

# Licensed Nurse Competency Checklist



**PATHWAY  
HEALTH**  
Insight | Expertise | Knowledge

# Licensed Nurse Competency Checklist

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Skill Area		Evaluation (Check One)		Method of Evaluation (Check One)				Verification (Initials/Date)
		Competency Demonstrated/ Meets Standards	Needs Additional Training	D = Skills Demonstration O = Performance Observation W = Written Test V = Verbal Test				
				D	O	W	V	
Admission	History and Physical							
	Nursing Assessment							
Adjustment Charting	Admission							
	Readmission							
	Room Change							
Catheters	Catheterization – Female							
	Catheterization – Male							
	Foley Insertion/Removal							
Change of Condition	Assessment							
	Vital Signs							



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Change of Condition (cont.)	<b>Neurological Assessment</b> <ul style="list-style-type: none"> <li>• LOC</li> <li>• Pupillary Assessment</li> <li>• Speech</li> <li>• Motor Function</li> <li>• Extremity Strength</li> <li>• Pain</li> </ul>							
	<b>Respiratory Assessment</b> <ul style="list-style-type: none"> <li>• Breath Sounds</li> <li>• Cough, Sputum</li> <li>• SOB</li> <li>• Skin/nailbeds or lips-color</li> <li>• Oxygen use</li> </ul>							
	<b>Cardiovascular Assessment</b> <ul style="list-style-type: none"> <li>• Heart rate, rhythm</li> <li>• Apical Pulse</li> <li>• Edema</li> <li>• Heart Sounds</li> <li>• Neck vein</li> <li>• Capillary Refill</li> <li>• Chest, jaw or arm pain</li> </ul>							

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Change of Condition (cont.)	<b>Gastrointestinal Assessment</b> <ul style="list-style-type: none"> <li>• Inspection</li> <li>• Auscultation</li> <li>• Bowel Sounds</li> <li>• Abd aorta bruit</li> <li>• Palpation</li> <li>• N,V,D</li> <li>• Date of last BM</li> <li>• Appetite</li> <li>• Bowel Incontinence</li> </ul>							
	<b>Genitourinary Assessment</b> <ul style="list-style-type: none"> <li>• Color, odor, amount</li> <li>• Pain w/urination</li> <li>• Abd discomfort</li> <li>• Fever</li> <li>• Quality of Stream</li> <li>• Bladder Incontinence</li> </ul>							
	<b>Charting</b>							
	<b>Neuro Checks</b>							
	<b>24 Hour Report Board</b>							

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Charting	Antidepressant							
	Behavior							
	I&O							
	Appetite							
	Monitoring/Weight Changes							
Notification	MD							
	Resident Representative							
	Resident							
Medicare	Medicare							
Weekly Summaries	Charting							
	Problem Charting							



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Weekly Summaries (cont.)	Incident/Accident/Event Charting and Notification							
	Allegation of Abuse, Neglect, Misconduct							
Assessment/ Documentation/ POC/Notification	Fall Risk							
	Pain							
	Nutrition/Hydration/ Weight							
	Restraints – Chemical/Physical							
	Skin <ul style="list-style-type: none"> <li>• Color</li> <li>• Diaphoresis</li> <li>• Rash</li> <li>• Reddened Areas</li> <li>• Pressure Ulcers</li> <li>• Non-pressure wounds</li> <li>• Incisions</li> <li>• Skin Tears</li> <li>• Bruising</li> <li>• Abrasions</li> </ul>							

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Assessment/ Documentation/ POC/Notification (cont.)	Clinical Assessment							
Colostomy/Ileostomy	Appliance Change							
Diabetic Monitoring/ Blood Glucose Monitoring	Diabetic Monitoring/ Blood Glucose Monitoring							
Discharge/Transfer	Documentation							
	Process							
	Notification							
Ear Drops	Ear Drops							
Emergency Codes	Fire, Tornado, Elopement, Missing Resident							
Enema	Enema							
Eye Drops	Eye Drops							

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Gastrostomy	Daily Care							
	Insertion (Mandatory Class if LPN)							
Heparin – Sub Injection	Heparin – Sub Injection							
Insulin	Mixed Dose							
	Single Dose							
	Sliding Scale							
IV Therapy	Insertion (RN Only)							
	Heparin Flush (RN Only)							
	IV Fluid to Mechanical Pump (RN Only)							
	IV Push Medications (RN Only)							

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IV Therapy (cont.)	IV Piggy Back Medications (RN Only)							
	Central Venous Catheters							
Lab	Specimen Collection							
	Transcription of Orders							
Medications	Administer and Record Oral Meds							
	Administer and Record IM Meds							
	Administer and Record Sub Q Meds							
	Checks – apical, B/P, etc. appropriately							
	Discontinue/Destroy Medications							
	Punch Card System							

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Medications (cont.)	Record PRN Medication/Treatment							
	Mantoux							
	Narc Count							
	Patches							
	Pain Scale and Interventions							
NG Tubes	Flushes							
	Insertion							
	Placement Check							
Nebulizer	Nebulizer							
Nitroglycerin Ointment PRN	Nitroglycerin Ointment PRN							
Occurrence Form – Med Error	Occurrence Form – Med Error							



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Oral Assessment	Oral Assessment							
Oxygen Therapy	Concentrator							
	Liquid O2							
Oxygen Therapy (cont.)	Portable Tanks							
Pain Management	Pain Management							
Treatments	Skin-Pressure Ulcers Documentation							
	Skin-Pressure Ulcers Assessment/ Measurement							
	Skin-Pressure Ulcers Sterile Technique							
	Ointments							
	Pressure Relief							

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Treatments (cont.)	Splint Application							
	TEDS							
	Other							
Phone	Phone							
P&P Manual and Usage	P&P Manual and Usage							
Post Mortem Care	Post Mortem Care							
Rectal Checks- Suppository Insertion	Rectal Checks- Suppository Insertion							
Report/Assignment Sheet	Report/Assignment Sheet							
Restorative Nursing	Can measure resident self-performance per RAI manual							
	Can identify staff level of assistance per RAI manual							



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Restorative Nursing (cont.)	<b>Completes tools to measure:</b> <ul style="list-style-type: none"> <li>○ Voluntary / Involuntary ROM</li> <li>○ Contractures</li> <li>○ Feeding assist. level</li> <li>○ Ambulation</li> <li>○ Bed Mobility</li> <li>○ Dressing / Grooming / Bathing</li> </ul>							
	Identifies documentation requirements and understands minutes recording							
Rounds (Team Leader)	Rounds (Team Leader)							
Suctioning, Oral/Nasopharyngeal	Suctioning, Oral/Nasopharyngeal							
Subra Pubic Cath	Daily Care							
	Insertion							
Transcription of Orders	Transcription of Orders							

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Trach Care	Routine (Changing Ties, etc.)							
	Suctioning							
Ventilator Care	Ventilator Care							
Tube Feeding	Tube Feeding Gravity							
Tube Feeding (cont.)	Tube Feeding Pump							
Standard Precautions	Blood Spills							
	Isolation Techniques							
	Infection Control							
	Hand washing							
Other (Describe)								
Other (Describe)								



**\*I certify that I have received orientation in the above mentioned areas.**

<b>*Employee:</b>		
_____	_____	_____
<b>Initials</b>	<b>Signature</b>	<b>Date</b>

<b>Evaluator/Orientator:</b>		
_____	_____	_____
<b>Initials</b>	<b>Signature</b>	<b>Date</b>

***(PLACE IN EMPLOYMENT FILE)***

