



Practices Lab

Name: _____ Class: _____ Campus: _____

Date: _____

Pre Lab N101

LAB SKILLS	Practice Demonstration # 1	Demonstration #2	
• Performing hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>	
• Gloving	<input type="checkbox"/>	<input type="checkbox"/>	
• Performance of vital signs	<input type="checkbox"/>	<input type="checkbox"/>	
• Measuring height and weight	<input type="checkbox"/>	<input type="checkbox"/>	
• Isolation PPE	<input type="checkbox"/>	<input type="checkbox"/>	
• Moving and lifting a patient	<input type="checkbox"/>	<input type="checkbox"/>	
• Bathing and backrub	<input type="checkbox"/>	<input type="checkbox"/>	
• Oral hygiene	<input type="checkbox"/>	<input type="checkbox"/>	
• Care of a hair, nails and feet	<input type="checkbox"/>	<input type="checkbox"/>	
• Bed making (occupied, unoccupied, surgical)	<input type="checkbox"/>	<input type="checkbox"/>	
• TED Stocking, SCDs	<input type="checkbox"/>	<input type="checkbox"/>	
• Accucheck	<input type="checkbox"/>	<input type="checkbox"/>	
• Transfer / gait belt	<input type="checkbox"/>	<input type="checkbox"/>	
• Positioning patients	<input type="checkbox"/>	<input type="checkbox"/>	
• SRDs (Restraints)	<input type="checkbox"/>	<input type="checkbox"/>	
• Bedpan and urinal placement	<input type="checkbox"/>	<input type="checkbox"/>	

Student Signature: _____

Instructor Signature: _____ Date _____

Student Name: _____

Instructor Name: _____