



Skills/Experience Checklist

Home Health LPN/LVN

- This form is a self-assessment of your current skills and abilities.
- This form is also used to document skill demonstration.

EMPLOYEE PROFILE										
Last Name			First Name			Middle Initial		Employee Number		
Direct Supervisor (Name)					Date Form Initiated		LPN/LVN			
CPR Card – expiration date										
The instructions below will guide you in completing this form.										
Previous Experience (Sections Clinical Associate Must Complete)						Instruction, Review, or Skill Demonstration (Sections Supervisor or Preceptor Must Complete)				
Place an X in the appropriate column using the key below KEY A = I am competent to supervise this skill B = I am competent to perform this skill without supervision C = I need to review this skill D = I need additional instruction on this skill E = I have not performed this skill						Supervisor: Indicates whether or not a review of policies/procedures or instruction is required then document completion in the appropriate columns. If C or D is selected, review of instruction and possibly the skill demonstration is required prior to assignment to applicable patients. Preceptor: Documents completion of skills demonstration or indicates NA as applicable. A date and initials in the Skill Demonstration column indicates competency has been achieved. Do not date or initial until competency is achieved. An additional column is provided for repeat demonstrations. Complete the signature section at the end of this form. All LVNs/LPNs must demonstrate competencies for items in bold text and marked with an asterisk (*) prior to the first assignment requiring those skills.				
Previous Experience						Instruction, Review, or Skill Demonstration				
<input checked="" type="checkbox"/> Required for all LPNs / LVNs	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
*Bag Technique										
*Hand Hygiene										
*Aseptic Technique										
*Sterile Technique										
*Venous Blood Draws										
*Negative Pressure Wound Therapy (NPWT)										
Visit documentation										
Medication reconciliation										
Care coordination										
Development of physician orders										
Other:										
State specific requirements:										
Supervisor/Preceptor Comments:										



Skills/Experience Checklist Home Health LPN/LVN

Previous Experience						Instruction, Review, or Skill Demonstration				
Dressing and Wound Care	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Wound observation and documentation										
Suture removal										
Staple removal										
*Clean dressings										
Advanced dressings										
Surgical/wound drains and collection devices										
Wound care teaching										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:

Previous Experience						Instruction, Review, or Skill Demonstration				
Cardiopulmonary Care (required)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Respiratory observation and documentation										
Cardiac observation and documentation										
Fluid retention (edema) observation and documentation										
Pulse Ox (O2 Saturation)										
Humidification/heating devices										
Administration of oxygen										
Suctioning technique										
*Tracheostomy care and changes										
Dressing changes										
*Ventilator care type:										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:



Skills/Experience Checklist Home Health LPN/LVN

Previous Experience						Instruction, Review, or Skill Demonstration				
Gastrointestinal/Nutrition (required)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
*Gastrostomy tube (G tube) site assessment, care, and changing										
*Nasogastric tube (NG tube) site assessment, care, and changing										
*Jejunostomy tube (J tube) site assessment, care, and changing										
*Check placement of G, NG, and J tubes										
Button tube site assessment, care, and changing										
Continuous feedings via G, NG, and button tubes										
Bolus feedings										
*Enteral Feeding Pump: Type										
Equipment maintenance and teaching										
Care management, teaching of other gastric tubes type:										
Ostomy management and teaching										
Bowel training program management and teaching										
Management of fecal impactions										
Administration of an enema										
Nutritional assessment and teaching										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:

Previous Experience						Instruction, Review, or Skill Demonstration				
Endocrine (required)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Diabetic management and teaching										
Insulin injection teaching										
Insulin pump management and teaching										
Diabetic skin/foot/nail care and teaching										
Hyper/hypoglycemia S/S teaching (parameters, if applicable)										
Teaching blood glucose monitoring										



Skills/Experience Checklist Home Health LPN/LVN

Other:										
State specific requirements:										

Supervisor/Preceptor Comments:

Previous Experience	Instruction, Review, or Skill Demonstration									
Medication Administration (required)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Intradermal										
Subcutaneous										
Intramuscular										
Intravenous										
Inhalation										
Oral										
G, J, or NG tube										
Teaching medication administration										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:

Previous Experience	Instruction, Review, or Skill Demonstration									
Pain Management (Required)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Assessment and documentation of pain using pain scale										
Utilization of pain relief medications										
Utilization of hot/cold therapies										
Teaching pain management techniques										
Other										
State specific requirements:										

Supervisor/Preceptor Comments:



Skills/Experience Checklist Home Health LPN/LVN

Previous Experience						Instruction, Review, or Skill Demonstration				
Laboratory Testing (required)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Wound culture and sensitivity										
Collection of urine samples										
*CLIA – Fingerstick blood sugars Equipment:										
*CLIA – Fingerstick PT INRs Equipment:										
*Heel stick										
Other										
State specific requirements:										
Supervisor/preceptor Comments:										

Previous Experience						Instruction, Review, or Skill Demonstration				
Urinary Care (Required)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Foley catheter insertion – female										
Foley catheter insertion – male										
Intermittent catheterization clean technique										
Catheter irrigation										
Catheter care and teaching (Patient and caregiver)										
Condom catheter care and teaching										
Bladder training										
*Supra-pubic catheter care										
Supra-pubic catheter changes										
*Urostomy pouch management and teaching										
*ileal conduit management and teaching										
*Dressing changes										
Other:										
State specific requirements:										
Supervisor/Preceptor Comments:										



Skills/Experience Checklist Home Health LPN/LVN

Previous Experience						Instruction, Review, or Skill Demonstration				
Infusion Therapy (complete if applicable)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
PERIPHERAL CATHETERS										
*Insertion										
Dressing changes										
Flushing										
*Lab draw										
Cap change/needleless system										
CENTRAL VENOUS CATHETERS										
*Dressing changes										
Cap change										
*Lab draws										
Other:										
State specific requirements:										
Previous Experience						Instruction, Review, or Skill Demonstration				
Infusion Therapy (complete if applicable)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
MIDLINE CATHETERS										
*Dressing Change										
State specific requirements:										
PICC CATHETERS										
*Dressing Change										
*Line measurement										
State specific requirements:										
IMPLANTED PORTS										
*Dressing Change										
State specific requirements:										
EPIDURAL/INTRATHECAL										
*Dressing Change										
State specific requirements:										
IV PUMPS										
*Pump type:										
*Pump type:										
*Pump type:										



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Infusion Therapy (complete if applicable)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Other										
*Chemotherapy										
*TPN										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:

Previous Experience						Instruction, Review, or Skill Demonstration				
Fall Prevention Management	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Documentation of fall risk using a screening tool										
Teaching fall prevention strategies										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:

Previous Experience						Instruction, Review, or Skill Demonstration				
Pediatric Procedures (complete if applicable)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Nutritional screening										
PO feeding premature infant										
Feeding infant with cleft lip/palate										
Intradermal medication administration										
Subcutaneous medication administration										
Intramuscular medication administration										
Medication administration and management										



Skills/Experience Checklist

Home Health LPN/LVN

Pediatric Procedures (continued)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Use of phototherapy equipment: •Case lights •Bili blanket •Overhead bili lights										
*Tracheostomy care and change										
* Ventilator care, type:										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:

Previous Experience						Instruction, Review, or Skill Demonstration				
Equipment/Location Specific Items (complete if applicable)	A	B	C	D	E	Review or Instruction Needed (Y/N/NA)	Review or Instruction Completed Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Fetal monitor										
Apnea monitor										
Chest physiotherapy										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:

Initials	Print Name	Signature	Title	Date (m/d/yyyy)