<table>
<thead>
<tr>
<th>Unit: HOE Core/Overview of Human Body</th>
<th>Date Initial Demo. By Instr.</th>
<th>Instr. Initials</th>
<th>Date Initial Return Demo. by Trainee</th>
<th>Date Final SUCCESSFUL return demo. by trainee</th>
<th>Instr. Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reads non digital thermometer in degrees Fahrenheit/Centigrade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Measures BP within 6 mm/Hg. of instructor's reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Writes three sets of vital signs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. BP written as a fraction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. TPR written with temperature followed by pulse and then respiration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit: HOE Core/Emergency Care</th>
<th>Date Initial Demo. By Instr.</th>
<th>Instr. Initials</th>
<th>Date Initial Return Demo. by Trainee</th>
<th>Date Final SUCCESSFUL return demo. by trainee</th>
<th>Instr. Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide first aid for shock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Apply roller bandage using figure 8, closed spiral, and a recurrent fingertip</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Apply a triangular bandage to apply a cravat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Use splinting techniques for immobilization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Apply arm sling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*6. Demonstrate the ways for clearing an obstructed airway of an adult, child and infant/Heimlich maneuver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Demonstrate CPR for adult, child and infant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit: HOE Core Maintaining and Promoting a Safe Environment</th>
<th>Date Initial Demo. By Instr.</th>
<th>Instr. Initials</th>
<th>Date Initial Return Demo. by Trainee</th>
<th>Date Final SUCCESSFUL return demo. by trainee</th>
<th>Instr. Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>*1. Using an ABC fire extinguisher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### State Education Nurse's Assistant Training Program
### Clinical Skills Performance Record Evaluation Checklist

Trainee Name _________________________________

<table>
<thead>
<tr>
<th>CLINICAL SKILL</th>
<th>Date Initial Demo. By instr.</th>
<th>Instr. Initials</th>
<th>Date Initial Return Demo. by Trainee</th>
<th>Date Final SUCCESSFUL return demo. by trainee</th>
<th>Instr. Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit: CNA Infection Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*1. Handwashing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Isolation--Strict Technique</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Use of Concurrent and Terminal Disinfection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*4. Use of Personal Protective Equipment (PPE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. gloves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. gown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. mask</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. goggles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*5. Follow isolation procedures in the disposal of soiled linen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Consistently demonstrates principles of infection control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unit: CNA Personal Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Assisting the resident to sit up in bed (dangling)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*2. Making an unoccupied bed (closed and open)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*3. Making an occupied bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Making a postoperative/surgical bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*5. Provide mouth care (natural teeth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*6. Provide mouth care (no teeth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*7. Provide denture care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Provide oral care for the unconscious resident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*9. Giving a complete bedbath</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*10. Giving a partial bath</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*11. Giving a back rub</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*12. Perineal Care (female)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*13. Perineal Care (male)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*14. Perineal Care/Incontinent patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*15. Assisting with a tub bath/whirlpool and emollient bath</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*16. Assisting with a shower</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Skills Performance Record Evaluation Checklist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trainee Name _________________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**State Education Nurse's Assistant Training Program**

*17. Provide hair care*
   - shampoo resident
   - grooming,
   - brushing,
   - combing

*18. Helping the resident to dress and undress*
   - care of eyeglasses
   - care of hearing aids

19. Sitz bath

*20. Shaving resident

*21. Giving nail care (hand and foot care)*

22. Care of resident with an artificial eye

*23. Range of motion (upper and lower extremities)*
   - active
   - passive

*24. Positioning the resident in bed

*25. Provide AM and PM care

*26. Provide Skin Care*
   - protective devices

**Unit: CNA Nutrition and Diet Therapy**

1. Serving tray/water/between-meal nourishment

*2. Assisting with feeding the resident*
   - partial assistance
   - total assistance
   - adaptive devices
   - residents with dysphasia/dysphagia
   - utilizing adaptive devices

*3. Measure/Record food and fluid intake

**Unit: CNA Elimination Procedures**

*1. Providing ostomy care

*2. Urinary catheter care

*3. Care of/emptying of urinary drainage bag

*4. Assisting the resident with the bedpan/urinal/commode (offer/remove/clean)
### State Education Nurse's Assistant Training Program
#### Clinical Skills Performance Record Evaluation Checklist

