Department of Medical Assistance Services
Division of Long Term Care

TECHNOLOGY ASSISTED WAIVER
NURSING SKILLS CHECKLIST

The agency RN Supervisor /Designee determines the level of experience and competence of the nurse employee by completing the Nursing Skills Checklist with the employee. When caring for Tech Waiver participants, nurses must be competent in performing all skills as appropriate to the care of the individual. Place check (✓) marks in the appropriate columns below and dates where appropriate. Completion of a provider training program in lieu of (6) months of experience must be documented under Provider Training Program Completion Date. Describe any additional training at the bottom of page (4) of this check list.

The RN Supervisor's or Designee's initials and date indicates the procedure was described and/or demonstrated in a competent manner by the nurse employee.

Agency's Name _**1st Americare LLC**_________________ Office Location _**22375 Broderick Dr Ste 115, Sterling, VA, 20166**

Nurse Employee's Name (Printed) ___________________________________ Nurse's Employment Date ______________________

RN Supervisor's Name (Printed) _____________________________________ Employee's Nursing License # _________________

Procedure	Nurse Competent?		Amount of Experience with this Skill	Provider Training Program Completion Date	Demonstrated Skill Date	Described Skill date	Additional Training Date	Supervisor's Initials & Date
	Yes	No						
ASSESSMENTS								
Breath Sounds – Auscultation:								
Before Suction								
After Suction								
Need for Aerosol								
Signs & Symptoms:								
Respiratory Distress Hypoxia Medication side effects Fluid Retention								
PROCEDURES								
Chest Physical Therapy								
Suctioning:								
Positioning for								
Nasopharyngeal								
Trachea								
Trach Care:								
Clean Trach Site								
Change Trach Ties								
Change Trach Tube								
Cleaning of Inner Cannula								
Place on Trach Collar								
Manual Resuscitation Device Application:								
Via Trach								
Via Mouth								

Department of Medical Assistance Services
Division of Long Term Care

TECHNOLOGY ASSISTED WAIVER
NURSING SKILLS CHECKLIST

Nurse's Name____ RN Supervisor's Name ________________________

Agency Name_**_1st Americare**_LLC_____________________________________

Procedure	Nurse Competent?		Amount of Experience with this Skill	Provider Training Program Completion Date	Demonstrated Skill Date	Described Skill date	Additional Training Date	Supervisor's Initials & Date
	Yes	No						
Emergency Protocol/Procedure:								
Knowledge of Individualized Plan								
Monitoring and Equipment:								
Vital Signs								
Skin Care								
Oral Hygiene								
Use of Apnea/Bradycardia Monitor								
Placement on Oxygen Delivery Device/Trach Collar								
Placement on Ventilator								
Check Oxygen Level/Liter Flow/Tank Level								
Check/Calibrate Ventilator Settings								
IMV								
PEEP								
Pressure Units								
Tidal Volume								
Systematic Troubleshooting of Ventilator								
Humidity System:								
Check Water Level								
Check Temperature								
Filling Procedure								
Draining Water from Tubing								
Cleaning of Humidity Bottles/Chambers								
Check Compressor Operation								
Clean Compressor Unit Screen								
Assess Suction Machine Pressure								

Department of Medical Assistance Services
Division of Long Term Care

TECHNOLOGY ASSISTED WAIVER
NURSING SKILLS CHECKLIST

Nurse's Name ______________________________________ RN Supervisor's Name ________________________________

Agency Name _____**1st Americare_LLC**_______________

Procedure	Nurse Competent?		Amount of Experience with this Skill	Provider Training Program Completion Date	Demonstrated Skill Date	Described Skill date	Additional Training Date	Supervisor's Initials & Date
	Yes	No						
Clean Suction Machine								
Clean Suction Catheters								
Clean Corrugated Tubing								
Clean Manual Resuscitation Device (Reservoir Bag & Assoc. Equip)								
Clean Trach Collar								
Clean Trach Tubes								
Disposable								
Metal								
Medication Administration:								
Administration Technique (as appropriate)								
Installation of Normal Saline								
Administration Aerosol Treatments								
Assess and Record Intake and Output								
Assess Signs and Symptoms:								
Dehydration								
Fluid Retention								
Procedures/Techniques:								
Weight								
Skin Care:								
GT Site								
NG Site								
PO (Oral) Feeding:								
Preparation Special Formula/Feeding								
Nasogastric Feeding:								
Preparation Special Formula/Feeding								
Insert NG Tube								
Check NG Placement								
Check NG Residual								

Department of Medical Assistance Services
Division of Long Term Care

TECHNOLOGY ASSISTED WAIVER
NURSING SKILLS CHECKLIST

Nurse's Name ____ RN Supervisor's Name ___________________________

Agency Name ____**1st Americare LLC**_________________

Procedure	Nurse Competent?		Amount of Experience with this Skill	Provider Training Program Completion Date	Demonstrated Skill Date	Described Skill date	Additional Training Date	Supervisor's Initials & Date
	Yes	No						
Nasogastric Feeding (cont.)								
Bolus Feed								
Use of Feeding Pump								
Gastrostomy Feeding:								
Insert GT Tube								
Check Placement of GT Tube								
Bolus Feed								
Use of Feeding Pump								
Hyperalimentation (As Per Physicians Orders):								
Reading/Checking Hyperalimentation Prescription								
Operation of Infusion Pump								
Troubleshooting of Infusion								
Placement/Care of Infusion Line								
Starting and Disconnecting Infusion Line								
Emergency Clamping Central Lines								

Describe extra training received:____
____
____
____
____
____

Supervisor's Signature ___________________________________ RN Supervisor's Initials ___________________________

Trainer's Signature ______________________________________ Trainer's Initials ___________________________________

Nurse's Signature ____ Initial Review Date __________________________________