

Name: _____

Pediatrics
Clinical LVN Training III
Asthma Simulation Check off

Skill	S	U	Comments
Infection Control/Safety			
Knock on door and ID Self			
Wash hands/gloves			
Identifies patient w/2 identifiers			
Health Promotion/Maintenance			
Review of medical record/orders and plan of care			
Assessment			
Auscultate Apical Pulse/ Heart Rate			
Auscultate Lung sounds/Respirations			
Pulse oximeter readings			
Child's overall health: Temp/BP			
Allergies			
Precipitating events			
Psychosocial Integrity			
Use of Therapeutic Communication			
Address emotional and/or spiritual needs			
Physiological Adaptation			
Administers oxygen according to orders and correct placement of cannula			
Administers Nebulizer treatment correctly and correct dosage			
Evaluates patient response to nursing intervention			
Infection Control/Safety			
Remove gloves/Wash hands			

Satisfactory

Unsatisfactory

Instructor: _____