

CCM RECRUITMENT INTERNATIONAL

SKILLS CHECKLIST FOR HOME HEALTH CARE

NAME OF APPLICANT: _____

DATE: _____

<p>HOW TO COMPLETE THIS FORM:</p> <p>A thorough evaluation of your skill level in various specialty areas will enable us to locate assignments that are suitable to your skills and the needs of our patients. Please place an "X" in the box that most accurately describes your level of expertise for the skills listed.</p>	<p>LEVELS OF PROFICIENCY:</p> <p>A = Perform Well (at least one year of current experience, very comfortable performing without supervision) B = Limited Experience (6-12 months, within the past two years) C = Perform Infrequently (less than three months of experience) D = No Experience (willing to learn)</p>
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SKILL	A	B	C	D	COMMENTS (IF ANY)
PHYSICAL ASSESSMENT					
Pediatrics					
Adolescent					
Adult					
Geriatric					
PALLIATIVE CARE					
Pain Assessment					
Symptom management					
Medication administration/supervision					
Education patient/family/peers					
Emotional support patient/family/peers					
Counseling					
CARDIOPULMONARY CARE					
Coronary precautions in the home					
Administration of oxygen					
Management of oxygen cylinders					
Management of oxygen concentrators					
Aerosol and nebulizer therapy					
Coughing and breathing exercises					
Chest physical therapy					
Incentive spirometry					
Inhalation therapy					
Pulse oximetry					
Naso/oropharyngeal suctioning					
Tracheostomy suctioning					
Tracheostomy tube change					
Tracheostomy care					
Patient/carer education re cardiopulmonary care					
Support patient/family					
DERMATOLOGY/WOUND CARE					
Skin assessment and care					
Suture/staple removal					
Wound management/care					
Education of patient/family re wound care					
GASTRO-ENTEROLOGY AND OSTOMY CARE					
Ostomy care					
Bowel care					
Nutritional assessment					
Education re diet/nutrition					
Insertion of nasogastric tube					
Care of nasogastric tube					
Administration of feeds via nasogastric tube					
Changing of gastrostomy tube					

SKILL	A	B	C	D	COMMENTS (IF ANY)
Care of gastrostomy tube					
Administration of feeds via gastrostomy tube					
Education of patient/carer re N/G tube/gastrostomy					
ORTHOPEDIC CARE					
Cast care					
Application of support devices (sling, bandage, hose)					
Training re support devices (walker, wheelchair)					
REHABILITATIVE CARE					
Assessment of activities of daily living					
Physiological training (bladder, bowel)					
Range of motion exercises					
Application of TENS unit					
Assessment of family coping mechanisms					
UROLOGICAL CARE					
Insertion of urinary catheter					
Urinary catheter management					
Nephrostomy tube management					
Insertion of suprapubic catheter					
Suprapubic catheter management					
Education re urological appliances					
Bladder irrigation					
ENDOCRINE					
Management of Diabetes Mellitus					
Blood glucose monitoring					
Administration/supervision of insulin therapy					
Diabetic education of patient/carer					
SUBCUTANEOUS INFUSIONS					
Management of subcutaneous infusion					
Management of infusion pumps					
INTRAVENOUS THERAPY					
Management of central venous catheters					
Management of peripheral lines					
MEDICATION ADMINISTRATION					
Assessment of medication management by patient/carer					
Administration of medications via IV, intramuscular, subcutaneous, intradermal, oral, N/G tube, G-tube, nasal, ocular routes.					
Education of patient/care re medications and their administration					
SPECIMEN COLLECTION					
Urine collection					
Venous blood collection					
Sputum collection					
Wound swabs for C&S					
Nasal swabs					
Throat swabs					

Signature of the Applicant: _____

Date: _____