


Skills/Experience Checklist Hospice Aide



- This form is a self-assessment of your current skills and abilities upon initial application.
- 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	Expiration Date on CPR Card

The instructions below will guide you in completing this form.

Sections designated with  to be completed by employee.

Sections designated with  to be completed by supervisor or preceptor.

 Previous Experience (Sections Employee Must Complete)	 Instruction, Review, or Skill Demonstration (Sections Supervisor or Preceptor Must Complete)
<p>Hospice Aide:</p> <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 never performed this skill</p>	<p>RN Evaluator: <i>Read all instructions prior to beginning evaluations.</i></p> <ol style="list-style-type: none"> All Hospice Aides - must demonstrate proficiency in ALL Required "X" skills PRIOR to independent assignment with ANY client. Any skill designated with a "P" must be observed while performing the task with a patient. State Required Demonstrations Column - must occur according to individual State requirements. <p>NOTE: ANY and ALL additional hands-on or personal care skills must be competency checked prior to independent assignment with a client requiring these skills.</p> <p>Column Key for Skill Demonstration:</p> <ol style="list-style-type: none"> Site of Demonstration - All skills required (notated with X) and additional hands-on personal care skills (notated with P) must be demonstrated on a patient and observed by a qualified clinician. Rating Code – All Hospice Aides must obtain a Competent (C) rating prior to performing independently with a patient. <p>RN Evaluator's initials and date of each successful skill demonstration – also sign and date last page of checklist each time an evaluation/skill is completed (see last page).</p>

 Previous Experience						 Skills Demonstration				
Required for all HP Aides	A	B	C	D	E	Required	Additional State Requirements	Site of Demonstration L = Lab P = Patient O = Other	Rating Code C = Competent	RN Evaluator's Initials and Date of Competency
* Standard Precautions/ Infection Control						X		P		
* Bag Technique						X		P		
* Hand Hygiene						X		P		
1. Ambulation: Mark X all that apply.										
a. Cane						X		P		
b. Crutches						X		P		
c. Fall Precautions						X		P		
d. Transfer Belt						X		P		
e. Walker						X		P		
f. Walking (Assisted)						X		P		
g. Wheelchair						X		P		
h. Types:						X		P		

Skills/Experience Checklist

Hospice Aide

Previous Experience						Skills Demonstration				
Required for all HP Aides	A	B	C	D	E	Required	Additional State Requirements	Site of Demonstration L = Lab P = Patient O = Other	Rating Code C = Competent	RN Evaluator's Initials and Date of Competency
2. Safe Transfer Techniques (list types in Supervisor/Preceptor Comments on page 4)						X		P		
3. Bed Bath						X		P		
4. Other Baths: Mark X all that apply.										
a. Shower						X		P		
b. Sponge						X		P		
c. Tub						X		P		
d. Other:						X		P		
5. Toileting and Elimination: Mark X all that apply.										
a. Bedpan						X		P		
b. Toilet / Commode						X		P		
c. Urinal Catheter Care						X		P		
d. Catheter Care:										
i. Change Foley Tubing and Bag						X		P		
ii. Measure Urine and Empty Bag						X		P		
iii. Enema Administration						X		P		
6. Nail Care						X		P		
7. Nutrition										
a. Meal Planning						X		P		
b. Meal Preparation						X		P		
c. Measure and Record Input and Output						X		P		
d. Understands the concept of adequate nutrition and intake						X		P		
8. Oral Hygiene						X		P		
9. Positioning						X		P		
10. Normal Range of Motion: Mark X all that apply.										
a. Active						X		P		
b. Passive						X		P		
11. Shampoo: Mark X all that apply.										
a. Bed						X		P		
b. Sink						X		P		
c. Tub						X		P		
12. Skin Care						X		P		
13. Special Diets:										
a. Diabetic						X		P		
b. Low Sodium						X		P		
c. Low Cholesterol						X		P		
14. Measure and report Vital Signs: Mark X all that apply.										
a. Pulse						X		P		
b. Blood Pressure						X		P		
c. Respiratory Rate						X		P		
15. Measure and Report Temperature: Mark X all that apply.										
a. Axillary						X		P		
b. Oral						X		P		
c. Rectal						X		P		
16. Address communication skills, including the ability to read,						X				

Skills/Experience Checklist Hospice Aide

👤 Previous Experience						📋 Skills Demonstration				
Required for all HP Aides	A	B	C	D	E	Required	Additional State Requirements	Site of Demonstration L = Lab P = Patient O = Other	Rating Code C = Competent	RN Evaluator's Initials and Date of Competency
write										
17. Address communication skills including verbally able to report clinical information to patient, caregivers, and other hospice staff.						X				
18. Ability to observe, report, and document patient status and the care or services provided						X				
19. Ability to report Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor						X				
20. Ability to work with the populations we serve including the physical, emotional, and developmental needs of the patients						X				
21. Ability to work with the populations we serve, including the need for respect of patient, his/her privacy and property						X				
22. Alternating Pressure Pad										
23. Back Belt Use										
24. Other Bathing Tasks:										
a. Perineal Care										
b. Sitz Bath										
25. Bed Making – Occupied										
26. Breathing Exercises										
27. Case Care										
28. Child Safety Precautions										
29. Dressings – Reinforce										
30. Elastic Bandages										
31. Elastic Stockings										
32. Eye:										
a. Compress										
b. Contact Lens Removal										
c. Prosthesis: Insertion/Removal										
33. Heating Pad / Hot Water Bottle										
34. Ice Pack										
35. General Household Cleaning										
36. Ability to recognize and maintain a clean, safe, and healthy environment						X				
37. Mechanical Lift										
38. Denture Care										
39. Post Mortem Care										
40. Seizure Precautions										
41. Shaving										

Skills/Experience Checklist Hospice Aide

👤 Previous Experience						📋 Skills Demonstration				
Required for all HP Aides	A	B	C	D	E	Required	Additional State Requirements	Site of Demonstration L = Lab P = Patient O = Other	Rating Code C = Competent	RN Evaluator's Initials and Date of Competency
42. Warm Soaks										
43. Specimen Collection:										
a. From Indwelling Catheter										
b. Sputum										
c. Stool										
d. Urine Midstream										
44. Ability to recognize emergencies and knowledge of emergency procedures						X				
45. Suctioning Oral										
46. Vaginal Irrigation (douche)										
47. Weight										
48. Suctioning Oral										
49. Vaginal Irrigation (douche)										
50. Weight										
51. Assistance with Medications – As Permitted by State										
a. Topical										
b. Oral										
c. Eardrops										
d. Eye Drops / Ointments										
e. Suppositories – Rectal										
Supervisor/Preceptor Comments:										

Hospice Aide Signature: _____ Date: _____

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