

## LPN Skills Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** ( $\sqrt{}$ ) in the appropriate box.

1 = No experience; Theory/observed only

3 = Acceptable competency; > 5 times per year

2 = Limited competency; < 5 times per year; Needs supervision

4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4		Skill Level	1	2	3	4
Departments						Procedures cont'd				
Burn Unit						Post mortem care				
Cardiac Care						Douches				
Doctor's Office Clinic						Can Perform:				
Emergency Room						Wet to dry Dressing				
Gynecology						Sterile dressing changes				
Labor and Delivery						Ostomy care				
Medical						NG tube feeding				
Mother/baby						Gastrostomy tube feeding				
Neurology						Personal Hygiene/oral care				
Nursery						Wound irrigation				
Obstetrics						Catheterization (male & female)				
Oncology						Nasal suctioning				
Orthopedics						Oral suctioning				
Pediatrics						Management of				
Post Partum						Chest tube				
Psychiatry						Jejunostomy tube				
Rehabilitation						Levine tube				
Surgical						Nephrostomy catheter				
Telemetry						Medication Administration				
Infection Control						Emergency medications/crash cart				
Knowledge of universal precautions						Heparin lock				
Knowledge of waste disposal						Inhalers				
Proper disposal of sharps						Intradermal				
Management of patient in respiratory isolation						Intramuscular injections				
Care of the patient in reverse isolation						Nasal drops				
Cleaning of equipment						Opthalmic drops				
Procedures						Opthalmic ointments				
Set-up/Instruct patient in Sitz Bath						Oral medications				
Administer					1	Rectal suppositories				
Tap/saline enema						Topical ointments				
Soap suds enema						Track injections				
Oil retention enema						Vaginal suppositories				
Fleets enema										

Intravenous				Equipment cont'd			
Change IV tubing				Use of:			
Chemotherapy				Venturi Mask			
CVP lines				Wall suction			
Discontinuing an IV				Management of:			
Hyperalimentation				Nasal cannula			
IV push drugs				Oxygen Mask			
Maintain IV site				Trach collar			
Medication addition				Care of patient with PCS pump			
Packed RBC				Application of TED hose			
Piggyback administration				ABG kits			
Plasma				Assist with set-up of water seal suction			
Platelets				Application of:			
Regulate flow				Soft limb restraints			
Serum albumin				Leather restraints			
Starting an IV				Posey restraints			
Whole blood administration				Observation of patient in restraints			
Specimen Collection				Documentation of restraints			
Foley catheter specimen				Safety guidelines of patient in restraints			
Obtain:				Assessment			
Sputum specimen				Cardiopulmonary arrest			
Stool hemocult				Drug/allergic reaction			
Stool oval/parasite				Management of the patient with :			
Stool specimen				Cardiovascular Assessment			
Urine for culture				Gastrointestinal Assessment			
Urine for specific gravity				Genitourinary Assessment			
Perform straight catheterization				Musculoskeletal Assessment			
Assist w/clean catch midstream urine				Neurological Assessment			
specimen Specimen				Respiratory Assessment			
Collect 24 urine specimen				Age Specific Practice Criteria			
Equipment				Newborn/neonate (birth -30days)			
Humidifiers				Infant (30 days-1 year)			
Alternate pressure mattress				Toddler (1-3 years)			
Ambu-bag				Preschooler (3-5 years)			
Bed scale				School age children (5-12 years)			
Blood glucose monitors				Adolescents (12-18 years)			
Corstavac suction				Young Adults (18-39 years)			
Egg crate mattress				Middle Adults (39-64years )			
Enteral pump				Older Adults (64+ years )			
Heat Lamp				EMR			
Heating pad				Epic			
Hemovac/davol Suction pump				Cerner			
Hoyer Lift				Allscripts			
Incentive spirometer				Mckesson			
Infusion devices (volumetric pump)				Meditech			
Pleurevac/Emerson suction				Other Computerized Systems			

Please list any areas of expertise below:
I hereby certify that ALL information I have provided to Wellspring Nurse Source on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature:	Date:	