



LPN SKILLS CHECKLIST

Name (Last, First)

_____/_____
Employee ID#

Date

Please indicate your level of experience (0,1,2,3)

0= Theory, no practice
No experience

1= Limited/
need training

2= confident/able to perform
with supervision

3=Very Confident/able
to perform independently

Departments

Intravenous

2

Burn Unit

Change iv tubing

2

Cardiac Care

Chemotherapy

2

Doctor's office/Clinic

CVP line

2

Emergency room

Discontinuing an IV

2

Gynecology

2

Hyper alimentation

Labor & Delivery

2

IV push drugs

Medical

2

Maintain IV site

Mother/baby

2

Medication addition

Neurology

2

Packed RBC

Nursery

2

Piggyback administration

Obstetrics

2

Plasma

Oncology

2

Platelets

Orthopedics

2

Regulate flow

Pediatrics

2

Serum albumin

Post partum

2

Starting an IV

Psychiatry

2

Whole blood administration

Rehabilitation

2

Specimen Collection

Surgical

2

Foley catheter specimen

Telemetry

2

Obtain:

Infection control

2

Sputum specimen

Knowledge of universal precautions

2

Stool hemocult

Knowledge of waste disposal

2

Stool oval/parasite

Proper disposal of sharps

2

Stool specimen

patient in respiratory isolation

2

Urine for culture

Patient in reverse isolation

2

Urine for specific gravity

Cleaning equipment

2

Perform straight cath.

Procedure

2

Assist w/ clean catch midstream

Set up/instruct patient in sitz bath

2

Specimen

Administer:

2

Collect 24 hour urine Specimen

Tap/saline enema

2

Equipment

Oil retention enema

2

Humidifiers

Fleets enema

2

Alternate pressure mattress

Post mortem enema

2

Ambu-bag

Douches

2

Bed scale

Perform:

2

Blood glucose monitor

Wet to dry dressings

2

Corstovac suction

Procedure (cont.)

0 2 3

Equipment (cont.)

0 1 2 3

Sterile dressing change

0 2 3

Enteral pump

0 1 2 3

Bladder irrigation

0 2 3

Heat lamp

0 1 2 3

Ostomy care

0 2 3

Heating pad

0 1 2 3

NG tube feeding

0 2 3

Hemovac/davol suction

0 1 2 3

Gastronomy tube feeding

0 2 3

Hoyer lift

0 1 2 3

Personal Hygiene/oral care

0 2 3

Incentive spirometer

0 1 2 3

Wound irrigation

0 2 3

Infusion devices

0 1 2 3

Catheterization (male/female)

0 2 3

Pleurevac/emerson

0 1 2 3

Nasal suctioning

0 2 3

Use of:

0 1 2 3

Oral suctioning

0 2 3

Venture mask

0 1 2 3

Management of:

0 2 3

Wall suction

0 1 2 3

Jejunostomy tube

0 2 3

Nasal cannula

0 1 2 3

Levine tube

0 2 3

Oxygen mask

0 1 2 3

Nephrostomy catheter

0 2 3

Trach collar

0 1 2 3

Chest tube

0 2 3

Patient w/PCS pump

0 1 2 3

Medication Administration

0 2 3

Ted hose

0 1 2 3

Emerg. Med/crash cart

0 2 3

ABG kit

0 1 2 3

Heparin lock

0 2 3

Water seal suction

0 1 2 3

Inhalers

0 2 3

Application of:

0 1 2 3

Intradermal

0 2 3

Soft limb restraints

0 1 2 3

Intramuscular injections

0 2 3

Leather restraints

0 1 2 3

Nasal drops

0 2 3

Posey restraints

0 1 2 3

Ophthalmic drops

0 2 3

Observation pat. w/Restraints

0 1 2 3

Ophthalmic ointments

0 2 3

Documentation of restraints

0 1 2 3

Oral medications

0 2 3

Safety guidelines of restraints

0 1 2 3

Rectal suppositories

0 2 3

Assessment

0 1 2 3

Subcutaneous injections

0 2 3

Cardiopulmonary arrest

0 1 2 3

Topical ointments

0 2 3

Drug/allergic reaction

0 1 2 3

Track injections

0 2 3

Management of pat. w/:

0 1 2 3

Vaginal suppositories

0 2 3

Perform:

0 1 2 3

Other: _____

Cardiovascular assessment

0 2 3

0 1 2 3

Other: _____

Gastrointestinal assessment

0 2 3

0 1 2 3

Other: _____

Genitourinary assessment

0 2 3

0 1 2 3

Other: _____

Musculoskeletal assessment

0 2 3

0 1 2 3

Other: _____

Neurological assessment

0 2 3

0 1 2 3

Other: _____

Respiratory assessment

0 2 3

0 1 2 3

The information represented above is true and correct to the best of my knowledge. I also authorize **Heritage Medical Staffing** to share the above skills checklist with its clients.

Signature _____

Date _____

Name (Printed) _____