



LICENSED PRACTICAL NURSE L.T.C. SKILLS CHECKLIST

Name of Applicant: _____

Date: _____

Level of Experience

- 1 = Theory/No Practice
- 2 = Familiar with, Need Review
- 3 = Intermittent Experience
- 4 = Frequent Experience, Performs Well

Frequency of Practice

- 1 = Never or Observed Only
- 2 = Occasionally (<6 times/year)
- 3 = Consistently (1-2 times/month)
- 4 = Frequently (daily or weekly)

Please check the level of knowledge and experience in all listed criteria.

SKILLS	Experience				Frequency				SKILLS	Experience				Frequency			
	1	2	3	4	1	2	3	4		1	2	3	4	1	2	3	4
Nasogastric Tube Feeding									Nasopharyngeal Suction								
Gastrostomy Feeding									Tracheostomy Care/Suction								
Applying Restraints									Foley Catheter; insertion and Care								
Vital Signs									Texas (Condom) Catheter								
Temp-Oral									Blood Glucose Monitoring								
Rectal									Finger Stick								
Axillary Glass									Ostomy Care								
Electronic									Seizure Precautions								
Pulse Radial-Apical									Eye Drops/Ointment/Compresses								
Blood Pressure									Bladder Irrigation/CBI								
Hearing Aid Care, Insertion & Removal									Ear Drops Instillation								
Specimen Collection									Administration of Oxygen								
Urine									Care of Cast								
Sputum (inc. AFB)									Heimlick Maneuver								
Stool									Nursing Assessment								
Culture									Initial and Ongoing								
Universal Precautions									Admissions, Transfer, Discharges of Residents								
Mouth Care									Post Mortem Care								
Medication/Treatments									Occurrence Reports								
P.O.									Enemas: SSE, Fleets, Oil Retention, TWE								
I.V.									Aseptic/Sterile Dressing Change								
Sub Q.									Care of the Resident with Special Needs								
I.M.									Preparations								
Footcare									RUGS/PRI								
Preventive Skin Care									ADL Documentation								
Decubitus/Wound Care									Care of Resident/Patient								
End Stage Renal Disease/Dialysis									Fall Prevention								
Amputation									Floor Ambulation Program								
Alzheimer Disease/Dementia									Heat Precautions								
Hip Fracture									Management								

SKILLS	Experience				Frequency				SKILLS	Experience				Frequency			
	1	2	3	4	1	2	3	4		1	2	3	4	1	2	3	4
Continued ... (Medication/Treatments)									Continued... (Management)								
Osteoarthritis/Rheumatoid									Participating in Interdisciplinary Care								
Urinary Incontinent Care/Toileting Fprog/B&B									Writing Comprehensive Care Plan								
Pneumonia									Transfers								
Bronchitis									Care of Death/Dying								
Assessment of Neurological Injuries/CVA									IV Therapy								
Ventilator Dependent									Piggyback								
Sensory Impaired									Soluset								
ROM: Passive/Active									Pump/Controller								
CPR																	
Age Specific Care:																	
Newborn/Neonate (Birth-30 Days)																	
Infant (30 Days-1 Year)																	
Toddler (1-3 Years)																	
Preschooler (3-5 Years)																	
School Age Children (5-12 Years)																	
Adolescents (12-18 Years)																	
Young Adults (18-39 Years)																	
Middle Adults (39-64 Years)																	
Older Adults (64+ Years)																	