The following clinical skills indicated by an asterisk (*) in the left-hand margin must be successfully completed in the clinical setting prior to graduation. If more than 7% of the required skills have not been performed satisfactorily by the end of the final semester, the student must perform a satisfactory return demonstration in the lab-setting. Those skills not asterisked in the left-hand margin will be validated as clinical opportunities are available.

Skills typed in small letters may be performed independently after instructor validation in the clinical setting. The skills typed in all CAPITAL LETTERS may not be performed without direct supervision of the instructor/preceptor.

The instructors must initial the clinical skills as it is performed satisfactorily in the clinical setting for each semester. If the skills is performed unsatisfactorily, then, the instructor places a bold asterisk in the designated sign-off slot, but does not initial it. Additional instructor comments may be written on the last page of this form to explain red asterisks.

The ultimate responsibility for maintaining this document rests on the student. It is to be used as a guide for seeking out appropriate and needful learning experiences.
# Nursing Clinical Skills Validation Checklist

## BASIC SKILLS

<table>
<thead>
<tr>
<th>Demonstration Of Competence</th>
<th>CLASSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. CPR (Independent Study)</td>
<td>NUR 101 or NUR 201</td>
</tr>
<tr>
<td>B. Temperature</td>
<td></td>
</tr>
<tr>
<td>* 1) Oral</td>
<td></td>
</tr>
<tr>
<td>* 2) Rectal</td>
<td></td>
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<tr>
<td>* 3) Temporal</td>
<td></td>
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<tr>
<td>* 4) Tympanic</td>
<td></td>
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<tr>
<td>* 5) Axillary</td>
<td></td>
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<tr>
<td>C. Pulse</td>
<td>PNR 110</td>
</tr>
<tr>
<td>* 1) Apical</td>
<td></td>
</tr>
<tr>
<td>* 2) Peripheral</td>
<td></td>
</tr>
<tr>
<td>* 3) Doppler</td>
<td></td>
</tr>
<tr>
<td>* D. Respirations</td>
<td></td>
</tr>
<tr>
<td>* E. Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>F. Height</td>
<td></td>
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<tr>
<td>G. Weight</td>
<td></td>
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<thead>
<tr>
<th>Demonstration Of Competence</th>
<th>CLASSES</th>
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<tbody>
<tr>
<td>H. Assessment</td>
<td>NUR 120 or NUR 201 or PNR 110</td>
</tr>
<tr>
<td>1) Head to Toe</td>
<td></td>
</tr>
<tr>
<td>2) Breath Sounds</td>
<td></td>
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<tr>
<td>3) Bowel Sounds</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Demonstration Of Competence</th>
<th>CLASSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 4) Fundus Check</td>
<td>NUR 220 or PNR 154</td>
</tr>
<tr>
<td>* 5) Fetal Heart Tones</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>Demonstration Of Competence</th>
<th>CLASSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Documentation</td>
<td>NUR 101 or NUR 201</td>
</tr>
<tr>
<td>* 1) Vital Signs &amp; Graphics</td>
<td></td>
</tr>
<tr>
<td>* 2) Admission</td>
<td></td>
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<tr>
<td>* 3) Discharge</td>
<td></td>
</tr>
<tr>
<td>* 4) Transfer</td>
<td>PNR 110</td>
</tr>
<tr>
<td>* 5) Head to Toe Assessment</td>
<td></td>
</tr>
</tbody>
</table>

## SAFETY

<table>
<thead>
<tr>
<th>Demonstration Of Competence</th>
<th>CLASSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>* A. Hand washing</td>
<td>NUR 101</td>
</tr>
<tr>
<td>* B. Occupied bed making</td>
<td></td>
</tr>
</tbody>
</table>

