



CLINICAL SKILLS ASSESSMENT/DEMONSTRATION FOR CMA/GNA/CNA-HHA

(To be completed for all Clinical Personnel)

Employee: Please check Yes or No at time of hire and annually for **Adult** and/or **Pediatric** experience

RN Supervisor: Please date and initial after observation & demonstration

Name: _____ **Job Title:** _____ **Date:** _____

Initial _____ **Annual** _____

SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS/DATE
		YES	NO	YES	NO	
Bath:	Bed bath					
	Self-help					
	Tub Bath					
	Shower					
Shampoo:	Bed					
Shave:	Electric Razor					
	Safety Razor					
Oral Hygiene:	Alert Patient					
	Unresponsive Patient					
	Dentures					
Nail Care:	Clean/Trim Fingernails					
Foot Care:	Clean/Trim Toenails					
Skin Care:	Back Rub					
Pressure Relief:	Peri Care					
Dressing:	Bedbound Patient					
	Patient with Paralysis					



SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS/DATE
		YES	NO	YES	NO	
Feeding:	Offer Fluid/Nutrition Appropriate to Patient's Diet					
	Feed with Spoon					
	Give Liquids with Syringe					
Vital Signs:	Blood Pressure					
	Pulse (Radial)					
	Respirations					
	Temperature:					
	Oral					
	Axillary					
	Rectal					
Mobility:	Position in Bed with Proper Body Alignment					
	Range of Motion					
	All Joints					
Transfers Technique:	Bed to Chair/Commode/Wheel chair					
	Chair to Bed (i.e., Wheelchair to Toilet)					
Ambulation:	Assist with Ambulation					
	Cane					
	Crutches					
	Pick-up Walker					
	Wheeled Walker					



SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS/DATE
		YES	NO	YES	NO	
Medication Administration (CMT/CMA ONLY)	Provides thorough knowledge of:					
	Drugs					
	Dose/label Accuracy					
	Frequency					
	Side Effects/Adverse					
	Medication Error					
	Discontinued Orders					
	Container Integrity					
	Appropriate Storage					
	Medication Conversion					
	Oral					
	Sublingual/Buccal					
	Subcutaneous					
	Intradermal					
	Transdermal					
	Ear/ Eye/ Nasal					
	Nebulizer					
	MAR Documentation					
	Five (5) Rights					
	Emergency and Safety	Able to demonstrate use of:				



SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS/DATE
		YES	NO	YES	NO	
	Infection Control Manual					
	Safety Manual					
	Fire/Emergency Management Manual					
	Procedure manual					
	Patient Teaching Aids/Materials					
	PDR/Drug Reference Manual					
	RN Supervisor Notification					
Other	Bed Making					
	Hand Hygiene					
	Note Taking					

Comments:

Signature of RN Supervisor: _____

Signature of Staff Member: _____ Name: _____