

ACTIVITIES ASSESSMENT CHECKLIST

(R.N. / L.P.N.) Mornigstar Home Health Agency, Inc.

EMPLOYEE'S NAME: _____

INSTRUCTIONS: INSERT DATE AND INITIALS			
PROCEDURE	ACCEPTABLE DFMONSTRATION	DEMONSTRATED KNOWLEDGE VERBALLY	NEEDS REVIEW
1. ADMISSION PROCEDURES/OASIS			
A. MEDICARE-GENERAL B. NON-MEDICARE			
2. HOME HEALTH AIDE EVALUATION			
3. RECERTIFICATION/OASIS			
4. DISCHARGE PROCEDURES/OASIS			
5. REINSTATEMENT HOSPITAL SUSPENSION/HOLD/TRANSFER/OASIS			
6. LEGAL ASPECTS/DOCUMENTATION GUIDELINES			
A. PHYSICIAN REPORTING			
B. RECORDING PATIENT RECORD			
7. PSYCHO SOCIAL			
A. ASSESS LEVEL OF UNDERSTANDING OF PT/SO.			
B. TEACHES DISEASE PROCESS			
C. NUTRITIONAL/FLUID TEACHING			
D. S/S REQUIRING MEDICAL INTERVENTION			
8. UNIVERSAL PRECAUTIONS			
A. RED BAG TECHNIQUES HANDLING OF BIOHAZARDOUS WASTE			
B. DISPOSONAL OF NEEDLES			
C. WIPING OFF STETHOSCOPE			
D. HANDLING OF NURSE'S BAG (BAG TECHNIQUE)			
9. EAR, EYES, NOSE & THROAT			
A. TEACH DISEASE PROCESS			
B. TEACHES EAR & EYES DROPS INSTILLATION			
C. THROAT CULTURE			
10. RESPIRATORY SYSTEM			
A. TEACH DISEASE PROCESS & RISK FACTORS			
B. RESPIRATORY ASSESSMENT & RATE			
C. DIETARY / FLUID REQUIREMENTS			
D. EXERCISE BREATHING TECHNIQUES			
E. OXYGEN EQUIPMENT & PRECAUTIONS			
F. S/S REQUIRING MEDICAL INTERVENTION			