*Instructions: If performance is satisfactory, clinical instructor must place his/her initials under each semester and each row. If performance is unsatisfactory, clinical instructor must place a red (*) asterisk without the initials.*
**NURSING CLINICAL SKILLS VALIDATION CHECKLIST**

| C. Unoccupied bed making or NUR 201 |
| D. Restraints |
| E. *Standard Precautions* PNR 110 |
| F. Isolation Procedures |
| G. Baths |
| 1) Complete Bed Bath |
| 2) Sponge Bath |
| 3) Sitz Bath NUR 220 |
| 4) Baby Bath PNR 110 PNR 154 |
| 5) Peri Care NUR 101 or NUR 201 |
| 6) Shampoo |
| 7) Oral Care |
| 8) Facial Shave |
| 9) Post Mortem Care |
| H. MEDICATIONS PNR 110 |
| * 1) ORAL |

---

**Demonstration Of Competence**

| * 2) SUBCUTANEOUS NUR 101 or NUR 201 |
| 3) INTRADERMAL |
| * 4) INTRAMUSCULAR (Z-TRACK) |
| 5) FILTER NEEDLE |
| 6) INHALANTS |
| 7) TOPICAL |
| 8) SUPPOSITORY |
| 9) EAR gtts |
| 10) EYE gtts |
| 11) Via NGT or GT |
| * 12) INSULIN MIX |
| * 13) MIX POWDERED DRUGS NUR 101, NUR120 or NUR 201 |
| * I. Sterile gloving NUR 101 PNR 110 |
| J. Operative Procedures |
| 1) Skin prep NUR 120 |

---

**CLASSES**

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## NURSING CLINICAL SKILLS VALIDATION CHECKLIST

### 2) Pre-op checklist
- or
- NUR 201
- PNR 120

### 3) Sterile gowning
- PNR 110

### 4) Suture/staple removal
- NUR 101, NUR 120 or
- NUR 201
- PNR 110

### K. Dressings/Changes
- * 1) Clean dressing
- or
- NUR 201
- PNR 110

### * 2) Sterile dressing
- NUR 201
- PNR 110

### * 3) Wet to dry dressing

### L. Specimen collection

#### 1) Sputum
- NUR 101
- PNR 110

#### 2) Cultures
- NUR 101
- or
- NUR 201
- PNR 110

#### 3) Urine
- NUR 101
- or
- NUR 201
- PNR 110

##### i. Mid-stream urine
- NUR 101
- or
- NUR 201
- PNR 110

##### ii. 24-hour urine
- PNR 110
- or
- PNR 120
- or
- PNR 130

##### iii. “U” bag
- NUR 220

##### iv. Sterile Urine

#### 4) Stool
- NUR 101
- or
- NUR 201
- PNR 110

### EMOTIONAL/COGNITIVE

#### * A. Communication
- NUR 101
- or
- NUR 201
- PNR 110

#### * B. Group participation
- NUR 162

#### C. Psycho-social assessment

##### * 1) Adult
- NUR 101
- or
- NUR 201

##### * 2) Elderly
- NUR 150
- or
- NUR 201

### Demonstration Of Competence

### CLASSES

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# Nursing Clinical Skills Validation Checklist

**Student’s Name:**

**Student’s H#:**

## NURSING CLINICAL SKILLS VALIDATION CHECKLIST

<table>
<thead>
<tr>
<th></th>
<th>i. Developmental Screening Test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4) Family</td>
<td>NUR 220</td>
</tr>
<tr>
<td></td>
<td>5) Individual chronic</td>
<td>NUR 150  or NUR 201</td>
</tr>
<tr>
<td></td>
<td>6) Individual crisis</td>
<td>NUR 162  or NUR 201</td>
</tr>
<tr>
<td></td>
<td>D. Psychotherapeutic Interventions</td>
<td></td>
</tr>
</tbody>
</table>

## Teaching Learning Principles

| * | A. Health concepts           | NUR 101  or NUR 201 |
|   | B. Medications               | All NUR |
|   | C. Nutrition                 | NUR 101  or NUR 201 |
| * | D. Treatment                 | NUR 120  or NUR 201 |
| * | E. Anticipatory guidance     | NUR 220 |

