

Board of Nursing

**HOME HEALTH AIDE
SKILLS ASSESSMENT**

Instructions: Indicate the date that the student accurately demonstrated the skill on the 1st or 2nd attempt and location: Lab or Clinical. Indicate if student unable to demonstrate accurately.

SKILLS	1st attempt Accuracy	2ND attempt Accuracy	Unable to Demonstrate Accurately	Instructor Initials
Hand washing				
Appropriate use of clean gloves				
Measure and record oral temperature				
Measure and record axillary temperature				
Measuring tympanic temperature				
Counting radial pulse 60 sec				
Counting respirations 60 sec				
Measure and record blood pressure 2-step				
Measure and record blood pressure electronic				
Measure and record weight: Standing				
Complete Intake and Output form				
Demonstrate complete bed bath				
Demonstrate shower with shower chair				
Demonstrate skin and foot care				
Demonstrate shampooing hair				
Demonstrate combing and styling hair				
Demonstrate applying knee-hi elastic stocking				
Demonstrate shaving				
Demonstrate dressing client with affected side				
Demonstrate assistance with bedpan				
Demonstrate assistance to bathroom				
Demonstrate assistance with bedside commode				
Demonstrate catheter and peri care – M and F				
Demonstrate care of: a) dentures b) hearing aid c) glasses				
Demonstrate feeding of client with swallowing difficulties				
Demonstrate bedmaking: occupied				
Demonstrate bedmaking: unoccupied				
Demonstrate transfer from bed to wheelchair				
Demonstrate assistance with ambulation using transfer belt				
Demonstrate passive range of motion exercises				
Demonstrate use of lifts: chair pad				
Position on side				
Demonstrate correct use of walker				
Demonstrate correct use of cane				
Demonstrate correct use of crutches				
Demonstrate administration of enema				
Demonstrate care of ostomy and surrounding skin				
Assisting and monitoring oxygen by nasal cannula				
Mask				

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SKILLS	1st attempt Accuracy	2ND attempt Accuracy	Unable to Demonstrate Accurately	Instructor Initials
Demonstrate assistance with self- medication administration				
Demonstrate non-sterile dressing change				
Demonstrate application and care of: prosthetic orthotic devices				
Demonstrate principles for food preparation				
Demonstrate care of client's environment				
laundry				
washing dishes				
vacuuming				
cleaning client's bathroom				
Communicate effectively to Client w/:				
Agitation				
Cognitively Impaired				
Sensory Deficits				
Communication Limitations				
Altered Consciousness				
Document changes in behavior on form				
Demonstrate adherence to privacy policies				

* L = Lab C = Clinical Setting

Instructor Initials _____

Instructor Name (print) _____

Instructor Signature: _____

Instructor Initials _____

Instructor Name (print) _____

Instructor Signature: _____

Instructor Initials _____

Instructor Name (print) _____

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