



HOME CARE RN SKILLS CHECKLIST

NAME: _____

SIGNATURE: _____

DATE: _____

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill. See the Levels of Proficiency below.

1 – Can function well independently • 2 – Experienced, but may need review • 3 – Limited or no experience

CARDIOVASCULAR SYSTEM

Skills (check appropriate box)	1	2	3
Chest tightness/pain			
Hypertension/Hypotension			
Acute MI			
Syncope			
Arrhythmias			
Other/Arteriosclerosis			
Temporary External Pacemaker			
Internal Pacemaker			
Pulse Checks			
Taking EKG Rhythm Strips			
Administration of Antiarrhythmics:			
• Oral			
• IV			
• Topical			
• Patient Teaching			
Administration of Antihypertensives			
• Oral			
• IV			
• Patient Teaching			

RESPIRATORY SYSTEM

Skills (check appropriate box)	1	2	3
Asthma			
COPD			
TB			
Pleurisy			
Emphysema			
Pneumonia			
Lung Cancer			
Pulmonary Emboli			
Identifying rales/rhonchi/wheezes			
Chest Physiotherapy			
Incentive Spirometry			
Nasotracheal Suctioning			
Oxygen Delivery Devices			
Ultrasonic Nebulizer			
IPPB			
Care of Patient With			
• Tracheostomy			
• Chest Tubes			
• Ventilator			
• Collection of Sputum Specimens			
Administration of Oxygen			
• Face Masks			
• Nasal Cannula			
Administration of Bronchodilators			
• Oral			
• IV			
• Aerosols			
• Use of Ambu Bag			
• Inserting Oral Airways			

NEUROLOGICAL PROBLEMS

Skills (check appropriate box)	1	2	3
Assessment of levels of consciousness			
Assess sensory-motor functions of extremities			
Assess Cranial Nerves			
Seizure Precautions			
Traction			
• Cervical			
• Lumbar			
Care of Patient With			
• Seizures			
• Spinal cord injury			
• Head Trauma			
• CVA			
• Drug Overdose			
• Neuromuscular Disease (MS, Parkinson's, myasthenia gravis)			
Administration of Anticonvulsants:			
• Oral			
• IV			
Administration of Steroids:			
• Oral			
• IV			
• Stryker Frames			

GASTROINTESTINAL PROBLEMS

Skills (check appropriate box)	1	2	3
Assessment of GI System			
• Inflammatory Bowel Disease			
• Malabsorption Syndrome			
• Cancer of the Colon			
• Cancer of the Esophagus			
• Cancer of the Rectum			
• Fistulas & Shunts			
• Colostomy, Ileostomy, Jejunostomy, gastrostomy			
• Dehiscence			
• Cirrhosis			
• Liver Failure			
• Liver Transplant			
• Insertion & Maintenance of Nasogastric tubes (Salem Pump, Levine)			
• Administration of tube feedings			
• NG lavage			
• NG gavage			
Gastrointestinal tubes (Cantor, etc.)			
Tubal Irrigations			
Bowel Preparations & Cleansing Enemas			
Removal of Fecal Impaction			
Bowel Training & Teaching			
Administration of medication via nasogastric tube			
Wound Care & Dressing Changes			

GENITOURINARY PROBLEMS

Skills (check appropriate box)	1	2	3
Assessment of Renal System			
Assessment of Genitourinary System			
Care of Patient With			
• Cancer of prostate			
• Cancer of female reproductive system			
• Cancer of the kidneys			
• Renal failure			
• Cancer of the bladder			
• Peritoneal dialysis			
• Hemodialysis			
• Urinary Diversion (i.e. ileal conduit)			
Insertion of Foley Catheter			
• Female			
• Male			
Bladder irrigations			
• Intermittent			
• Continuous			
• Care of Nephrostomy Tube			
• Collection of Urine Specimens			
• Interpretation of home urinalysis			
• A-V Fistula/Shunt Care			
Administration Diuretics & Patient Teaching			
• Oral			
• IV			
• Blood Glucose Monitoring, Testing, Patient Teaching			
• Bladder Training & Teaching			

