

**INITIAL COMPETENCY ASSESSMENT SKILLS CHECKLIST—
LICENSED PRACTICAL/VOCATIONAL NURSE**

Name: _____

Date of Employment: _____ Date Completed: _____

Self Assessment				Competency for the Licensed Practical/ Vocational Nurse	Proficiency Required	Evaluation Method	Competency Validation Indicated by Preceptors Initials and Date
Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				A. Demonstrates ability to process paperwork and associated functions necessary to facilitate:	*		
				1. Assess patient response to treatment			
				2. Transfer of Patient	*		
				3. Attends Case Conference	*		
				4. Adheres to POC	*		
				5. Performs services as ordered	*		
				6. Reports and documents key information to physician, DC planner, Case Manager, pharmacist, supervisor	*		
				7. Communicates/coordinates as appropriate with other team members	*		
				8. Coordinates community resources	*		
				9. Documents according to POC			
				a. Medicare guidelines for documentation	*		
				b. Corrections to the clinical record	*		
				c. Accident/incident reports	*		
				d. Clinical notes, flow charts	*		
				10. Other			
				a. HME requisition and management			
				b. Supply requisition and management			
				B. Review of Systems: Demonstrates ability to obtain and document appropriate age specific history/assessment for patients in the following categories:			

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Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				1. Pulmonary System			
				a. Pulmonary Assessment			
				b. Tracheostomy care			
				c. Oxygen administration			
				d. Pharyngeal suction			
				e. Use of oral/nasal inhalers			
				f. Oxymeter			
				g. CPAP			
				h. Oxygen mask, nasal cannula, concentrator, portable oxygen			
				i. Airway insertion			
				j. SVN/Nebulizer treatment			
				k. Home ventilator management			
				l. Foreign body airway obstruction			
				m. Breathing exercises/incentive spirometry			
				n. Other			
				2. Cardiovascular System			
				a. Cardiovascular assessment			
				b. Pulses (apical, radial, femoral, pedal)			
				c. Edema assessment and management			
				d. Supine and orthostatic blood pressure			
				e. NTG use, inhaler use			
				f. CPR			
				g. Energy conservation techniques			
				h. Other			
				3. Neurologic System			

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Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				a. Neurologic assessment			
				b. Aphasia care			
				c. Mental status exam			
				d. Seizure precautions			
				e. Spinal cord injuries care			
				f. Head injury care			
				g. Other			
				4. Gastrointestinal System			
				a. Gastrointestinal assessment			
				b. NG tube insertion/care			
				c. Jejunostomy tube care			
				d. Gastrostomy tube care			
				e. Enteral feedings			
				f. Suction machine(s)			
				g. Ostomy care			
				h. Dysphagia precautions			
				i. Impaction removal			
				j. Enema			
				k. Bowel training			
				l. Other			
				5. Genitourinary System			
				a. GU assessment			
				b. Urinary catheterization insertion and care (male and female)			
				c. Irrigation of catheters			
				d. Obtaining specimens			
				e. Removal of urinary catheter			

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Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				f. Care of supra-pubic catheter			
				g. Care of urostomy			
				h. Bladder training			
				i. Nephrostomy tubes			
				j. Knowledge of types of catheters and indications for use (straight, indwelling, condom)			
				k. Ileostomy care			
				l. Incontinence care			
				m. GU post op care			
				n. Other			
				6. Integumentary/Wounds/Dressings			
				a. Assessment of skin/wound			
				b. Measurement of wounds			
				c. Wound irrigation			
				d. Wet to dry dressing(s)			
				e. Decubitis care:			
				1. Assessment and staging			
				2. Prevention			
				3. Various treatments (hydrocolloid, calcium, alginate, transparent films)			
				4. Documentation/pictures			
				f. Ace wrap, case care, compresses			
				g. Hemovac			
				h. Sterile dressing change			
				i. Suture/staple removal			
				7. Musculoskeletal System			
				a. Assessment			

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Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				b. Range of motion (ROM)			
				c. TED hose			
				d. Total knee care			
				e. Total hip care			
				f. Case assessment and care			
				g. Devices:			
				1. Walker			
				2. Wheelchair			
				3. Transfer board			
				4. Hoyer lift			
				h. Pain assessment			
				i. Transfers			
				j. Other			
				8. Metabolic			
				a. Assessment			
				b. Diabetic assessment and teaching			
				1. Insulin types and teaching			
				2. Use, care and teaching of glucose monitoring system			
				3. Diet, exercise and sick day teaching			
				4. Signs and symptoms of Hypo-Hyperglycemic reactions			
				5. Foot and skin care			
				c. Coumadin therapy			
				d. Other			
				9. Behavioral Health			
				a. Assessment			

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Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				b. Suicide precautions			
				c. Psychotropic drugs			
				d. Care of the demented patient			
				e. Other			
				10. Miscellaneous Skills			
				a. Vital signs			
				b. Intake and output			
				c. Caring for immuno- compromised patients			
				d. eye/ear irrigation			
				e. Post mortem care			
				f. Collection, labeling and delivering laboratory specimens (blood, urine, sputum, wound, stool)			
				C. Medication Administration: Demonstrates ability to administer, monitor and document medications for patients.			
				1. Medication Administration techniques			
				a. Oral			
				b. Intra muscular			
				c. Subcutaneous			
				d. Suppositories			
				e. Ear, eye, nose drops			
				f. Heparin administration			
				g. Insulin administration, site rotation			
				h. Assessment for side effects, adverse reactions, therapeutic response			
				D. Infection Control			
				1. Hand washing technique	*		

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Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				2. Aseptic technique	*		
				3. Proper bag technique	*		
				4. Safe needle technique	*		
				5. Personal protective equipment	*		
				6. Exposure control plan	*		
				7. TB exposure control plan	*		
				8. Reporting of infections for patient and personnel	*		
				9. Standard precautions	*		
				E. Equipment			
				1. Displays knowledge of the following:			
				a. Electric bed			
				b. Special beds			
				c. Alternating pressure mattress			
				d. Infusion pumps			
				e. Ambulatory infusion devices			
				2. Home Glucose Monitoring:			
				a. Verbalizes purpose of test	*		
				b. Specimen collection	*		
				c. Instrument calibration	*		
				d. Quality control process	*		
				e. Test correctly performed and interpreted	*		
				3. Other			
				F. Safety			
				1. Restraints, indications and policy			
				2. Fire extinguishers			
				3. Emergency preparedness			

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Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				4. Hazardous materials			
				5. Assessment of patient safety risks and home safety			
				G. Patient Education			
				1. Determine patient and family learning needs	*		
				2. Sets measurable objectives	*		
				3. Develops/implements teaching plan	*		
				4. Evaluates effectiveness of teaching	*		
				5. Revises teaching plan based on patient needs	*		
				6. Documents response to teaching	*		
				7. Provides instruction in the following:			
				a. Emergency care	*		
				b. Diet and nutrition	*		

Comments:

Employee Signature

Date

Supervisor Signature

Date

Preceptor(s)

Date

Preceptor(s)

Date

Preceptor(s)

Date