

# CNA Skills Checklist - Master List

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Testing Provider:  Prometric  Credentia/NNAAP  Headmaster  Other: \_\_\_\_\_

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## Module 1: Infection Control & Safety

Skill	Practice 1	Practice 2	Practice 3	Test Ready
Hand washing (20 seconds, fingertips down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donning PPE (gown, mask, eye, gloves in correct order)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doffing PPE (gloves first, mask last)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Module 2: Vital Signs

Skill	Practice 1	Practice 2	Practice 3	Test Ready
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Manual blood pressure (cuff 1" above elbow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic blood pressure (sensor over brachial artery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse count (60 seconds, radial artery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respirations count (without alerting resident)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight measurement (scale balanced to zero)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Module 3: Personal Care

Skill	Practice 1	Practice 2	Practice 3	Test Ready
Oral hygiene (position upright 45°, all surfaces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Denture care (cool water only, towel in sink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Foot care (dry between toes, no lotion between toes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Bed bath (front to back cleaning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Occupied bed linen change (no shaking linen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Module 4: Mobility & Transfers

Skill	Practice 1	Practice 2	Practice 3	Test Ready
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Ambulate with gait belt (underhand grip, behind/side)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pivot transfer bed to wheelchair (gait belt, lock WC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reposition to side-lying (pillows between knees, behind back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Range of motion - elbow/wrist (support joint)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Range of motion - hip/knee/ankle (smooth, slow movements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Module 5: Elimination & Nutrition

Skill	Practice 1	Practice 2	Practice 3	Test Ready
Bedpan assistance (gloves, barrier under buttocks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding assistance (offer fluids first, every 2-3 bites)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Intake & output measurement (gloves, mL measurement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Critical Pass/Fail Items (Must Do Every Time)

Critical Element	Always Done?
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Knock, greet by name, introduce self	<input type="checkbox"/>
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Explain care & obtain permission	<input type="checkbox"/>
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Provide privacy (curtain/door)	<input type="checkbox"/>
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Hand washing before and after every skill	<input type="checkbox"/>
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Use gloves when contact with body fluids	<input type="checkbox"/>
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Ask resident about comfort/preferences	<input type="checkbox"/>
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Call light within reach after care	<input type="checkbox"/>
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## Final Skills Test Log

Skill Test Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Score: \_\_\_\_/100

Skills Tested:

1. \_\_\_\_\_  Pass  Fail

- 2. \_\_\_\_\_  Pass  Fail
- 3. \_\_\_\_\_  Pass  Fail
- 4. \_\_\_\_\_  Pass  Fail
- 5. \_\_\_\_\_  Pass  Fail

Notes:

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