## Mobility

| * | A. Protective positioning    | NUR 101  or NUR 201 |
|   | B. Standing                  |   |
|   | C. Ambulating                |   |
|   | D. Wheelchair transfer       |   |
|   | E. Stretcher transfer        |   |
| * | F. Bed to chair transfer     | PNR 110  |
| G. Range of Motion            |   |
|   | 1) Active                    |   |
| * | 2) Passive                   |   |
| H. *                          |   |
| I. Dangle                     |   |
| J. Transfer Device            |   |
| K. Traction                   | NUR 120  or NUR 201 |
| L. Cast Care                  |   |
| M. Crutch walking             | PNR 120  or 130 |
| N. Other Assistive Device     | PNR 110 |

## Oxygenation

|   |   |

---

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**Student’s Name:**

<table>
<thead>
<tr>
<th>A. Turn, Cough, and Deep Breath</th>
<th>NUR 101 or NUR 201</th>
</tr>
</thead>
<tbody>
<tr>
<td>* B. Incentive spirometer</td>
<td></td>
</tr>
<tr>
<td>C. Suctioning</td>
<td></td>
</tr>
<tr>
<td>* 1) Oropharyngeal</td>
<td>PNR 130</td>
</tr>
<tr>
<td>2) Tracheal</td>
<td>NUR 120 or NUR 201</td>
</tr>
<tr>
<td>3) Endotracheal</td>
<td>PNR 130</td>
</tr>
<tr>
<td>4) Bulb</td>
<td>NUR 221</td>
</tr>
<tr>
<td>* D. O₂ Administration</td>
<td>NUR 101 or NUR 201</td>
</tr>
<tr>
<td>1) Nasal Cannula</td>
<td>PRN 120 or PRN 130</td>
</tr>
<tr>
<td>2) Face mask</td>
<td></td>
</tr>
<tr>
<td>3) Croup tent</td>
<td>NUR 220</td>
</tr>
</tbody>
</table>

**Demonstration Of Competence**

- E. Thrombo Embolic Device/Sequential Compression Device
  - NUR 101 or NUR 201
- F. Electrocardiogram Strip Reading
  - NUR 221
- G. Apnea Monitoring
  - NUR 220
- H. Postural Drainage
  - NUR 220
- * I. Pulse Oximetry
  - NUR 101 or NUR 201
- J. Trach Care
  - NUR 120 or NUR 201
- K. Chest Tubes
  - NUR 120
- L. CPAP/BiPAP
  - NUR 120

**CLASSES**

Instructions: If performance is **satisfactory**, clinical instructor must place his/her initials under each semester and each row. If performance is **unsatisfactory**, clinical instructor must place a **bold (*) asterisk** without the initials.
## NURSING CLINICAL SKILLS VALIDATION CHECKLIST

### M. Capnography
- **NUR 120**

### NUTRITION

<table>
<thead>
<tr>
<th>Skill</th>
<th>Class(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>A. Feeding (oral)</em></td>
<td>NUR 101 or NUR 201</td>
</tr>
<tr>
<td><em>B. (NG/GT) feeding</em></td>
<td>PNR 110</td>
</tr>
<tr>
<td><em>C. Finger Stick Blood Sugar (FSBS)</em></td>
<td>NUR 101 or NUR 201</td>
</tr>
<tr>
<td><em>D. Calorie count</em></td>
<td>NUR 101</td>
</tr>
<tr>
<td><em>E. Diet History</em></td>
<td>NUR 101</td>
</tr>
<tr>
<td><em>F. Intake Measurement</em></td>
<td>NUR 201 or NUR 220</td>
</tr>
<tr>
<td>G. NG TUBE</td>
<td>PNR 110</td>
</tr>
<tr>
<td>1) Insertion</td>
<td><strong>NUR 120</strong></td>
</tr>
<tr>
<td>2) Irrigation</td>
<td><strong>NUR 101</strong></td>
</tr>
<tr>
<td>3) Removal</td>
<td><strong>NUR 101</strong></td>
</tr>
</tbody>
</table>

