



Member: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

MCO name	Phone number	Fax number
BlueCare Tennessee	1-888-423-0131	1-423-535-5254
UnitedHealthcare	1-800-690-1606	1-800-743-6829
Amerigroup Community Care	1-800-454-3730	1-877-297-5003/1-866-920-6003

### Initial Member/Caregiver Training Checklist

Include this completed and signed form within 60 days after an *initial* admission. Submit this completed form as additional clinical information if the completion of this form occurs prior to the recertification date. If the family requires additional time for training, please notify the appropriate MCO. When sending in a request for continuation or additional PDN and/or home health services, complete the Recertification Member/Caregiver Training Checklist Form. Complete the recertification training checklist form at each recertification, with any new training of the primary caregiver or new/additional backup caregivers, and annually once all training has been successfully completed.

The training checklist below is used to document the training provided by agency staff to the member/member’s primary caregiver and the primary caregiver’s designated backup plan caregivers. If there is not a backup plan for the caregiver, notify the appropriate MCO to discuss.

The purpose of this training is to provide support to the primary caregiver and backup caregivers to foster independence and confidence in caring for the member and/or support member self-care.

The initial and recertification training checklists can be used to monitor progress toward identified short-term and long-term goals and to identify any barriers that require intervention.

Agency Caregiver Training Checklist

Member: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKLIST FOR INITIAL CAREGIVER EVALUATION AND TRAINING**

Agency staff is to date and initial the applicable care task(s) and mark an **X** in the appropriate column indicating the following codes to monitor progress towards successful demonstration by the member/caregiver:

- Member/Caregiver observes caregiving task(s): **O**
- Member/Caregiver discusses and explains caregiving task(s): **E**
- Member/Caregiver successfully provides (demonstrates) caregiving task(s): **D**
- If a skill is not applicable, indicate by **N/A**

**VITAL SIGNS**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
<b>Temperature</b>							
Axillary							
Oral							
Rectal							
Tympanic							
<b>Pulse rate</b>							
Radial							
Pedal							
<b>Blood pressure</b>							
Manual							
Electronic device							
<b>Respiration rate</b>							
<b>Pulse oximetry</b>							

**Hygiene**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
<b>Bed bath</b>							
Complete							
Partial							
Assisted							
<b>Tub with assist</b>							
<b>Shower with assist</b>							
<b>Perineal care</b>							
Male							
Female							
<b>Catheter care/cleaning</b>							
Indwelling							
Condom							

Agency Caregiver Training Checklist

Member: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Oral Hygiene**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
<b>Oral care</b>							
Routine oral care							
Dentures							

**BED MAKING**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Occupied							

**TRANSFERS**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
<b>Stand/Pivot</b>							
Bed to floor using assistive device							
Bed to chair							
Chair to bed							
<b>Lift</b>							
Hoyer							
Ceiling							
Other							
<b>Slide/Transfer Board</b>							
Bed to chair							
Chair to bed							
Chair to toilet/tub							

**ELIMINATION**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Bedpan							
Urinal							
Rectal tube							
Adult brief/diaper							
Bedside commode							
<b>Bowel</b>							
Cleansing enema							

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Member: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Fleets enema							
Fecal incontinence pouch							
<b>Ostomy appliance</b>							
Stoma site care							
Emptying							
Applying/changing							
Irrigating a colostomy							
<b>Urinary</b>							
<b>Straight Catheter (intermittent)</b>							
Male							
Female							
<b>Indwelling Catheter</b>							
Male							
Female							
Removal of catheter							
<b>Ileal Conduit</b>							
Site care							
Emptying							
Applying/changing							
Suprapubic catheter care							

**AMBULATION**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Gait belt							
Cane							
Walker							
Crutches							
Stander							
Wheelchair							
Stand by assist							

**ROM Exercises**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Passive							
Active							

**POSITIONING**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Lateral							
Prone							
Supine							

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Fowlers							
Dorsal recumbent							
Logrolling							

