

Morningstar Home Health Agency, Inc.
(CONTINUED - R.N./L.P.N. SKILLS ASSESSMENT CHECKLIST)

EMPLOYEE'S NAME: _____

INSTRUCTIONS: INSERT DATE AND INITIALS			
PROCEDURE	ACCEPTABLE DEMONSTRATION	DEMONSTRATED KNOWLEDGE VERBALLY	NEEDS REVIEW
14. ENDOCRINE SYSTEM			
A. TEACH DISEASE PROCESS & RISK FACTORS (THYROID, PANCREATIC, ADRENAL) 1. S/S OF HYPO 2. S/S OF HYPER			
B. FLUID/DIETARY REQUIREMENTS & MANAGEMENT			
C. INSULIN ADMINISTRATION (SUBCUTANEOUS INJECTION) 1. INSULIN PREPARATION (SINGLE DOSE) 2. INSULIN ADMINISTRATION (SUBCUTANEOUS INJECTION)			
D. BLOOD GLUCOSE TESTING WITH REAGENT STRIPS			
E. BLOOD GLUCOSE TESTING WITH BLOOD GLUCOSE METER (FINGER STICK)			
F. URINE TESTING FOR KETONE			
G. URINE TESTING FOR SUGAR			
H. SKIN/FOOT CARE			
15. NEUROLOGICAL SYSTEM			
A. TEACH DISEASE PROCESS AND RISK FACTORS			
B. LEVEL OF CONSCIOUSNESS			
C. AUDITORY/VISUAL STATUS			
D. S/S REQUIRING MEDICAL INTERVENTION			
E. PUPIL SIZE & REACTION TO LIGHT			