

DEPARTMENT OF HUMAN SERVICES NURSE AIDE COMPETENCY/PROFICIENCY EVALUATION

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		

8. OBSERVATIONS/REPORTING	Date Achieved	Evaluator initial
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	Date Achieved	Evaluator initial
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 *		

* Also a Basic Restorative Service skill

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

11. MENTAL HEALTH AND SOCIAL SERVICE NEEDS	Date Achieved	Evaluator initial
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	Date Achieved	Evaluator initial
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	Date Achieved	Evaluator initial
Observe, document, and refers to appropriate personnel for follow up action		
Recognizing abnormal changes and importance to report to supervisor		

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 LTsuruda@dhs.hawaii.gov and the state Department of Commerce and Consumer Affairs at nurse_aide@dcca.hawaii.gov by the first week of the following month.