

INITIAL EPHC COMPETENCY CHECKLIST

NAME _____

SKILLS	COMPETENT		COMMENTS	DATE & INITIAL
	YES	NO		
T, P, R, BP: reading & recording				
Bed Bath				
Sponge, tub or shower bath				
Shampoo; sink, tub or bed				
Oral hygiene				
Toileting & elimination				
Normal range of motion				
Positioning				
Safe transfer techniques				
Ambulation				
Fluid intake				
Adequate nutrition				
Communication skills				
Infection control: Standard Precautions				
Observing & reporting pt status & care furnished				
Documenting pt status & care furnished				
Maintenance of clean, safe & healthy environment				
Elements of body function & changes to report to supervisor				