report abuse or neglect to appropriate person		
	8. Use plan of care to meet resident's needs		
	9. Communicate with resident, family, and staff		
	10. Assist resident in use of intercom/call system/telephone		
	11. Report observations/information to appropriate personnel		
	12. Recognize health problems related to the aging process		
	13. Recognize needs of the resident with cognitive impairment		
	14. Assist with providing diversionary activities for the resident		
	15. Assist with giving postmortem care		
	16. Follow standard precautions & bloodborne pathogens standard		
*	17. Wash hands aseptically		
	18. Provide for environmental safety		
	19. Adjust bed and side rails		
	20. Assist with application of protective devices		
	21. Report unsafe conditions to appropriate person		
	22. Assist with care of resident with oxygen		
	23. Follow fire and disaster plan		
	24. Assist resident who has fallen		
	25. Assist resident who has fainted		
	26. Assist resident who is having a seizure		
*	27. Clear the obstructed airway - the conscious adult		
	28. Use elevation, direct pressure, and pressure points to control bleeding		
	29. Serve meals and collect trays		
	30. Recognize diet modifications/restrictions		
	31. Check food tray against diet list (or diet card)		
	32. Feed or assist resident in eating		
	33. Administer after meal care		
	34. Record and report intake and output		
*	35. Give bed bath		
*	36. Assisting with the partial bed bath		
	37. Assist resident with tub bath		
	38. Assist resident with shower		
*	39. Make unoccupied (closed) bed		
*	40. Make occupied bed		
*	41. Perform or assist in performing oral hygiene for the conscious/unconscious resident		
	42. Assist with or shave resident		

	43. Give backrub		
*	44. Give perineal care		
	45. Shampoo/groom hair		
*	46. Give nail care		
*	47. Assist resident with dressing and undressing		
*	48. Provide urinary catheter care		
*	49. Provide care for the urinary incontinent resident		
	50. Provide care for the bowel incontinent resident		
	51. Assist resident in bladder retraining		
	52. Assist resident in bowel retraining		
*	53. Assist resident in using bedpan/urinal		
	54. Assist with enema administration		
	55. Collect routine/clean catch urine specimen		
	56. Collect stool specimen		
	57. Collect sputum specimen		
	58. Use good body mechanics		
*	59. Perform or assist with range of motion exercises		
*	60. Turn and position the resident in bed		
*	61. Transfer resident to and from bed/chair		
	62. Use a mechanical lift to transfer resident		
*	63. Apply and use gait belt		
*	64. Assist resident with standing/walking		
	65. Assist resident in using cane/walker		
	66. Transport resident by wheelchair		
	67. Move resident between stretcher and bed		
	68. Assist with admission, in-house transfer, and discharge of resident		
	69. Measure and record resident temperature using by oral, auxiliary, rectal and tympanic routes using non-mercury glass/electronic thermometer		
*	70. Measure and record radial pulse		
*	71. Measure and record respiration		
*	72. Measure and record blood pressure		
	73. Measure and record resident height/weight		
	74. Assist in prevention of pressure/circulatory ulcers		
*	75. Apply elastic stockings		
*	76. Donning and Doffing Personal Protective Equipment		

Nursing Student Name: _____

Nursing Program Instructor Name: _____

Nursing Program Instructor Signature: _____

DATE: _____