



# LAB SKILLS

## Pre Lab N102

LAB SKILLS MODULES	Practice Demonstration Date: _____	Final Demonstration Date: _____	
• Completing a health history on a patient with neurological disorder	<input type="checkbox"/>	<input type="checkbox"/>	
• Completing a Physical Assessment on the pt. with a neurological disorder	<input type="checkbox"/>	<input type="checkbox"/>	
• Cranial Nerves Review, Physical Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
• Nasogastric procedures; Colostomy care	<input type="checkbox"/>	<input type="checkbox"/>	
• Assessment Heart Sounds	<input type="checkbox"/>	<input type="checkbox"/>	
• Assessment Lung Sounds	<input type="checkbox"/>	<input type="checkbox"/>	
• Suction and Tracheostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	
• Review ROM, crutches, walkers, canes, and cast	<input type="checkbox"/>	<input type="checkbox"/>	
• Urestomy Care, hemodialysis shunt	<input type="checkbox"/>	<input type="checkbox"/>	
• Review eyes, ears, ambulation and feeding blind patient	<input type="checkbox"/>	<input type="checkbox"/>	

Student Signature: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_