

**Name :**

**Date:**

**Speciality:**

**Grade:**

Please Tick the Box in accordance w the level of expertise as indicated below:

1. Familiar with procedure and can perform alone
2. Familiar with procedure but needs supervision
3. Understand theory of the procedure but never performed task
4. No knowledge of the procedure

Personal Hygiene	1	2	3	4
Bath/Shower/Assisted wash				
Use of Bath aids				
Mouth Care (Including Dentures)				
Care of feet (Excluding toe nails)				
Dressing/Undressing of patients				
Bed Bath				
Shaving				
Care of hair				
Care of Finger nails				
Care of eyes				
Pressure area care				

Toileting	1	2	3	4
Emptying and changing a catheter bag				
Catheter care				
Stoma care				
Use of bedpans/urine bottles/commodos				
Collection of stool/urine/sputum				
Incontinence care				

Mobility	1	2	3	4
Moving and Handling				
Use of Hoists				
Use of Walking aids				
Use of Wheel Chair				

Nutrition	1	2	3	4
Preparation of food				
Special diets				
Supervision with eating				
Assistance with feeding				

Infection Control	1	2	3	4
Caring for MRSA positive patients				
Barrier nursing				
Isolation				
Universal precautions				
Hand washing				
Cross Infection				

Observations	1	2	3	4
Observing Patients Confidentiality				
Taking temperatures				
Checking Blood Pressure				
TPR/BP recording chart				
Checking pulse/Respiration				
Blood sugar Testing				
Urine Testing				
Observing/recording changes in patient condition and reporting to senior sta <sup>o</sup>				

General	1	2	3	4
First Aid				
Awareness of Health & Safety Precautions				
Bed Making				
Simple Dressing				
Report writing handover				
Laundry				
Shopping				
Domestic Duties				

Knowledge of Service User Groups	1	2	3	4
Elderly people				
Dementia				
Palliative care/ care of terminally ill				
People with Physical disabilities				
People with mental health problems				
People living with HIV/AIDS				
Children/families				