



SUB-ACUTE LTACH-LTC LPN SKILLS COMPETENCY CHECKLIST

Name: _____ Date: _____

Total years of LPN experience: _____

Please rate *your* Skill Level by checking the appropriate box using the key below:

- | | |
|--|--|
| 0 – No experience. | 2 – Experienced (Performs independently) |
| 1 – Limited competency; requires supervision | 3 – Proficient/Expert/Highly skilled |

SKILLS	0	1	2	3	SKILLS	0	1	2	3
Documentation/Notes					Repositioning/Transferring				
Vital Signs – BP, TPR, Height, Weight					Use of Walker/Canes				
Intake & Output monitoring					Use of Hoyer Lift				
Activities of Daily Living (ADLs)					Crutch walking				
Admission of Client					Use of manual wheelchair				
Medications: Oral, IM, SQ, PR, Topical					Use of electric wheelchair				
Body Systems Review (Head to Toe Assessment)					Special Diet Restrictions (Diabetic, Low Salt, Fluid Restriction, etc.)				
Bathing assistance					Making occupied bed				
Oral Hygiene; Denture Care					Basic Medical Asepsis				
Nail and Skin Care					Oxygen (cannula, mask, etc)				
Backrubs/back care					Pulse Oximetry				
Use of Bedpan/Urinal					Range of Motion Exercises				
Bowel Regimen					Assist with Ambulation				
Client Care Plans (Revise & Update)					Dressing changes				
Client Safety Standards/Precautions					Advance Directives				
Infection Control Precautions					Postmortem Care				
Handwashing					Cast Care				
Compresses: warm/cold					GT/NG tubes				
CPR					Ostomy Care				
Applying/Removing TEDS stockings					Catheterization – straight/foley				
Prosthetic/Assistive Devices					Incentive Spirometry				
Restraints – Apply/Monitor					Specimen Collection				
Reporting changes in client’s condition					Phlebotomy				
Intravenous therapy					Urine Dipstick				
Colostomy Care & Irrigation					Fingerstick Blood Glucose Monitoring				
Wound Care					Suctioning				
Discharge of Client					Tracheostomy Care				
Pain Assessment					Transfer/Transport Clients				
Traction					Care of Client with:				
Supervision of LNA, PCSP					Alzheimer’s/Dementia				
Reporting concerns to team/supervisor					Stroke				



Assessing Educational Needs					Asthma/COPD/Respiratory Illness				
Teaching Client, Staff, Family, Caregivers					Head Injuries				
Coordinating Care with Team					Amputation				
Communicating with Physician/Provider					Diabetes				
Documenting Orders Appropriately					Pacemaker				
Drug Calculations					Spinal Cord Injury				
Handling Emergent Situations					Wounds/Drains				
					Tracheostomy				
Age-Appropriate Care of:					CHF/Cardiac Disease				
Newborn (birth – 30 days)					Renal Disease				
Infant (31 days – 1 year)					Hip/Knee Replacements				
Toddler (1 – 3 years)					AIDS/Immunosuppression				
Preschooler (3 – 5 years)					Cancer				
School Age (5 – 12 years)					Burns				
Adolescents (12 – 18 years)					Recent Surgery				
Young Adults (18-39 years)					Mental Illness				
Middle Adults (39 – 64 years)					Multiple Trauma				
Older Adults (64+ years)					Terminal Illness				

Do you speak any other language(s) besides English? Yes/No If YES, please list other language(s):

Do you have any other skills not listed here that are pertinent to the position?

I hereby certify that all information I have provided on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate dismissal.

Employee (LPN/RN)

Signature: _____ Date: _____

Representative Reviewer

Signature: _____ Date: _____