

An abstract, swirling graphic in shades of green and blue, resembling a liquid or smoke effect, positioned behind the title text.

LVN Field Supervision Checklist

Licensed Vocational Nurse (LVN) Field Supervision Checklist

(Per CMS CoPs – §484.75(b), supervision required at least every 30 days)

Employee Name: _____

Evaluator Name/Title: _____

Date of Supervision: _____

Patient/Case Observed (Initials/ID): _____

Areas of Evaluation

(Check Competent or Not Competent)

Evaluation Area	Competent	Not Competent	Comments
Follows physician's orders and plan of care	<input type="checkbox"/>	<input type="checkbox"/>	
Medication administration (oral, topical, injections)	<input type="checkbox"/>	<input type="checkbox"/>	
Wound care (dressing changes, assessment, infection control)	<input type="checkbox"/>	<input type="checkbox"/>	
IV therapy (if applicable & within scope)	<input type="checkbox"/>	<input type="checkbox"/>	
Assesses and documents patient condition accurately	<input type="checkbox"/>	<input type="checkbox"/>	
Reports changes in patient status to RN/physician	<input type="checkbox"/>	<input type="checkbox"/>	
Patient/family teaching on care & safety	<input type="checkbox"/>	<input type="checkbox"/>	
Infection prevention & control practices	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical judgment in prioritizing care	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation accuracy & timeliness	<input type="checkbox"/>	<input type="checkbox"/>	
Professional behavior & communication	<input type="checkbox"/>	<input type="checkbox"/>	

Condition of Participation Reference: 42 CFR §484.75(b) – Skilled Professional Services
(supervision every 30 days).

Evaluator Signature: _____ Date: _____

Employee Signature: _____ Date: _____