



Geriatric Long Term Care (LPN)

Name of Applicant _____

Date _____

Please indicate level of knowledge and experience in all the listed criteria

1 = No Experience

2 = Some Experience

3 = Experienced

	1	2	3		1	2	3
Nasogastric Tube Feeding				Nasopharyngeal Suction			
Gastrostomy Feeding				Tracheostomy Care/Suction			
Applying Restraints				Foley Catheter; insertion and Care			
Vital Signs				Texas (Condom) Catheter			
Temp-Oral				Blood Glucose Monitoring			
Rectal				Finger Stick			
Axillary Glass				Ostomy Care			
Electronic				Seizure Precautions			
Pulse Radial-Apical				Eye Drops/Ointment/Compresses			
Blood Pressure				Bladder Irrigation/CBI			
Hearing Aid Care, Insertion & Removal				Ear Drops Instillation			
Specimen Collection				Administration of Oxygen			
Urine				Care of Cast			
Sputum (inc. AFB)				Heimlick Maneuver			
Stool				Nursing Assessment			
Culture				Initial and Ongoing			
Universal Precautions				Admissions, Transfer, Discharges of Reside			
Mouth Care				Post Mortem Care			
Medication/Treatments				Occurrence Reports			
P.O.				Enemas: SSE, Fleets, Oil Retention, TWE			
I.V.				Aseptic/Sterile Dressing Change			
Sub Q.				Care of the Resident with Special Needs			
I.M.				Preparations			
Footcare				RUGS/PRI			
Preventive Skin Care				ADL Documentation			
Decubitus/Wound Care				Care of Resident/Patient			
End Stage Renal Disease/Dialysis				Fall Prevention			
Amputation				Floor Ambulation Program			
Alzheimer Disease/Dementia				Heat Precautions			
Hip Fracture				Management			
Osteoarthritis/Rheumatoid				Participating in Interdisciplinary Care			
Urinary Incontinent Care/Toileting Fprog/B&B				Writing Comprehensive Care Plan			
Pneumonia				Transfers			
Bronchitis				Care of Death/Dying			
Assessment of Neurological Injuries/CVA				IV Therapy			
Ventilator Dependent				Piggyback			
Sensory Impaired				Soluset			
ROM: Passive/Active				Pump/Controller			
CPR							