



Skills/Experience Checklist Home Health Registered Nurse

- 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	RN
CPR Card – expiration date			

The instructions below will guide you in completing this form.

Previous Experience (Sections RN Must Complete)	Instruction, Review, or Skill Demonstration (Sections Supervisor or Preceptor Must Complete)
<p>Place an X in the appropriate column using the key below</p> <p>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</p>	<p>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.</p> <p>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.</p> <p>Complete the signature section at the end of this form.</p> <p><i>All RNs must demonstrate competencies for items in bold text and marked with an asterisk (*) prior to the first assignment requiring those skills.</i></p>

Previous Experience						Instruction, Review, or Skill Demonstration				
<input checked="" type="checkbox"/> Required for all RNs	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	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 order										
OASIS completion										
Discharge/transfer/progress summaries										
Nursing plan of care development										
Case management										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:



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Previous Experience						Instruction, Review, or Skill Demonstration				
<input checked="" type="checkbox"/> Required for all RNs	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Nursing plan of care development										
Case management										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:

Previous Experience						Instruction, Review, or Skill Demonstration				
Dressing and Wound Care (Required)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Wound assessment & documentation										
Pressure ulcer staging										
Suture removal										
Staple removal										
*Clean dressings										
Advanced dressings										
Surgical/wound drains and collection devices										
Wound care teaching										
Disposable Negative Pressure Wound Therapy (DNPWT)										
ABI										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:



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Previous Experience						Instruction, Review, or Skill Demonstration				
Cardiopulmonary Care (Required)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Respiratory assessment										
Cardiac assessment										
Fluid retention (edema) assessment										
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:

Previous Experience						Instruction, Review, or Skill Demonstration				
Gastrointestinal/Nutrition (Required)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
*Gastrostomy tube (G tube) site assessment, care, and changing										
*Nasogastric tube (NG tube) assessment, care, and changing										
*Jejunostomy tube (J tube) site assessment and care										
*Check placement of G, NG, and J tubes										
Button tube site assessment, care, and changing										
Continuous feeding via G, NG, and button tubes										
Bolus feedings										
*Enteral Feeding Pump: Type										
Equipment maintenance and teaching										



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Gastrointestinal/Nutrition (Required)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
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 of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	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										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:



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Previous Experience						Instruction, Review, or Skill Demonstration				
Medication Administration (Required)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	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 of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	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:



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Previous Experience						Instruction, Review, or Skill Demonstration				
Laboratory Testing (Required)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	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 of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	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										
*Nephrostomy tube management and irrigation										
Other:										
State specific requirements:										

Supervisor/Preceptor Comments:



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Previous Experience						Instruction, Review, or Skill Demonstration				
Infusion Therapy (Complete if applicable)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
PERIPHERAL CATHETERS										
*Insertion										
Dressing change										
Flushing										
*Lab draw										
Cap change/needleless system										
CENTRAL VENOUS CATHETERS										
*Dressing change										
Flushing										
Cap change										
Removal										
*Lab draws										
Other:										
State specific requirements:										
Previous Experience						Instruction, Review, or Skill Demonstration				
Infusion Therapy (Complete if applicable)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
MIDLINE CATHETERS										
*Dressing change										
Cap change										
* Flushing										
PICC CATHETERS										
*Dressing change										
*Line Measurement										
Cap change										
*Flushing										
*Removal										
IMPLANTED PORTS										
*Access and de-access										
*Dressing change										
*Flushing										
*Programmable pump										
*Lab draw										
EPIDURAL/INTRATHECAL										
*Bolus administration										
*Continuous administration										
*Access and de-access										
*Dressing changes										



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Previous Experience						Instruction, Review, or Skill Demonstration				
Infusion Therapy (Complete if applicable) (continued)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
IV PUMPS										
*Pump type:										
*Pump type:										
*Pump type:										
MEDICATIONS										
*Chemotherapy										
*Flolan										
TPN										
*Amphotericin										
*Inotropics										
*Continuous subcutaneous administration										
Other:										
State specific requirements:										
Supervisor/Preceptor Comments:										
Previous Experience						Instruction, Review, or Skill Demonstration				
Fall Prevention Management	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Assessment and 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 of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Nutritional assessment										
PO feeding premature infant										
Feeding infant with cleft lip/palate										



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Previous Experience						Instruction, Review, or Skill Demonstration				
Pediatric Procedures (complete if applicable) (continued)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date /Initials
Intradermal medication administration										
Subcutaneous medication administration										
Intramuscular medication administration										
Medication administration management										
Use of phototherapy equipment: •Case lights •Bili lights •Overhead										
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 of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initial	Skill Demo Needed Date/Initial	Competency Demonstration Date / Initials	For Repeat Skills Demo Competency Date / Initials
Fetal monitor										
Apnea monitor										
Chest physiotherapy										
Other:										
State specific requirements:										
Supervisor/Preceptor Comments:										



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