STATE OF HAWAII Department of Human Services

NT OF HUMAN GEDVICES NUDGE A IDE COMBETENCY/DDOFICIENCY EXAL HATION

DEPARTMENT OF HUMAN SERVICES NURSE AIDE COMPETENCY/PROFICIENCY EVALUATION					
1. Last Name First Name			Jame	M.I.	
2. Social Security Number: X X X - X X	(last fo	ur digits)	4. RECERTIFICATION OF NURSE AIDE EVALUAT	ION	
Purpose: Completion of this form verifies this nurse Services Nurse Aide Competency/Proficiency Evalu-		artment of Human	I certify this nurse aide has demonstrated competen completion of a DHS approved 24-hour recertificat		
<u>Proficiency</u> of each skill includes demonstration of u ethical responsibilities of the nurse aide; effective co staff; provides for safety and privacy of residents, se	mmunication with res	idents and other	program.		
resident, procedure, time, amount, method); and repo	orting results of care (s	ections 5 to 10).	Registered Nurse Signature N OR	ATCEP School	Date of Completion
<u>Competency</u> of each area includes understanding, int an individual, agency, and/or facility need (sections 3. CERTIFICATION OF NURSE AIDE EVALUAT	11 to 13).	appropriately to	 OPTION B I certify this nurse aide has: a. completed 24 hours of appropriate continuing educ 	ation hours over the pas	t two years; and
I certify this form is complete and this nurse aide is c below.		ent in all the skills	b. demonstrated competency and proficiency in all th	e skills below.	
			Registered Nurse Signature A _i	gency/Company	Date of Completion
Registered Nurse Signature NA	TCEP School	Date of Completion			
5. SAFETY/EMERGENCY PROCEDURES	Date Achieved	Evaluator initial	6. BASIC NURSING SKILLS con't.	Date Achieved	Evaluator initial
Handwashing	Date Active veu		Positioning in chair	Dute Temeved	2. unution mittai
Universal Precautions (Infection control)		1	Positioning and comfort rounds		
Safety/emergency procedures, including			Mechanical lifts		
Heimlich maneuver			Transfer and Ambulation*		
Responding to a facility fire			Transfer bed to chair		
Evacuation techniques:			Transfer chair to toilet		
-one man			Ambulate with walking aid		
-two man			Ambulate with gait belt		
Proper use of restraints and avoiding need for			RANGE OF MOTION*		
restraints (may substitute with training):			Active ROM of extremities		
-vest restraint			Passive ROM of extremities		
-waist restraint			CARE OF THE ENVIRONMENT		
-wrist restraint			Proper adjustment of temperature, humidity, light ventilation, noise, odor, neatness, privacy, color, safety		
-other type of restraints			Proper use and care of equipment, prosthetic, and		
-proper use of side rails			orthotic devices		
				•	
6. BASIC NURSING SKILLS			7. PERSONAL CARE SKILLS*		
POSITIONING *			Bedmaking – occupied		

Bedmaking – unoccupied

* Also a Basic Restorative	Service	skill
DHS 1646 (Rev. 1/10)		

Positioning in bed

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7. PERSONAL CARE SKILLS* con't.	Date Achieved	Evaluator initial
Bathing – shower		
Oral care – with/without dentures		
Grooming, Dressing, Self-care:		
-hair and nail care, shaving		
Skin Care:		
-back rub		
-use of decubitus preventive aids		

10. CARE OF RESIDENT WITH TUBES	Date Achieved	Evaluator initial	
(may substitute with training)			
Care of residents with:			
- intravenous			
- Foley catheter			
- Nasogastric (NG) and gastrostomy (G-tube)			
- oxygen mask/nasal cannula			

8. OBSERVATIONS/REPORTING	
Vital Signs – TPR	
Vital Signs – BP	
Weight and Height:	
- standing scale	
- bed scale (may substitute with training)	
- chair scale (may substitute with training)	
Observing common symptoms	
Measure/record Intake and Output	

9. NUTRITION AND ELIMINATION	
ASSISTING WITH EATING AND HYDRATION *	
Feeding residents with various disabilities as:	
- unable to feed self	
- swallowing problems	
ASSISTING WITH TOILETING	
Use of bedpan/urinal	
Incontinent Care – Adult brief/peri-care	
Care of urinary/fecal drainage bags	
Resident participation in bowel/bladder	
training *	

11. MENTAL HEALTH AND SOCIAL SERVICE NEEDS	
Modifying nurse aide's behavior in response to residents' behaviors	
Providing care associated with the aging process	
Promoting and respecting residents' rights, privacy, independence, and dignity	

12. CARE OF THE COGNITIVELY IMPAIRED	
Techniques for addressing the unique needs and behaviors (Alzheimer's disease and other dementia)	
Communicating, understanding, and appropriate response to the behavior of cognitively impaired residents	
Methods of reducing the effects of cognitive impairments	

13. COMMUNICATION	
Observe, document, and refers to appropriate personnel for follow up action	
Recognizing abnormal changes and importance to	
report to supervisor	

* Also a Basic Restorative Service skill

Keep this evaluation in own student or nurse aide record file. E-mail list of nurse aides who completed this evaluation to the state Department of Human Services at <u>LTsuruda@dhs.hawaii.gov</u> and the state Department of Commerce and Consumer Affairs at <u>nurse_aide@dcca.hawaii.gov</u> by the first week of the following month.