



THP Transition to LNA Skills Checklist

Student Name: _____

Instructor: _____

Skill Performed	Lab (Date)	Clinical (Date)	Instructor Initials/ Comments
Hand washing			
Proper use of gloves			
Knock on doors			
Provide privacy			
Use of call bell			
Blood pressure			
TPR			
PPE			
Restraints			
Documentation			
Clean environment			
Linen handling			
Review care plan			
Report to/from Nurse			
Heimlich Maneuver			
Measure height			
Measure weight			
Use of cane			
Use of Walker			
Use of gait belt			
1 person transfer			
2 person transfer			
Repositioning			
Mechanical lift			
Bed position/pads on floor			
Side rails			
Safety alarms			
Nasal cannula/mask			
Bed bath			
Shower			
Whirlpool			
Bath mitts			
Oral care			
Denture care			
Backrub			
Shaving			

Skill Performed	Lab (Date)	Clinical (Date)	Instructor Initials/ Comments
Nail Care			
Hair care			
Dress a patient			
Occupied bed			
Open bed			
Closed bed			
Assist with feeding			
Document meal intake			
I & O Sheets			
Oxygen equipment			
Ostomy care			
Bedpan			
Commode/toilet			
Catheter care			
Urinal (if male pt. avail)			
Measure urinary output			
Apply attends/briefs			
Active range of motion			
Passive range of motion			
Post mortem care			
Proper Body Mechanics			

The signatures below indicate the THP has satisfactorily performed the skills as documented on this checklist in a NH licensed nursing home.

THP Signature Date

Director of Nursing at Licensed Nursing Facility Signature Date

LNAHC Lab Instructor Signature Date



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Satisfactory Unsatisfactory

DEMENTIA SKILLS CHECKLIST

Objective / Skill	Classroom (Date)	Clinical (Date)	Instructor Initials/ Comments
Identify Residents who exhibit signs and symptoms of Dementia			
Demonstrate strategies helpful in communication/caring for residents with Dementia			
Perform personal care to residents with Dementia			
Identify common behaviors in people with Dementia			
Demonstrate appropriate response to a person whose behavior is dysfunctional			
Perform care measures to help maintain the quality of life for a person with Dementia			
Identify the effects on the caregiver caring for a person with Dementia		Classroom Only	

The signatures below indicate the student and the instructor agree the student has satisfactorily performed the skills and objectives as documented on this checklist.

THP Signature Date

Director of Nursing at Licensed Nursing Facility Signature Date

LNAHC Lab Instructor Signature (if applicable) Date



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Instructor: _____

Satisfactory

Unsatisfactory