

DEPARTMENT OF HUMAN SERVICES NURSE AIDE COMPETENCY/PROFICIENCY EVALUATION

1. Last Name	First Name	M.I.
2. Social Security Number: X X X - X X - ____ ____ ____ ____ (last four digits)		
Purpose: Completion of this form verifies this nurse aide has met the Department of Human Services Nurse Aide Competency/Proficiency Evaluation.		
<p><u>Proficiency</u> of each skill includes demonstration of understanding and adherence to legal and ethical responsibilities of the nurse aide; effective communication with residents and other staff; provides for safety and privacy of residents, self, others; identifies 5 rights of care (right resident, procedure, time, amount, method); and reporting results of care (sections 5 to 10).</p> <p><u>Competency</u> of each area includes understanding, interacting, and reacting appropriately to an individual, agency, and/or facility need (sections 11 to 13).</p>		
<p>3. CERTIFICATION OF NURSE AIDE EVALUATION</p> <p>I certify this form is complete and this nurse aide is competent and proficient in all the skills below.</p>		
_____ Registered Nurse Signature	_____ NATCEP School	_____ Date of Completion

4. RECERTIFICATION OF NURSE AIDE EVALUATION		
<input type="checkbox"/> OPTION A I certify this nurse aide has demonstrated competency and proficiency in the skills below by completion of a DHS approved 24-hour recertification training skills competency evaluation program.		
_____ Registered Nurse Signature	_____ NATCEP School	_____ Date of Completion
OR		
<input type="checkbox"/> OPTION B I certify this nurse aide has: a. completed 24 hours of appropriate continuing education hours over the past two years; and b. demonstrated competency and proficiency in all the skills below.		
_____ Registered Nurse Signature	_____ Agency/Company	_____ Date of Completion

5. SAFETY/EMERGENCY PROCEDURES	Date Achieved	Evaluator initial
Handwashing		
Universal Precautions (Infection control)		
Safety/emergency procedures, including Heimlich maneuver		
Responding to a facility fire		
Evacuation techniques:		
-one man		
-two man		
Proper use of restraints and avoiding need for restraints (may substitute with training):		
-vest restraint		
-waist restraint		
-wrist restraint		
-other type of restraints		
-proper use of side rails		

6. BASIC NURSING SKILLS con't.	Date Achieved	Evaluator initial
Positioning in chair		
Positioning and comfort rounds		
Mechanical lifts		
Transfer and Ambulation*		
Transfer bed to chair		
Transfer chair to toilet		
Ambulate with walking aid		
Ambulate with gait belt		
RANGE OF MOTION*		
Active ROM of extremities		
Passive ROM of extremities		
CARE OF THE ENVIRONMENT		
Proper adjustment of temperature, humidity, light ventilation, noise, odor, neatness, privacy, color, safety		
Proper use and care of equipment, prosthetic, and orthotic devices		

6. BASIC NURSING SKILLS	Date Achieved	Evaluator initial
POSITIONING *		
Positioning in bed		

7. PERSONAL CARE SKILLS*	Date Achieved	Evaluator initial
Bedmaking – occupied		
Bedmaking – unoccupied		

* Also a Basic Restorative Service skill
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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		

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 *		

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		

* 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 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.