

L.P.N. COMPETENCY EVALUATION

APPLICANT'S NAME: _____ DATE: _____

Below is a list of different clinical procedures. Please check the appropriate column for the applicant.

PROCEDURES	Competent	Needs more experience	Unknown	COMMENTS
Application of AE hose/ SCD				
VITAL SIGNS				
Blood pressure [manual]				
TPR				
CATHETER - care				
- removal of				
CATHETERIZATION -male				
-female				
ISOLATION (TYPES)				
ASSESSMENT/DRESSING pressure ulcer				
DRESSINGS -clean				
DRESSINGS -sterile				
ENEMAS -cleansing				
-fleets				
MED. ADMINISTRATION				
-Oral				
-sublingual				
-intramuscular				
-subq				
POSITIONING/ROM EXERCISE				
PULSE				
-apical				
-radial				
-pedal				
PHYSICAL ASSESSMENT				
RESTRAINTS - vest				
- wrist				
ENTERAL FEEDINGS – PEG/ Keofeed / NG				
URINE -regular				
-midstream				
-clean catch				
-closed drain system				
TRANSFERRING				
-bed to chair				
-transfer board				
WEIGHT - wheelchair				
- bed scale				

(Supervisor's Print Name)

(Supervisor's Signature)