



State-approved Curriculum NURSE AIDE I TRAINING PROGRAM

July 2019
Appendix A



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section

NCDHHS is an equal opportunity provider and employer.

APPENDIX A

SKILL PERFORMANCE CHECKLISTS SUMMARY

All information should be completed by the instructor as directed and kept in student file for a minimum of 3 years.

DIRECTIONS FOR USE OF THE SKILL PERFORMANCE CHECKLISTS SUMMARY

For ★starred★ Skills 17, 18, 19, 24, 25, 31 and 35, the group of skills is represented by one star. In these cases, performing at least one of the skills in each of the starred groups of skills will count as a ★starred★ skill.

Column A: The instructor must –

- teach/provide a live demonstration for each skill on this list
- document the date of demonstration above the diagonal line
- document the instructor's initials below the diagonal line

Column B: The student must demonstrate lab proficiency in –

- all ★starred skills★
- all non-starred and school specific skills to be performed in clinical

The instructor must –

- evaluate student's return demonstration in lab for proficiency
- document the date student was found proficient above the diagonal line
- document instructor's initials below the diagonal line

Column C: The student must perform a minimum of 15 state-designated ★starred skills★ in clinical.

The instructor must –

- evaluate the student's performance of at least 15 state-designated ★starred★ skills and any non-starred and school specific skills performed in clinical
- document the date of student's skill performance above the diagonal line
- document the instructor's initials below the diagonal line

**Appendix A
SKILL PERFORMANCE CHECKLISTS SUMMARY**

When documenting dates and initials on this form, document the date above the diagonal line and initials below the diagonal line. Only instructors can document information on this form. Complete instructions for use of this form are found on Page (i) of this document.

Skill Performance Checklists		Column A Date Demonstrated by Instructor	Column B Date Proficiency Verified in Lab	Column C Date Performed in Clinical
Personal Care Skills		Performance Summary		
★	1. Providing complete/partial bed bath			
★	2. Dressing and undressing			
	3. Perineal care			
★	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. Hair care			
	13.1 Providing hair care			
	13.2 Shampooing as needed			
	14. Giving tub bath or shower (per clinical environment)			
	15. Providing backrub			
Infection Prevention and Control		Performance Summary		
★	16. Performing hand hygiene			

Skill Performance Checklists		Column A Date Demonstrated by Instructor	Column B Date Proficiency Verified in Lab	Column C Date Performed in Clinical
	16.1 Washing hands with soap and water			
	16.2 Using 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. Measuring and recording:			
	22.1 Height (balance scale)			
	22.2 Weight (balance scale)			
Elimination		Performance Summary		
★	23. Collecting routine urine specimen			
★	24. Assisting with use of:			
	24.1 Bathroom			
	24.2 Bedside commode			
	24.3 Bedpan			

Skill Performance Checklists		Column A Date Demonstrated by Instructor	Column B Date Proficiency Verified in Lab	Column C Date Performed in Clinical
	24.4 Urinal			
	24.5 Measuring and recording urinary output			
	25. Catheter care			
★	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. Dining			
★	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. Moving in bed			
★	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)			

Student Name: _____

Skill Performance Checklists		Column A Date Demonstrated by Instructor	Column B Date Proficiency Verified in Lab	Column C Date Performed in Clinical
	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		Performance Summary		
	School specific skill			
	School specific skill			

Initials	Instructor's Name (legible)

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