ORTHOPEDIC PROBLEMS

Skills (check appropriate box)	1	2	3
Assessment of Vascular System			
Circulation Checks			
Care of Patient With			
• Total Knee Replacement			
• Total Hip Replacement			
• Total Joint Replacement			
• Rheumatic/arthritis disease			
• Amputation of an Extremity			
• Cast Care			
Traction			
• Skin			
• Skeletal			
• Range of Motion Exercises			
• Use of Assisting Devices (Canes, Walkers, Wheelchairs, etc.)			
• Care of Prosthetic/Orthopedic Devices/Patient Teaching			



INSTRUCTIONS

Put an "X" in the column that best describes your experience level with each skill
1 - Can function well independently • 2 - Experienced, may need review • 3 - Limited or no experience

WOUND & SKIN PROBLEMS

Skills (check appropriate box)	1	2	3
Assessment of Integumentary System			
Dressing Changes			
Care of Patient With			
• Open Draining Sores			
• Decubitus Ulcers			
• Leg Ulcers			
• Burns			
• Irrigation of Wounds			
• Wound Care			
• Wound Debridement			
• Patient Teaching of Wound Care			
• Universal Safety Precautions			

HOME IV THERAPY

Skills (check appropriate box)	1	2	3
Starting Peripheral IVs			
Steel Needles (scalp vein, wing tipped)			
Over the Needle Plastic Cannulas			
Heparin Locks			
Maintain & Discontinuing IV Therapy			
Care/Maintenance of Central Venous Catheters			
• Hickman Catheter			
• Boviac Catheter			
• Quinton Catheter			
• Groshong Catheter			
• IV Dressing Site Changes			
• Implantable Venous Access Devices			
• IV Infusion Controllers/Pumps			
• Volumetric Controllers/Pumps			
• Nonvolumetric Controllers/Pumps			
• Prepare and Mix IV			
• Calculate & Regulate IVs			

IV ADMINISTRATION

Skills (check appropriate box)	1	2	3
Antineoplastic Drugs (chemotherapy)			
Antibiotics			
Lipids			
TPN			
Blood & Blood Products			
Heparin Flushes			
Pain Control Medication via continuous infusions (narcotics)			
IV Push Medications			

COLLECTION OF SPECIMENS

Skills (check appropriate box)	1	2	3
Sputum			
Stool			
Urine			
Venipuncture for lab work			

ADMINISTRATION OF MEDICATIONS

Skills (check appropriate box)	1	2	3
Oral			
IM			
SQ			
IV			
IVP			
Intradermal			
Ear Drops			
Eye Drops			
Topical			

SPECIAL PATIENT CONSIDERATIONS

Skills (check appropriate box)	1	2	3
Patient with a Terminal Illness			
Patient with AIDS			
Anaphylactic Shock			
Cardiac Arrest			
Respiratory Arrest			
Pain Management			
Cardiopulmonary Resuscitation			
Documentation of:			
• Skilled Nursing Care			
• Patient-Family Teaching			
• Initial Home Assessments			
Documentation Using:			
• Medicare 485/486 forms			
• Other:			
• Other:			
Diabetes Teaching & Care			
Skin, Foot & Nail Care			
Insulin Administration & Teaching			
Post Cataract Care			
Assessment of Home Environment			
Care of Patients with Alzheimer's or other forms of dementia			

Other Skills:

Experience

Intermittent Home Health Care Experience: _____ years

Private Duty Home Care Experience: _____ years

Experience with Adults _____ years

Experience with Peds _____ years

Experience with Infants _____ years

Experience with Medicare-certified agency Yes No

IV Therapy Certified Yes No

Venipuncture Certified Yes No

Chemotherapy Certified Yes No

I certify that all information provided herein is true and correct to the best of my knowledge.

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

RN Supervisor: _____ **SIGNATURE:** _____ **DATE:** _____