



Competency Checklist

Date:	
Employee Name:	
Preceptor/Evaluator's Name	
Competency:	Head to Toe Assessment

INDICATORS OF PERFORMANCE LEVEL SUMMARY

How Met		Level of Competency	
O	Direct Observation/Return Demonstration	1	Below expected standards
V	Verbalization/Discussion	2	Fully meets standards
T	Test	3	Well above standards. May precept peers
NA	Not applicable		

If overall performance or competency is rated below the minimum competency level of 2, that performance or competency must be reassessed within 30 days of this review.

The employee demonstrates skills and competence in the following:	How Met	Level of Competency 1 2 3	Evaluated by:
Introduce self, identify patient with ID band and explain procedure, check patient's allergies.			
Follows standard precautions, washes hands according to CDC guidelines.			
Provide privacy, and place client in comfortable position			
Verbalized Vital Signs Obtained to include pain assessment			
NEURO: Patient Orientation (person, time, place) Communication and speech			
HEAD AND NECK: Palpate: Head/Normocephalic Sinuses Frontal and Maxillary Lymph Nodes Non tender/painful Shrug Shoulders/ Turn head side to side against resistance			
EYES: PERRLA/Accommodation			
NOSE: Inspect both nares for patency, redness, draining for any signs of infection			
MOUTH and THROAT: Inspect: Lips, throat/inside mouth and teeth			
MUSCULOSKELETAL: Checked upper extremities (up/down) against resistance Grip both hands and squeeze Legs (thighs) up/down against resistance Lower legs up/down against resistance Feet up/down against resistance (dorsiflex and plantar flex) Assess client's activity level (Ambulatory, Bedridden etc.)			
CARDIAC: Check Carotid for bruits Auscultate Heart sounds Palpate all pulses bilaterally to ensure presence			

Assess Capillary refill in all extremities			
RESPIRATORY: Inspect Respiratory Movement/Expansion Auscultate Lungs/Lung sounds clear or adventitious sounds			
ABDOMINAL: Inspect Auscultate bowel sounds in all quadrants Palpate Light and Deep for Pain/Tenderness/ Swelling/Masses Ask client's last bowel movement			
LOWER EXTREMITIES: Inspect for hair distribution/color; Palpate warmth, edema, pulses Inspect between toes and heels Babinski reflex			
GENITALURINARY: Inspect Genitalia Assessment of urination Continent Assess Urine (amount, color, odor etc.) Urinary Catheter assessment if applicable			

- Employee is competent to perform the above tasks independently and without supervision
- Employee's level of competence is below 2. Reassess competency on: _____

Employee's Signature	
Evaluator's Signature	