## SAFETY MEASURES

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Risk factors							
Causes of falls							
Fall prevention measures (Example: grab bars, lighting, stair railings, remove clutter)							

## INFECTION CONTROL

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Hand washing							
Gloves							
Biohazard waste							
Sharps safety							

## WOUND CARE

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Cleaning							
Dry sterile dressing							
Irrigating							
Wet to dry							
Hydrocolloid							
Montgomery straps							
Abdominal binder							
Negative pressure							
Other (describe)							
<b>Drains</b>							
Penrose							
Jackson Pratt							
Hemovac							
T-tube							
Other							

Agency Caregiver Training Checklist

Member: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**PRESSURE ULCER**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Assess for risk factors							
Prevention measures ( <i>Turn and positioning; fluid intake monitoring, nutrition assessment</i> )							

**OXYGEN THERAPY**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Nasal cannula							
<b>Mask</b>							
Regular							
Non-rebreather							
Venti-Mask							
Incentive spirometer							
Chest physiotherapy							
Handheld resuscitation (ambu bag)							
<b>Tracheostomy care</b>							
Disposable inner cannula							
Non-disposable inner cannula (document single or double lumen instruction)							
Tracheotomy care							
<b>Tying methods</b>							
Two tie							
Posey							
<b>Ventilator care</b>							
Settings							
Alarm management							

Agency Caregiver Training Checklist

Member: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**SUCTIONING**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Oropharyngeal							
Nasopharyngeal							
<b>Tracheostomy</b>							
Open system							
Closed system							
<b>Endotracheal tube</b>							
Open system							
Closed system							

**ENTERAL TUBES**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Irrigating an NGT							
<b>NG Feeding</b>							
Continuous							
Intermittent (syringe & bag)							
NG Site Care/Dressing							
<b>GT Feeding (Peg/JT)</b>							
Continuous							
Bolus/intermittent							
Jejunostomy tube care							
PEG care							

**DIABETES MONITORING**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Capillary blood sugar test							
Sliding scale insulin							
<b>Hypoglycemic</b>							
Signs/symptoms							
Interventions							
<b>Hyperglycemic</b>							
Signs/symptoms							
Interventions							

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<b>MEDICATION PREPARATION AND ADMINISTRATION</b>
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Skill	Date	Code				Comments	Initials
		O	E	D	N/A		
Reading medication orders							
Medication reconciliation							
Documenting medication administration							
Preparing unit-dose packaged medications							
Splitting a tablet							
Preparing liquid medicine							
Administering oral medications							
Applying a transdermal patch							
Administering eye drops							
Administering ear drops							
Administering a rectal suppository							
Administering dry powder inhaler							
<b><i>Injectable medications</i></b>							
<b><i>Preparing medications from</i></b>							
Ampule							
Vial							
<b><i>Insulin</i></b>							
Mixing two insulins in one syringe							
Administering insulin							
Intradermal injections							
Subcutaneous injections							
Intramuscular injection							
<b><i>Intravenous</i></b>							
IV medication by gravity							
IV medication by pump							
Changing IV solution container							
Changing IV administration set							
Monitoring an IV site							
Capping an IV line for intermittent use							
<b><i>Central Venous Access Device</i></b>							
Types of CVAD							
Changing a CVAD dressing							
CVADS care							
Flushing guidelines							



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**OTHER**

Skill	Date	Code				Comments	Initials
		O	E	D	N/A		

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**Member/Caregiver/Agency Signature Page**

Yes  No – I need additional training.

If yes, please list specific training needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Member/Primary Caregiver Signature: Date: \_\_\_\_\_

Yes  No – I need additional training.

If yes, please list specific training needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Backup Caregiver Signature: Date: \_\_\_\_\_

Yes  No – I need additional training.

If yes, please list specific training needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Backup Caregiver Signature: Date: \_\_\_\_\_

Yes  No – Additional training scheduled – Date: \_\_\_\_\_

\_\_\_\_\_  
Agency Staff Signature & Degree: Date: \_\_\_\_\_