## Nursing Skills

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Student Name: ………………………………………………………………

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| **Skills** | **Workshop** **Attendance** | **Date** | **Sign** | **Date** | **Sign** | **Date** | **Sign** | **Date** | **Sign** | **Date** | **Sign** | **Date** | **Sign** | **Date** | **Sign** |
| Bed bathing / Hair Care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bed making |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blood Glucose Monitoring |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blood Pressure Recording |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ear Checks |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eye Checks |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hand Massage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hand washing / Asepsis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heart / Apex |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Height & Weight |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hoist |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobilising, Repositioning, Transferring |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Oral Cares / Assistance Meals |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Peak Flows |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pulses: Radial / Brachial/ Pedal/ Cartoid |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Respirations / Chest Sounds |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ROM / PAC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Showering |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suppositories / Enemas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Temperature |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Urinalysis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Nursing Skills (cont’d) Student Name: ………………………………………………………………

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| **Administration of medications**1. Oral
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Topical
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Subcutaneous
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Intramuscular
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. nebulization
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bandage Application |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Care of the Deceased |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clip/Suture removal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Documentation**1. Admission
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Discharge
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Fluid Balance charting
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Report writing
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hemodynamic monitoring |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Intravenous Therapy**1. Preparation of equipment
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Removal of IV cannula/line
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Care of peripheral IV site
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Isolation procedures |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Limit setting for health consumers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Management of hostile health consumer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mental Status Assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Nursing Skills (cont’d) Student Name: ………………………………………………………………

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| **Intravenous therapy** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Isolation procedures |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Limit setting for health consumers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Management of hostile health consumer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mental Status Assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Nasogastric Tube** :1. Insertion/Removal
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Aspiration
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Enteral Nutrition
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Neurological Observations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Neuro Vascular Assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Oxygen Therapy  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Peak Flow Monitoring |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Physical Assessment**:1. Auscultation of bowel sounds
2. Auscultation of heart sounds
3. Auscultation of breath sounds
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Percussion/Palpation
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reality Orientation/ Validation Techniques |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stoma Care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Nursing Skills (cont’d) Student Name: ………………………………………………………………

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| **Suctioning:**1. Oropharyngeal
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Tracheal
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surgical Asepsis**:1. Application of sterile gloves
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Simple aseptic dressing technique
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suicide Risk Assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Urinary Drainage:**1. Insertion of catheter
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Management of catheter
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Falls Assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |