**State-approved Curriculum**

**Nurse Aide I Training Program**

**Appendix A**

**July 2024**





DN.C. DivisionHof Health SService RRegulation

North Carolina Department of Health and Human Services

Division of Health Service Regulation

North Carolina Education and Credentialing Section

NCDHHS is an equal opportunity employer.

**Appendix A - Skill Performance Checklist Summary**

**Directions**

Column A: The DHSR-approved instructor will

* + Provide students a skill check-off sheet for each skill including subsets listed on Appendix A (total of 64 skills)
	+ Teach and provide a live demonstration for each of the 64 skills
	+ Document the date of demonstration above the diagonal line
	+ Document the DHSR-approved instructor’s initials below the diagonal line
	+ Sign off and date all boxes as the live demonstrations are completed

Column B: The student will

* + Demonstrate lab proficiency, based on school’s proficiency statement, for all starred skills
	+ Demonstrate lab proficiency, based on school’s proficiency statement, for any additional non-starred and school specific skills (if they will be performed in clinical)

 The DHSR-approved instructor will

* + Evaluate student’s return demonstration in lab,

based on school’s proficiency statement

* + Document above the diagonal line, the date student was found proficient for each skill
	+ Document DHSR-approved instructor’s initials below the diagonal line
	+ Only complete the boxes for skills starred and any additional skills the students are expected to complete during clinical (non-starred and school-specific)

Column C: The student will

* Demonstrate proficiency, based on school’s proficiency statement, for at least 15 starred skills
* Demonstrate proficiency, based on school’s proficiency statement, for any additional non-starred and school specific skills

The DHSR-approved instructor will

* + Evaluate student’s return demonstration in clinical,

based on school’s proficiency statement

* + Document above the diagonal line, the date student was found proficient for each skill
	+ Document DHSR-approved instructor’s initials below the diagonal line
	+ Only complete the boxes for skills completed proficiently in clinical that were observed live by the DHSR-approved instructor

*Note: Appendix A will be kept in the student file for a minimum of 3 years*

Appendix A - Skill Performance Checklist Summary

* Only DHSR-approved instructors can document information on this form
* When documenting dates and initials on this form, document the date above the diagonal line and DHSR-approved instructor initials below the diagonal line
* The student must perform a minimum of 15 starred skills in clinical
* For starred skills divided into multiple categories, performing at least one or more of the related skills will count as one starred skill. For example, performing 3.1 and 3.2 will only count as one starred skill

| **Skill Performance Checklists** | **Column A Demonstrated****by Instructor** | **Column B Proficiency****Verified in Lab** | **Column C Performed in****Clinical** |
| --- | --- | --- | --- |
| **Personal Care Skills** | **Performance Summary** |
|  | 1. Providing complete/partial bed bath |  |  |  |
|  | 2. Dressing and undressing |  |  |  |
|  | 3.1 Providing perineal care for male |  |  |  |
| 3.2 Providing perineal care for female |  |  |  |
|  | 4. Making an occupied bed |  |  |  |
|  | 5. Providing foot care for both feet |  |  |  |
|  | 6. Providing fingernail care for both hands |  |  |  |
|  | 7. Providing mouth care |  |  |  |
|  | 8. Providing mouth care for unconscious resident |  |  |  |
|  | 9. Providing mouth care for cognitively impaired resident |  |  |  |
|  | 10. Assisting with denture care |  |  |  |
|  | 11. Assisting with oral hygiene |  |  |  |
|  | 12. Assisting with shaving |  |  |  |
|  | 13.1 Providing hair care |  |  |  |
|  | 13.2 Provide shampooing as needed |  |  |  |
|  | 14. Giving tub bath or shower (per clinical environment) |  |  |  |
|  | 15. Providing backrub |  |  |  |

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| **Infection Prevention and Control** | **Performance Summary** |
|  | 16.1 Performing hand hygiene with soap and water |  |  |  |
| 16.2 Performing hand hygiene alcohol-based handrub |  |  |  |
|  | 17. Putting on & taking off Personal Protective Equipment (PPE) – Gown, gloves, mask |  |  |  |
| 17.1 Gown |  |  |  |
| 17.2 Gloves |  |  |  |
| 17.3 Mask |  |  |  |
| **Measurements** | **Performance Summary** |
|  | 18. Measuring and recording combined vital signs (BP (manual), temperature, pulse (radial), respirations) |  |  |  |
| 18.1 Measuring and recording BP (manual) |  |  |  |
| 18.2 Measuring and recording temperature (electronic device similar to clinical site) |  |  |  |
| 18.3 Measuring and recording pulse (radial) |  |  |  |
| 18.4 Measuring and recording respirations |  |  |  |
| 18.5 **Reading** a non-mercury liquid-filled glass thermometer |  |  |  |
|  | 19. Measuring and recording oral temperature (non- mercury liquid-filled glass thermometer) |  |  |  |
|  | 20. Measuring and recording axillary temperature (non- mercury liquid-filled glass thermometer) |  |  |  |
|  | 21. Measuring and recording rectal temperature (non- mercury liquid-filled glass thermometer) |  |  |  |
|    | 22.1 Measuring and recording Height (balance scale) |  |  |  |
| 22.2 Measuring and recording Weight (balance scale) |  |  |  |
| **Elimination** | **Performance Summary** |
|  | 23. Collecting routine urine specimen |  |  |  |
|  | 24.1 Assisting with use of Bathroom |  |  |  |
| 24.2 Assisting with use of Bedside commode |  |  |  |
| 24.3 Assisting with use of Bedpan |  |  |  |
|  | 24.4 Assisting with use of Urinal |  |  |  |
|  | 24.5 Measuring and recording urinary output |  |  |  |
|  | 25.1 Providing catheter care for male |  |  |  |
| 25.2 Providing catheter care for female |  |  |  |
| 25.3 Emptying urinary drainage bag |  |  |  |
|  | 26. Changing adult brief |  |  |  |
|  | 27. Collecting stool specimen |  |  |  |
|  | 28. Applying and caring for condom catheters |  |  |  |
|  | 29. Administering cleansing enema |  |  |  |
| **Hydration and Nutrition** | **Performance Summary** |
|  | 30.1 Assisting with dining/feeding resident who cannot feed self |  |  |  |
| 30.2 Measuring and recording intake |  |  |  |
|  | 31. Performing relief of choking |  |  |  |
| **Mobility** | **Performance Summary** |
|  | 32. Performing range of motion (ROM) exercises (active/passive head-to-toe) |  |  |  |
|  | 33. Transferring from bed to wheelchair/chair |  |  |  |
|  | 34.1 Moving up in bed using turning sheet |  |  |  |
| 34.2 Positioning on side |  |  |  |
|  | 35. Assisting with ambulation |  |  |  |
|  | 36. Applying restraints |  |  |  |
|  | 37. Assisting to dangle, stand and walk |  |  |  |
|  | 38. Using mechanical lift (per clinical environment) |  |  |  |
|  | 39. Transferring from bed to stretcher (per clinical environment) |  |  |  |
|  | 40. Assisting to move up in bed |  |  |  |
| **Treatment** | **Performance Summary** |
|  | 41. Applying anti-embolism (elastic) stockings |  |  |  |
|  | 42. Applying warm or cold treatments |  |  |  |
|  | 43. Applying elastic bandages |  |  |  |
|  | 44. Assisting with coughing and deep breathing |  |  |  |
|  | 45. Applying non-sterile dressing |  |  |  |
|  | 46. Performing post-mortem care |  |  |  |
| **School Specific Skill** | **Performance Summary** |
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| **Initials** | **Instructor’s Name** | **Instructor’s Signature** |
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