REGISTERED NURSE
LTC 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			
Continued ... (Medication/Treatments)	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**Continued... (Management)**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**
Ostheoarthritis/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 Neurogical 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)																	