

HEALTHCARE ASSISTANT CHECKLIST

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|--|---------------|------------------|---------------|
| NAME: | | DATE: | |
| Please tick the box that most applies to your current experience. Please remember that you will be held professionally accountable for all information provided. | | | |
| | Novice | Competent | Expert |
| ADMINISTRATIVE ABILITIES | | | |
| Dealing with confidentiality | | | |
| Report writing | | | |
| Recording instructions from MDT | | | |
| Observing/recording changes in clients condition | | | |
| Measuring fluid output | | | |
| Recording on fluid charts accurately | | | |
| Answering and referring all enquires to the nurse in charge | | | |
| Understanding the policies, procedures & guidelines and adhering to them | | | |
| Documenting patient care thoroughly | | | |
| Aware of patient charter | | | |
| NEUROLOGICAL | | | |
| Neurological observations and assessment | | | |
| Care of a patient following a cva | | | |
| PEG CARE | | | |
| Care of the patient with abdominal wounds/drains e.g.PEG tube, | | | |
| ORTHOPAEDICS | | | |
| Spinal lifts | | | |
| Log rolls | | | |
| WOUND CARE | | | |
| Assisting with care of pressure areas and reporting it | | | |
| Prevention of pressure sores | | | |
| PERSONAL HYGIENE | | | |
| Care of hair | | | |
| Care of nails | | | |
| Care of skin | | | |
| Care of mouth and dentures | | | |
| Assisting with general cleanliness | | | |
| BEDSIDE | | | |
| Bedmaking | | | |
| Disposal of soiled linen | | | |
| Assisting with bathing | | | |
| Giving bedpans, with disposal and measurement as required | | | |
| Preparing patient for meal | | | |
| Feeding patient | | | |
| Escorting patients to other departments | | | |
| Getting patient ready for bed | | | |
| Getting patient out of bed | | | |
| Keeping the room tidy | | | |
| Collecting routine specimen of urine and faeces | | | |
| MANDATORY TRAINING | | | |
| Basic Life Support | | | |
| Use of airway and ambu bag | | | |
| Cardiac Compressions | | | |
| Manual handling | | | |
| Health and Safety | | | |



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|---|--------|-----------|--------|
| Infection Control | | | |
| Fire Safety | | | |
| OTHER | | | |
| Barrier nursing - infectious/immunosuppressed or MRSA patient | | | |
| Care of patient with eye problems | | | |
| Care of a confused patient | | | |
| COMMENTS (any other skills etc) | | | |
| | | | |
| SIGNATURE: | | | |
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