



PCA Self-Assessment of Skills

Please check if you have performed and can adequately demonstrate the following:

Vital Signs <input type="checkbox"/> Oral Temperature <input type="checkbox"/> Rectal Temperature <input type="checkbox"/> Pulse <input type="checkbox"/> Respirations <input type="checkbox"/> Blood Pressure	Bed position <input type="checkbox"/> Side lying <input type="checkbox"/> Probe (Neck lying) <input type="checkbox"/> Use of Trochanter Rolls <input type="checkbox"/> Use of Foot Board <input type="checkbox"/> Use of Draw Sheet
Personal Hygiene <input type="checkbox"/> Bed Bath <input type="checkbox"/> Sponge Bath <input type="checkbox"/> Tub Bath	Dressing <input type="checkbox"/> Assist with Oxygen nasal prongs <input type="checkbox"/> Assist with clothing bedfast patient <input type="checkbox"/> Assist with clothing wheelchair patient
Skin Care <input type="checkbox"/> Lotion <input type="checkbox"/> Powder <input type="checkbox"/> Back Rub <input type="checkbox"/> Basic Decubitus Ulcer Care <input type="checkbox"/> Positioning to Relieve Pressure Areas <input type="checkbox"/> Wash with Soap/Water <input type="checkbox"/> Air Dry Skin/ Ulcer	Bed Making <input type="checkbox"/> Unoccupied <input type="checkbox"/> Occupied <input type="checkbox"/> Shower
Mouth Care <input type="checkbox"/> Brush Teeth <input type="checkbox"/> Brush Dentures <input type="checkbox"/> Mouth Care for the Unconscious Patient	Other <input type="checkbox"/> Basic Communication <input type="checkbox"/> Active listening
Hair Care <input type="checkbox"/> Shampoo/ Comb <input type="checkbox"/> Use of Shampoo Tray	Housecleaning <input type="checkbox"/> Laundry <input type="checkbox"/> Home Cleaning <input type="checkbox"/> Grocery Shopping
Nutrition <input type="checkbox"/> Simple Meal Preparation <input type="checkbox"/> Offering Fluids to patients <input type="checkbox"/> Measuring intake/output <input type="checkbox"/> Feeding patient with chewing and <input type="checkbox"/> swallowing problems	Catheter <input type="checkbox"/> Foley Care/ Empty bag <input type="checkbox"/> Cleaning perineum at catheter insertion point <input type="checkbox"/> Care/Changing of leg bag <input type="checkbox"/> Application of condom catheter

Shaving <input type="checkbox"/> With electric razor <input type="checkbox"/> With safety razor	Bowel <input type="checkbox"/> Colostomy Care/Empty bag <input type="checkbox"/> Soapsuds enema <input type="checkbox"/> Tap water enema <input type="checkbox"/> Fleets enema <input type="checkbox"/> Use of portable commode
Nail Care <input type="checkbox"/> Clean and file fingernails <input type="checkbox"/> Soak and file toenails	Transfers <input type="checkbox"/> To/From bath bench <input type="checkbox"/> To/ From wheelchair <input type="checkbox"/> Bed to wheelchair <input type="checkbox"/> Wheelchair to bed <input type="checkbox"/> Wheelchair to toilet <input type="checkbox"/> Wheelchair to tub <input type="checkbox"/> Wheelchair to shower <input type="checkbox"/> Transfer board <input type="checkbox"/> Hoyer lift
Employee Name:	Date: