

Nursing 'HSDU-VSKPIIHCDWcklist

## Printed Student Name:\_\_\_\_\_

Date:\_\_\_\_\_

SKILL	Competent
1. Hand hygieneetchnique	
2. PPE,Isolation requirement Sloving	
3. BedMaking	
4. Obstructed Airway: Consciousdalt	
5. Lifting/Moving/Positioning client in bed	
6. Transferring clent from bed to chaie1 & 2 assistant	
7. Ambulation	

8. Passive rample idual

14. Bedpan, commode, an durinal	
15. Prepare for meals deding resider (Aspiration precautions/modified diet)	
16. Obtaining accurate vital sign(stemperaturePulse, & Respirations)	
17. Obtaining accurate (manual) blood pressinel (ding orthostatic	
18. Height andweight	
19. Intake and otput	
20. Cathetercare/ Emptying dainagebag	
21. Providing incontinent care	
22. Communication/clientights	
23. Completed at least 75 hours of clinical experience.	
Additional Comments:	

My signature below acknowledges that I havesessed the above student skills and they have met the requirements

Evaluator Printed Name:\_\_\_\_\_\_Evaluator Signature\_\_\_\_\_

Organization Full Address:\_\_\_\_\_

Organization Phone Number:\_\_\_\_\_ Organization or Evaluator Email:\_\_\_\_

Date:

Any questions, please contact St. Ambrose, Department of Nursing at (563)36376 or email:Nursing@sau.edu

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