DRAYCOTT NURSING

Name: …………………………………….	Pin:.………………………	Expiry Date:.………………..

CARERS IN THE HOME SKILLS EVALUATION

(Please tick the box to indicate your level of competence.)

1. Experienced
2. Have watched
3. Familiar with
4. No Knowledge

	1	2	3	4	COMMENTS
PERSONAL HYGIENE					
Bath/ shower					
Use of bath aids					
Shaving					
Dress/ undress patient					
MOBILITY					
Moving/ handling patient					
Using walking frames					
Use of hoists					
TERMINAL CARE					
Mouth care					
Eye care					
Pressure area care					
TOILETING					
Assisting to commode					
Use of bedpans					
Catheter / Uro sheath care					
Colostomy / Ileostomy care					
HOME CARE OBSERVATIONS					
Skin/Nails/Hair					
Food & Fluids					
Bowels & Bladder					
Weight loss					
DIABETIC AWARENESS RE:-					
High blood sugar					
Low blood sugar					
& SUPPORT WITH					

Food/Fluids					
Finger prick					
Urine test					
Insulin administration					
GENERAL					
General Housekeeping					
Bed making with sheets/slide sheet					
Ensuring medication taken					
Shopping for a client					
Managing house expenses					
Observing client confidentiality					
Report writing					
Recording instructions from GP or District Nurse					
Supporting client with appointments					
Observing changes in the patient’s condition					
Know how to manage in an urgent situation i.e. who to call first					
Working with other nurses or carers, OT’s etc					
Are you willing to look after the patient’s pets?					
NUTRITION & COOKING SKILLS					
Food handling					
Feeding the client					
Peg feeding					
Experienced in cooking for patients					
Cater for a vegetarian diet					
Experience in catering for other special diets	YES / NO				
Please state which					
Do you have any dietary requirements	YES / NO				
State what they are please					
ENVIRONMENT					
Do you have experience of working in the following situations?					
Hospice					
Nursing home					
Residential home					

Hospital					
Patient’s own home					
Caring for a client at the end of life					
Supporting bereaved relatives					
EQUIPMENT					
Experience with the following :					
Wheel chairs					
Client using a ‘Monkey pole’					
Electronic beds/chairs					
Air chair/bed mattress					

I declare that the information I have given is true. I understand that if information given on the application form is found to be false, it may result in termination of the recruitment process or disciplinary action which could result in dismissal.

Signed:……………..……………………………………….

Date:…………….…………………………………………..