

# HEALTHCARE ASSISTANT CHECKLIST

<b>NAME:</b>	<b>DATE:</b>		
Please tick the box that most applies to your current experience. Please remember that you will be held professionally accountable for all information provided.			
	<b>Novice</b>	<b>Competent</b>	<b>Expert</b>
<b>ADMINISTRATIVE ABILITIES</b>			
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			
<b>NEUROLOGICAL</b>			
Neurological observations and assessment			
Care of a patient following a cva			
<b>PEG CARE</b>			
Care of the patient with abdominal wounds/drains e.g.PEG tube,			
<b>ORTHOPAEDICS</b>			
Spinal lifts			
Log rolls			
<b>WOUND CARE</b>			
Assisting with care of pressure areas and reporting it			
Prevention of pressure sores			
<b>PERSONAL HYGIENE</b>			
Care of hair			
Care of nails			
Care of skin			
Care of mouth and dentures			
Assisting with general cleanliness			
<b>BEDSIDE</b>			
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			
<b>MANDATORY TRAINING</b>			
Basic Life Support			
Use of airway and ambu bag			
Cardiac Compressions			
Manual handling			
Health and Safety			

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