<table>
<thead>
<tr>
<th>Trainee Name _________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Enemas</td>
</tr>
<tr>
<td>a. SSE</td>
</tr>
<tr>
<td>b. Prepackaged retention enema</td>
</tr>
<tr>
<td>6. Collecting urine specimens</td>
</tr>
<tr>
<td>*a. U/A</td>
</tr>
<tr>
<td>b. C&amp;S</td>
</tr>
<tr>
<td>c. 24 hour</td>
</tr>
<tr>
<td>d. fractional</td>
</tr>
<tr>
<td>7. Collect Stool Specimen</td>
</tr>
<tr>
<td>8. Straining urine</td>
</tr>
<tr>
<td>*9. Measure/Record urinary output</td>
</tr>
<tr>
<td><strong>Unit: CNA Lifting, Moving, Transporting</strong></td>
</tr>
<tr>
<td>*1. Transfer resident</td>
</tr>
<tr>
<td>a. one assist</td>
</tr>
<tr>
<td>b. two assist</td>
</tr>
<tr>
<td>c. mechanical lift</td>
</tr>
<tr>
<td>d. transfer belt</td>
</tr>
<tr>
<td>e. lift sheets</td>
</tr>
<tr>
<td>bed to wheelchair to bed</td>
</tr>
<tr>
<td>2. Bed to stretcher to bed transfer</td>
</tr>
<tr>
<td>*3. Assisting with the use of crutches, walkers or canes</td>
</tr>
<tr>
<td>*4. Ambulating a resident</td>
</tr>
<tr>
<td>5. Apply restraint</td>
</tr>
<tr>
<td>*a. waist</td>
</tr>
<tr>
<td>a. vest</td>
</tr>
<tr>
<td>b. limb</td>
</tr>
<tr>
<td>6. Consistently demonstrates proper body mechanics</td>
</tr>
<tr>
<td>7. Demonstrate proper cast care</td>
</tr>
<tr>
<td>8. Demonstrate proper traction care</td>
</tr>
<tr>
<td>*9. Ambulation adaptive equipment</td>
</tr>
<tr>
<td>*10. Use of positioning devices in bed</td>
</tr>
<tr>
<td>*11. Use of positioning devices in chair</td>
</tr>
<tr>
<td>*12. Use of prosthetic/orthotic devices</td>
</tr>
<tr>
<td>*13. Apply hand splint</td>
</tr>
<tr>
<td>*14. Move resident up in bed</td>
</tr>
<tr>
<td>*15. Position resident in a chair</td>
</tr>
<tr>
<td>*16. Position resident on side in bed</td>
</tr>
</tbody>
</table>

---

4
State Education Nurse's Assistant Training Program
Clinical Skills Performance Record Evaluation Checklist

Trainee Name _________________________________

<table>
<thead>
<tr>
<th>Unit: CNA Assisting with Admissions, Transfers, Discharges and Physical Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>*1. Measure/Record Height</td>
</tr>
<tr>
<td>*2. Measure/Record Weight</td>
</tr>
<tr>
<td>3. Cleaning/Collection of Specimens following a physical exam</td>
</tr>
<tr>
<td>4. Positioning and draping the resident for physical examination</td>
</tr>
<tr>
<td>5. Assisting with admitting the resident</td>
</tr>
<tr>
<td>6. Discharge or transfer procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit: CNA Pre and Postoperative Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Shaving a resident in preparation for surgery</td>
</tr>
<tr>
<td>2. Applying elastic stockings</td>
</tr>
<tr>
<td>3. Applying binders</td>
</tr>
<tr>
<td>4. Assisting resident to turn and deep breathe</td>
</tr>
<tr>
<td>5. Prepare room for client admission</td>
</tr>
<tr>
<td>a. care for client valuables and clothing</td>
</tr>
<tr>
<td>b. care for and handling of equipment for the physical exam</td>
</tr>
<tr>
<td>c. identify the physical exam equipment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit: CNA Circulatory and Respiratory Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Warm and Cold applications</td>
</tr>
<tr>
<td>2. Measuring body temperature</td>
</tr>
<tr>
<td>a. measure/record oral temp (non-digital thermometer)</td>
</tr>
<tr>
<td>b. measure/record rectal temp (non-digital thermometer)</td>
</tr>
<tr>
<td>c. measure/record axillary temp</td>
</tr>
<tr>
<td>d. measure/record</td>
</tr>
</tbody>
</table>
**State Education Nurse's Assistant Training Program**  
**Clinical Skills Performance Record Evaluation Checklist**

<table>
<thead>
<tr>
<th>Trainee Name _________________________________</th>
</tr>
</thead>
</table>

### tympanic temp

*2. Measuring pulse and respiratory rates*
  *a. radial pulse*
  *b. apical pulse*

### Unit: CNA Life changes and adaptations

*1. Postmortem care*

### Unit: CNA Communication and the Client

1. Demonstrate use of signal or call light, intercom and telephone
2. Report objective and subjective observation
3. Effectively communicates with residents having sensory loss

**NOTE:** (*) For students to qualify to take the Certification Exam for CNA, the Department of Health requires students to successfully demonstrate the skills in red (*) along with successful completion of required theory and clinical hours. The other skills are part of the CNA or HOE Core curriculum from the State Education Department and it is recommended you maintain a record of these skills as you teach them.

Simulated clinical scenarios and/or simulated body fluids may be necessary to use in some situations.

**NOTES/COMMENTS:________________________________________________________________________**
**____________________________________________________________________________________**
**____________________________________________________________________________________**
**____________________________________________________________________________________**
**____________________________________________________________________________________**

We hereby certify that the clinical skills performance record evaluation checklist depicted above is true and correct and that the named Nurse Aide Trainee has successfully completed all skills identified. A copy of this completed evaluation checklist has been provided to the Nurse Aide trainee.

**Signature of NATP Primary Instructor   _________________  ______________________________________**
**Signature of NATP Clinical Supervisor  ________________________________     __________________**
**Signature of Trainee                                _________________________________   __________________________________**