### H. Gastric Lavage
- **NUR 220**

### I. IV Therapy

<table>
<thead>
<tr>
<th>Skill</th>
<th>Class(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>1) Hangs Large Vol. (1000mL)</em></td>
<td>NUR 120 or NUR 201</td>
</tr>
<tr>
<td><em>2) Changes Primary IV Tubing</em></td>
<td>NUR 120 or NUR 201</td>
</tr>
<tr>
<td>3) IV/INT Dressing Change</td>
<td>NUR 120 or NUR 201</td>
</tr>
<tr>
<td>4) Convert IV to INT Device</td>
<td>NUR 120 or NUR 201</td>
</tr>
<tr>
<td>5) Start IV</td>
<td>NUR 120 or NUR 201</td>
</tr>
<tr>
<td>6) D/C IV/INT Device</td>
<td><strong>NUR 101</strong></td>
</tr>
<tr>
<td><em>7) INT Flush</em></td>
<td>NUR 120 or NUR 201</td>
</tr>
<tr>
<td><em>8) Hangs PB Med</em></td>
<td>NUR 120 or NUR 201</td>
</tr>
<tr>
<td>9) IV Push Med</td>
<td>NUR 120 or NUR 201</td>
</tr>
<tr>
<td><em>10) Rate Calculation</em></td>
<td>NUR 101 or NUR 201</td>
</tr>
<tr>
<td>1. Manual</td>
<td>NUR 101</td>
</tr>
<tr>
<td>2. Device</td>
<td><strong>NUR 120</strong></td>
</tr>
</tbody>
</table>

### CLASSES

- **NUR 101**
- **NUR 120**
- **NUR 201**
- **PNR 110**

---

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NURSING CLINICAL SKILLS VALIDATION CHECKLIST

Demonstration Of Competence

<table>
<thead>
<tr>
<th>ELIMINATION</th>
<th>NUR 101, NUR 120, NUR 150 or NUR 201</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Enemas (at least one)</td>
<td></td>
</tr>
<tr>
<td>1) Fleets</td>
<td></td>
</tr>
<tr>
<td>2) Soap Suds</td>
<td></td>
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<tr>
<td>3) Tap Water</td>
<td></td>
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<tr>
<td>B. Rectal Tube</td>
<td></td>
</tr>
<tr>
<td>C. Output measurement</td>
<td></td>
</tr>
<tr>
<td>* D. Urine Dipstick</td>
<td><strong>PNR 110</strong></td>
</tr>
<tr>
<td>E. Catheterization</td>
<td></td>
</tr>
<tr>
<td>1) Straight cath (in and out)</td>
<td></td>
</tr>
<tr>
<td>2) Foley cath Insertion</td>
<td></td>
</tr>
<tr>
<td>3) Foley Removal</td>
<td>NUR 101 <strong>PNR 110</strong></td>
</tr>
<tr>
<td>4) Catheter Care</td>
<td>NUR 101 <strong>PNR 110</strong></td>
</tr>
<tr>
<td>5) Empty Foley Bag</td>
<td>NUR 101 <strong>PNR 110</strong></td>
</tr>
<tr>
<td>6) Bladder irrigation</td>
<td>NUR 120 or NUR 201 <strong>PNR 110</strong></td>
</tr>
<tr>
<td>F. Bladder Scanner</td>
<td>NUR 101, NUR 220 <strong>PNR 110</strong></td>
</tr>
<tr>
<td>G. Ostomy</td>
<td></td>
</tr>
<tr>
<td>1) Care</td>
<td>NUR 101 or NUR 201 <strong>PNR 110</strong></td>
</tr>
<tr>
<td>2) Irrigation</td>
<td></td>
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</tbody>
</table>

| COMFORT/SLEEP                                                             | NUR 101 or NUR 201                     |
| A. Back Massage                                                          |                                       |

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<table>
<thead>
<tr>
<th>DATE</th>
<th>CLASS</th>
<th>FACULTY/PRECEPTOR SIGNATURE</th>
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