Name _____

Date: _____ Position (Circle one): RN LVN

Nursing Competency Skills Checklist – Please rate (circle, underline, or bold) your knowledge and experience of the following nursing skills (1= No experience 2= Little experience 3= Some experience 4= Good Experience 5= Great Experience NA= Not Applicable)

Assessment/Skill	**RN/LVN**	**Initial**
Oasis	1 2 3 4 5 NA	
History and Diagnosis	1 2 3 4 5 NA	
Vitals	1 2 3 4 5 NA	
Understanding of Homebound Status	1 2 3 4 5 NA	
Cardiovascular Status		
Heart Sounds	1 2 3 4 5 NA	
Peripheral Pulses	1 2 3 4 5 NA	
Capillary Refill	1 2 3 4 5 NA	
Edema	1 2 3 4 5 NA	
Respiratory Status		
Lung Sounds	1 2 3 4 5 NA	
Cough	1 2 3 4 5 NA	
Sputum	1 2 3 4 5 NA	
Neurological Status		
Orientation	1 2 3 4 5 NA	
Vision	1 2 3 4 5 NA	
Hearing	1 2 3 4 5 NA	
Speech	1 2 3 4 5 NA	
Sensation	1 2 3 4 5 NA	

Genitourinary Status		
Incontinence	1 2 3 4 5 NA	
Bladder Distention	1 2 3 4 5 NA	
Urostomy	1 2 3 4 5 NA	
Catheter Management	1 2 3 4 5 NA	
Urine	1 2 3 4 5 NA	
Genitalia	1 2 3 4 5 NA	
Musculoskeletal Status		
Mobility	1 2 3 4 5 NA	
Balance	1 2 3 4 5 NA	
Strength	1 2 3 4 5 NA	
Psychosocial Status		
Environment	1 2 3 4 5 NA	
Coping Skills	1 2 3 4 5 NA	
Decision Making	1 2 3 4 5 NA	
Behavior	1 2 3 4 5 NA	
Integumentary Status		
Skin	1 2 3 4 5 NA	
Turgor	1 2 3 4 5 NA	
Wound Care		
Status	1 2 3 4 5 NA	
Edges	1 2 3 4 5 NA	
Type	1 2 3 4 5 NA	
Drainage	1 2 3 4 5 NA	
Thickness	1 2 3 4 5 NA	
Measurement	1 2 3 4 5 NA	
Wound Bed	1 2 3 4 5 NA	
Undermining	1 2 3 4 5 NA	
Tunneling	1 2 3 4 5 NA	
Treatment	1 2 3 4 5 NA	
Digestive Nutrition		
Nausea/Vomiting	1 2 3 4 5 NA	
Bowel Incontinence	1 2 3 4 5 NA	
Appetite	1 2 3 4 5 NA	
Bowel Assessment	1 2 3 4 5 NA	
Weight Management/Diet	1 2 3 4 5 NA	
Ostomy Assessment and Management	1 2 3 4 5 NA	
Medication Administration & Management	1 2 3 4 5 NA	
Care Coordination	1 2 3 4 5 NA	

Fall Assessment	1 2 3 4 5 NA	
DME/Assistive Devices	1 2 3 4 5 NA	
IV Therapy	1 2 3 4 5 NA	
Pain Assessment and Management	1 2 3 4 5 NA	
Diabetic Management	1 2 3 4 5 NA	

Clinician:_____ **Date:**_____

Supervisor:_____ **Date:**_____