

Precious Hearts Companion Care, Inc.



Your Companion in Truth. Indeed

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SKILLS DEMONSTRATION AND CHECKLIST

	YES	NO	Date Described	Date Demonstrated	PC Aide Initial/date & Sign below	Supervisor Initial/Date
VITAL SIGNS						
Pulse-Apical						
Pulse-Brachial						
Respirations						
Blood Pressure						
ACTIVITIES						
Applying Passive ROM						
Applying Active ROM						
Using Crib						
- Stroller						
- Wheelchair						
Hoyer Lift						
OSTOMY CARE						
Caring for Colostomy						
Caring for Ileostomy						
Irrigating Colostomy						
Irrigating Ileostomy						
Care of Stoma						
Applying Ostomy bag						
Teaching family about Ostomas						
ACTIVITIES OF DAILY LIVING						
Bed Bath						
Sponge tub or shower						
Nail/Skincare						
Changing Diaper						
Repositioning the Client						
Oral Hygiene						
Assist w/meal preparation						
Assist with feeding/ supervision of feeding						
Toileting & Elimination						
Communication Skills						

SKILLS DEMONSTRATION AND CHECKLIST

	YES	NO	Date Described	Date Demonstrated	PC Aide Initial/date & Sign below	Supervisor Initial/Date
<u>ADL CONTINUED</u>						
Basic Infection Control						
Basic Elements of body functions/changes in body function (to be reported to supervisor)						
Maintenance of a clean, safe and healthy environment						
Recognizing emergencies and knowledge of emergency procedure						
Name and Signature of Personal Care Aide						
Name and Signature of Supervisor (CRN)						