



## NURSING SUPPORT TECHNICIAN – CERTIFIED

ABN NST-C APPROVED SKILLS LIST	
LEGEND	<input type="checkbox"/> MEANS THE SKILL REQUIRES COMPETENCY VALIDATION IN FACILITY BEFORE PERFORMING THE SKILL
ITEM	NST CORE SKILLS
COMMUNICATION	<ul style="list-style-type: none"> <li><input type="checkbox"/> Interpersonal skills</li> <li><input type="checkbox"/> Respecting client rights</li> <li><input type="checkbox"/> Promoting independence</li> <li><input type="checkbox"/> Caring for the client's environment</li> <li><input type="checkbox"/> Modifying communication/behavior in response to clients' behavior</li> <li><input type="checkbox"/> Awareness of development tasks associated with aging</li> <li><input type="checkbox"/> Appropriate responses to clients' behavior</li> <li><input type="checkbox"/> Communicating with cognitively impaired clients</li> <li><input type="checkbox"/> Supportive care to clients' personal choices and reinforcing clients' dignity</li> <li><input type="checkbox"/> Recognizing abnormal findings and changes in body functions and reporting to a supervisor</li> </ul>
EMERGENCY CARE	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>CPR (Required verification or training through employer)</b></li> <li><input type="checkbox"/> Crash cart</li> <li><input type="checkbox"/> Application of AED</li> <li><input type="checkbox"/> Application of cardiac monitor</li> </ul>
VITAL SIGNS	<ul style="list-style-type: none"> <li><input type="checkbox"/> Height/weight</li> <li><input type="checkbox"/> Temperature</li> <li><input type="checkbox"/> Blood pressure</li> <li><input type="checkbox"/> Pulse</li> <li><input type="checkbox"/> Respiration</li> <li><input type="checkbox"/> O<sub>2</sub> Saturation/Pulse Oximetry</li> <li><input type="checkbox"/> Pain observation</li> <li><input type="checkbox"/> Pediatric vital signs</li> <li><input type="checkbox"/> Rectal temp</li> <li><input type="checkbox"/> Documentation</li> <li><input type="checkbox"/> Measuring Vital Signs</li> </ul>

	<input type="checkbox"/> Application of Telemetry
<b>INTAKE AND OUTPUT</b>	<input type="checkbox"/> Assisting with eating and hydration <input type="checkbox"/> Emesis <input type="checkbox"/> Oral intake <input type="checkbox"/> Ostomy <input type="checkbox"/> Water pitcher <input type="checkbox"/> 24-hour urine/test <input type="checkbox"/> Drains (emptying) <ul style="list-style-type: none"> <li><input type="checkbox"/> Hemovacs</li> <li><input type="checkbox"/> Jackson-Pratts</li> <li><input type="checkbox"/> ConstaVacs</li> </ul> <input type="checkbox"/> Urine (filter, hat, drainage bag) <input type="checkbox"/> Stools
<b>BED MAKING</b>	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Post Surgery Bed
<b>BED BATH</b>	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Chlorhexidine Gluconate (CHG) Treatment <input type="checkbox"/> Oral hygiene (teeth/dentures) <input type="checkbox"/> Perineal care <input type="checkbox"/> Shampooing and hair care <input type="checkbox"/> Shaving <input type="checkbox"/> Indwelling catheter care <input type="checkbox"/> Skin and nail care <input type="checkbox"/> Dressing and grooming
<b>POSITIONING CLIENTS</b>	<input type="checkbox"/> Turning client toward you <input type="checkbox"/> Turn client away from you <input type="checkbox"/> Moving client to head of bed <input type="checkbox"/> Logrolling the client ROM (simple) <input type="checkbox"/> Passive ROM
<b>FEEDING CLIENTS</b>	<input type="checkbox"/> NPO <input type="checkbox"/> Percentage consumed <input type="checkbox"/> Diet restrictions <input type="checkbox"/> Fluid restrictions <input type="checkbox"/> Feed client (cannot feed self)

