

# Personal Care Assistant Skills Checklist

Name: \_\_\_\_\_

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

### Experience Key

- 0 - No Experience
- 1 - Minimal Experience, Needs Review and Supervision
- 2 - Able to Perform Independently
- 3 - Proficient, Able to Supervise and Act as a Resource Person

The purpose of the following checklist is to assist in matching your skills with available assignments in order to meet both your needs and the needs of our clients. Please check the appropriate column of proficiency for each skill level, patient care situation, or types of equipment

Skills	0	1	2	3	Skills	0	1	2	3
Bed Bath					Bed to Chair Transfer				
Tub Bath					Mechanical Patient Lifts				
Shower					Gait Belt Transfer				
Oral Hygiene					Slide Board Transfer				
Sitz Bath					Assisted Patient Ambulation				
Catheter Care					- Walker				
Nail Care					- Crutches				
Bed Pan					- Other				
Assist with Briefs					Care of Patient with Special Diet				
Urinal					- Diabetic				
Urine Testing					- Low Salt				
Recording Intake/Output					- Low Fat				
Skin Care					Care of the Patient with:				
Bedsore (Decubitis) Care					- AIDS				
Positioning Patient					- Alzheimers' Disease				
Turning Patient					- Amputation				
Making Occupied Bed					- Cancer				
Remind Meds: - Oral					- Diabetes Mellitus				
- Topical					- Heart Disease				
- Suppositories					- Multiple Sclerosis				
Meal Preparation					- Paralysis				
Vital Signs - Temperature					- Parkinson's Disease				
- Pulse					- Head Injury				
- Respirations					- Dementia				
- Blood Pressure					- Tracheostomy				
Passive Range of Motion					- Epilepsy				
Assist on Commode					- Stroke				
Wheelchair Transfer					- Transplant				

