Personal Care Assistant (PCA) Skills Checklist

PCA Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN Observer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name and location (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Mobility Skills** | Practiced/Discussed | Date Satisfactory | PCA Initials | RN Initials |
| Ambulation(walking) assist with cane, walker, or crutches |  |  |  |  |
| Knowing how to lower a person to floor safely if weak or faint when standing |  |  |  |  |
| Using a gait belt/transfer belt. Using a slide board if applicable |  |  |  |  |
| Assisting to transfer from bed to chair and bed to wheelchair |  |  |  |  |
| Positioning a person in bed on back, sitting, and on side |  |  |  |  |
| Positioning in chair with supports if needed |  |  |  |  |
| Doing active and passive Range of Motion exercises |  |  |  |  |
| Using a mechanical lift (if applicable |  |  |  |  |
| Reviewing prosthetic devices, splints, or braces |  |  |  |  |
| Using a lift sheet |  |  |  |  |
| Operating a wheelchair |  |  |  |  |
| **Personal Care** | Practiced/Discussed | Date Satisfactory | PCA Initials | RN Initials |
| Oral care and denture care |  |  |  |  |
| Bathing and doing pericare in bed or at bedside |  |  |  |  |
| Bathing in tub or shower and doing hair care |  |  |  |  |
| Shaving |  |  |  |  |
| Foot and nail care |  |  |  |  |
| Preventing skin breakdown. Using lotion and protectors for skin over pressure areas |  |  |  |  |
| Using hearing aids |  |  |  |  |
| Dressing and undressing |  |  |  |  |
| Bodily Functions | Practiced/Discussed | Date Satisfactory | PCA Initials | RN Initials |
| Toileting in bathroom, with urinal, commode or catheter |  |  |  |  |
| Measuring Intake and Output for fluid balance |  |  |  |  |
| Reporting constipation, dehydration, urinary tract infections, or other changes |  |  |  |  |
| Nutrition Skills | Practiced/Discussed | Date Satisfactory | PCA Initials | RN Initials |
| Using proper feeding assistance and cleanliness |  |  |  |  |
| Positioning and using special utensils |  |  |  |  |
| Preparing food safely |  |  |  |  |
| Other Skills | Practiced/Discussed | Date Satisfactory | PCA Initials | RN Initials |
| Handwashing and using universal precautions |  |  |  |  |
| Performing basic housekeeping, linen changes, and laundry |  |  |  |  |
| Communicating well |  |  |  |  |
| Checking temperature, pulse, and respirations |  |  |  |  |
| Checking blood pressure if applicable |  |  |  |  |
| Preventing falls/accidents. |  |  |  |  |
| Medication reminders/safety |  |  |  |  |
| First Aid and getting help |  |  |  |  |
| Other |  |  |  |  |

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information is true as the skills that were initialed above showed satisfactory knowledge as discussed or performed in preparation for working in a home health setting.

Instructor or RN Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PCA Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_