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Blind client who can feed self</li> <li><input type="checkbox"/> Aspiration precautions/feeding</li> </ul>
<b>ELIMINATION ASSISTANCE URINARY/BOWEL</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Bedpan</li> <li><input type="checkbox"/> Urinal</li> <li><input type="checkbox"/> Bedside commode</li> <li><input type="checkbox"/> Stool</li> </ul>
<b>GASTROINTESTINAL SKILLS</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Collecting a stool specimen</li> <li><input type="checkbox"/> Giving a Soap Solution enema</li> <li><input type="checkbox"/> Commercially prepared (Fleet) enema</li> <li><input type="checkbox"/> Routine stoma care (colostomy)</li> </ul>
<b>URINARY SKILLS</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine urine specimen</li> <li><input type="checkbox"/> Clean catch urine specimen (male and female)</li> <li><input type="checkbox"/> 24-hour urine specimen</li> <li><input type="checkbox"/> Fractional urine (Ketostix)</li> <li><input type="checkbox"/> Routine drainage check</li> <li><input type="checkbox"/> Apply and care for external catheter (male &amp; female)</li> <li><input type="checkbox"/> Emptying urinary drainage, measure urine, record amount, and note character</li> <li><input type="checkbox"/> Applying condom catheter</li> <li><input type="checkbox"/> Connecting catheter to a leg bag</li> <li><input type="checkbox"/> Emptying a leg bag</li> </ul>
<b>AMBULATION /ASSISTANCE</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use of assistive devices in transferring</li> <li><input type="checkbox"/> Ambulation</li> <li><input type="checkbox"/> Wheelchair</li> <li><input type="checkbox"/> Stretcher</li> <li><input type="checkbox"/> Lift device</li> <li><input type="checkbox"/> Transfer belt</li> <li><input type="checkbox"/> Client transfer-bed, stretcher, chair, wheelchair</li> <li><input type="checkbox"/> Walker</li> <li><input type="checkbox"/> Crutch, Cane, and Three-Point Gait</li> <li><input type="checkbox"/> Walker and Three-Point Gait</li> <li><input type="checkbox"/> Fall Prevention</li> <li><input type="checkbox"/> Assisting the falling client</li> </ul>
<b>PRESSURE INJURY/PREVENTIVE CARE</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Turning and positioning frequently</li> <li><input type="checkbox"/> Heel offloading</li> </ul>

	<ul style="list-style-type: none"> <li>❑ Commercial boot</li> <li>❑ Pillow repositioning</li> <li>❑ Wedge</li> <li>❑ Offloading sacrum, body in proper alignment</li> <li>❑ Observation and reporting of: <ul style="list-style-type: none"> <li>○ Skin breakdown</li> <li>○ Wound condition</li> <li>○ IV site care</li> </ul> </li> </ul>
<b>OXYGEN DEVICES</b>	<ul style="list-style-type: none"> <li>❑ Oxygen tank storage</li> <li>❑ Incentive spirometer</li> <li>❑ Flowmeter and nipple adapter</li> <li>❑ Assist with nasal cannula application or O<sub>2</sub> device</li> </ul>
<b>ISOLATION PRECAUTIONS</b>	<ul style="list-style-type: none"> <li>❑ Isolation carts</li> <li>❑ Hand hygiene</li> <li>❑ Contact <ul style="list-style-type: none"> <li>○ Enteric</li> <li>○ Enhanced</li> <li>○ Droplet</li> <li>○ Airborne</li> <li>○ Respiratory Enhanced</li> </ul> </li> <li>❑ Personal Protective Equipment (PPE) <ul style="list-style-type: none"> <li>○ Putting on a mask</li> <li>○ Putting on a gown</li> <li>○ Putting on gloves</li> <li>○ Removing contaminated gloves, mask, and gown</li> </ul> </li> <li>❑ Serving a meal in an isolation unit</li> <li>❑ Vital signs in isolation unit</li> <li>❑ Specimen collection in isolation</li> <li>❑ Transporting clients in isolation</li> </ul>

<b>BEDSIDE TESTING</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>12-Lead EKG (Required verification or training through employer)</b></li> <li><input type="checkbox"/> Accu-Check Inform II Glucose System</li> <li><input type="checkbox"/> Glucometer</li> <li><input type="checkbox"/> Gastrocult</li> <li><input type="checkbox"/> Hemocult</li> <li><input type="checkbox"/> Urinalysis</li> <li><input type="checkbox"/> Sputum collection</li> <li><input type="checkbox"/> <b>Phlebotomy (Required verification or training through employer)</b></li> </ul>
<b>DYING/POSTMORTEM CARE</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Care of the dying</li> <li><input type="checkbox"/> Postmortem care</li> </ul>
<b>HOT AND COLD THERAPIES</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ice bag</li> <li><input type="checkbox"/> Disposable cold pack</li> <li><input type="checkbox"/> Aquamatic K-Pad</li> <li><input type="checkbox"/> Warm soak</li> <li><input type="checkbox"/> Warm moist compress</li> </ul>
<b>POST OPERATIVE SKILLS</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Assisting with deep breathing and coughing</li> <li><input type="checkbox"/> Post-op leg exercises</li> <li><input type="checkbox"/> Applying elastic stockings (TED hose)</li> <li><input type="checkbox"/> Dangling</li> <li><input type="checkbox"/> Applying SCD device</li> </ul>
<b>NST ADVANCED SKILLS</b> (NST core skills plus advanced certification in another field (IE paramedic) <b>and a</b> standardized procedure filed and approved by the Board)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Application of Basic Boot traction</li> <li><input type="checkbox"/> IV insertion</li> <li><input type="checkbox"/> IV discontinue</li> <li><input type="checkbox"/> Pulling arterial sheaths</li> <li><input type="checkbox"/> 12 lead EKG</li> <li><input type="checkbox"/> Phlebotomy</li> <li><input type="checkbox"/> CPR</li> </ul>