# Patient Care Skills Check List

**Name:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Clinical Facility</th>
<th>Competency Verified By:</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Print</strong></td>
<td><strong>Sign</strong> (or write Trajecsys if tech did it on Trajecsys)</td>
</tr>
</tbody>
</table>

## Vital Signs (Must complete all 5)

- Blood Pressure
- Temperature
- Pulse
- Respiration
- Pulse Oximetry

## Techniques (Must complete 1 of the 2)

- Sterile Technique
- Medical Aseptic Technique

## Transfer (Must complete)

- Patient Transfer Type:

## Venipuncture (Must complete)

- □ Patient
- □ Simulated

## Care of Patient Medical Equipment (Must complete 1 of the 2)

- Oxygen Tank
- IV Tubing

## CPR Certification (Must complete)

- Date Completed
- Certificate Expiration

(keep a copy of your CPR card in your clinical binder)