**Registered Nurse Competency Checklist**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = Verbal Test | | | | **Verification**  **(Initials/Date)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency**  **Demonstrated/**  **Meets**  **Standards**  **F636, F641, F642, F726** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Basic Steps:**  **Neurological**  **Physical Assessment** | Evaluation areas to include:   * Neurological * Respiratory * Cardiac * Abdominal.GI * Head and Neck * Upper Extremities * Lower Extremities * Skin * General Appearance * Level of Orientation: person, place, and time * Level of consciousness * Pupils * Hand Grips * Leg Strength * Inspect gait (stability, stride, arm swing, and posture) * Test Deep Tendon Reflexes Bilaterally (patella and plantar) * Test for Sensory Responses Bilaterally with Sharp and Dull Stimuli (distal portion of hands and distal portion of feet) |  |  |  |  |  |  |  |
| **Basic steps: Respiratory, Chest and Lungs**  **Physical Assessment** | * Inspect Respiratory Pattern * Auscultate breath sounds in anterior, posterior and lateral lung fields * Inspect anterior, posterior, and lateral chest for symmetry and shape (no barrel chest) * Inspect respiratory effort (effortless breathing) * Palpate posterior chest bilaterally for lumps, masses, and tenderness * Confirm symmetric expansion * Auscultate each lobe of lungs bilaterally using systemic approach: anterior, posterior, lateral areas. * Listen for one full respiratory cycle at each site |  |  |  |  |  |  |  |
| **Basic steps: Cardiac Physical Assessment** | * Auscultate apical pulse site * Rate and rhythm * Palpate the carotid arteries for symmetry, regularity, and strength * Inspect and palpate precordium for heave or thrills * Palpate apical impulse and describe location * Auscultate the precordium for S1 and S2 using diaphragm of the stethoscope for each area * Auscultate the tricuspid and mitral areas with the bell of the stethoscope * Auscultate the appeal heart rate with diaphragm * Describes signs and symptoms of an acute MI * Describes the difference in symptoms of an acute MI between men and women |  |  |  |  |  |  |  |
| **Basic Steps: Head, Face, and Neck Focused**  **Physical Assessment** | * Inspect and palpate the skull for general size and contour, deformities, and tenderness: round, normocephalic, symmetric, smooth, proportional, no tenderness. * Palpate temporal pulses: 2+, equal bilaterally * Palpate temporomandibular joint: smooth movement, no limitations or tenderness * Inspect the face for symmetry of movement, involuntary movements, edema, and lesions * Inspect and palpate the neck for head position, lesions and tenderness * Inspect, palpate, and identify anterior and posterior lymphatic chains in the neck area for size, delineation, mobility (movable), and tenderness. Lymph nodes to be included: occipital, post auricular, pre-auricular; submandibular, submittal; superficial cervical, deep cervical chain, posterior cervical chain; supraclavicular |  |  |  |  |  |  |  |
| **Basic Steps: Ears Focused Physical Assessment** | * Inspect size and skin condition of external structures ears are symmetric * Inspect ear canal for discharge, color, and cerumen * Palpate and identify external structure of the ear for masses, lesions, or tenderness * Test gross hearing by using whispered voice test: correctly repeated at least 3 out of 6 possible numbers/letters |  |  |  |  |  |  |  |
| **Basic Steps: Nose, Mouth, and Throat Focused Physical Assessment** | * Inspect external nose for symmetry, deformity, and lesions * Test potency of each nostril: each nostril is open, no obstructions * Inspect nasal cavity for color, deviation, or exudate * Inspect teeth for number, color, restoration, and alignment * Palpate and identify the sinus areas for tenderness * Inspect for presence or absence of lesions, masses, or inflammation of the buccal mucosa, gums, hard palate, soft palate, tonsils, uvula, and pharyngeal wall * Inspect and palpate lips for color, intactness, and tenderness * Inspect and palpate tongue for color, intactness, and tenderness |  |  |  |  |  |  |  |
| **Basic Steps: Abdomen Physical Assessment** | * Inspect abdomen for contour, symmetry, skin characteristics, pulsations and observe the resident’s demeanor-auscultate abdomen over 4 quadrants for bowel sounds- 3 areas per quadrant * Auscultate abdomen over aorta for vascular sounds * Percuss abdomen over all 4 quadrants- percuss in 3 areas per quadrant * Palpate lightly and deeply over all 4 quadrants for tenderness and masses |  |  |  |  |  |  |  |
| **Basic Steps: Upper Extremities**  **Physical Assessment** | * Assess radial pulses * Assess skin condition of upper extremities * Assess capillary refill * Assess gross motor movement and strength with bilateral hand grasp |  |  |  |  |  |  |  |
| **Basic Steps: Lower Extremities**  **Physical Assessment** | * Assess dorsalis pedis pulse * Assess extremities for edema, temperature, and color * Assess gross motor movement and strength with plantar flexion and extension * Assess skin condition of lower extremities * Inspect and palpate joints of upper and lower extremities bilaterally for symmetry, deformities, and tenderness: cervical joint, should joints, elbow joints, wrist joints, hand/finger joints, hip joints, knee joints, and ankle joints * Perform range of motion of upper and lower extremities for limitations, * Test muscle strength of upper and lower extremities * Inspect and palpate spine for posture, symmetry, and curvature |  |  |  |  |  |  |  |
| **Basic Steps: Peripheral Vascular Focused**  **Physical Assessment** | * Inspect and palpate upper extremities for symmetry, texture, skin characteristics * Assess capillary refill bilaterally * Palpate upper extremity pulses: brachial and radial * Inspect and palpate lower extremities for, texture, temperature of feet, and edema * Palpate lower extremity pulses: femoral, popliteal, dorsalis pedis, and posterior tibial |  |  |  |  |  |  |  |
| **Basic steps eyes focused Physical Assessment** | * Test visual fields * Inspect parallel tracking of object with both eyes * Inspect external eye structures: symmetry, eyebrows move symmetrically with no lesions, lashes touch completely when closed, skin intact with no redness, swelling, discharge, or lesions, conjunctivae, and sclera * Inspect cornea, iris, and pupils for size, shape, and equality * Test pupillary light reflex and accommodation; PEERLA is present |  |  |  |  |  |  |  |
| **Basic Steps: Skin, Hair, and Nails Focused**  **Physical Assessment** | * Inspect the skin color for generalized pigmentation * Palpate the skin for temperature, moisture, texture, and edema * Assess turgor * Inspect for skin breakdown or lesions * Inspect and palpate the hair for texture, observe distribution, and lesions -inspect and palpate the nails for shape and contour and color |  |  |  |  |  |  |  |
| **Report Findings that are Not Within Baseline for the Individual Resident** | * Observe documented baseline to determine extent of changes * Gather pertinent history and physical information * Formulate report for provider (i.e. SBAR) * Follow up prescribed orders |  |  |  |  |  |  |  |
| **Document Findings and Actions Taken in the Resident’s Record** | * Describe findings * Describe impact on resident’s function, condition, comfort * Record action taken and follow up to prescribed orders |  |  |  |  |  |  |  |
|  | * Demonstrates documentation on the care plan:   + Assessment information   + Resident preferences   + Change in Condition information   + PASARR information   + Discharge Care Planning |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

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**Initials Signature Date**

***(PLACE IN EMPLOYMENT FILE)***

**Resources:**

* Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>
* Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Version 1.16. October 2018: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>