
*The Kansas Health Care Association & Kansas Center for
Assisted Living Nursing Advisory Committee (NAC)
presents*

PHYSICAL ASSESSMENT FOR LPNs

FEATURING INSTRUCTOR

KAY JENISTA - RN, MSN

OFFERED IN SIX LOCATIONS

March 31, 2009

Topeka
Holiday Inn Holidome
605 SW Fairlawn

April 8, 2009

Overland Park
Holiday Inn Hotel
8787 Reeder Road

April 23, 2009

Pittsburg
Holiday Inn Express
4020 Parkview Drive

April 2, 2009

Salina
Holiday Inn
1616 W Crawford

April 21, 2009

Garden City
Fiesta Court Yard
1810 Buffalo Jones Ave

April 28, 2009

Wichita
Airport Hilton
2098 Airport Road

Physical Assessment

Is not included in the LPN courses taught in Kansas.

This course will introduce LPNs to the areas of basic physical assessments.



KHCA & KCAL PRESENT
PHYSICAL ASSESSMENT FOR LPNs

COURSE OFFERED IN SIX LOCATIONS

AGENDA

8:00am - 8:30am	Registration
8:30am - 9:30am 1.0 Contact Hour	<i>Introduction to Physical Assessment</i>
9:30am - 9:45am	Break
9:45am - 11:30am 2.0 Contact Hours	<i>Assessment Stations</i> <ul style="list-style-type: none"><i>a. Vital Signs/Orthostatic Blood Pressure</i><i>b. Assessment of Mouth, Eyes and Ears</i><i>c. Neuro Signs</i><i>d. Assessment of Lungs Sounds</i>
11:30am - 1:00pm	Lunch (on your own)
1:00pm - 2:15pm 1.5 Contact Hours	<i>Assessment Stations (Continued)</i> <ul style="list-style-type: none"><i>e. Assessment of Heart Sounds</i><i>f. Abdominal Assessment</i><i>g. Assessment for Peripheral Vascular Status</i>
2:15pm - 2:30pm	Break
2:30pm - 3:45pm 1.5 Contact Hours	<i>Assessment Stations (Continued)</i> <ul style="list-style-type: none"><i>h. Skin Assessment</i><i>i. Sensitivity Training</i><i>j. Assess for self administration of medication</i>
3:45pm - 4:00pm	Break
4:00pm - 5:00pm 1.0 Contact Hour	<i>Documentation of Findings</i>
5:00pm	Adjourn

Course Objectives

At the conclusion of the Course, LPNs will be able to discuss normal vs abnormal in the areas of:

- ◆ Vital Signs
- ◆ Mouth
- ◆ Eyes
- ◆ Lung Sounds
- ◆ Ability to Independently perform tasks
- ◆ Heart Sounds
- ◆ Abdomen
- ◆ Peripheral Vascular status
- ◆ Skin

LPNs successfully completing this course will be provided with a certificate of “Evidence of Additional Education in Assessment.”

WHAT TO BRING TO THE CLASS:

This is a hands-on, return demonstration course. Please wear a loose blouse or shirt and slacks; and shoes and socks that can be easily removed to assess feet.

- ◆ Stethoscope
 - ◆ Penlight
 - ◆ Otoscope from facility (optional)
 - ◆ Loose shirt/blouse and slacks
 - ◆ Easily removable shoes and socks
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ADDITIONAL INFORMATION

Continuing Education Credit - Nurses Only

The Kansas Health Care Association is approved as a provider of continuing education by the Kansas State Board of Nursing. This conference offering is approved for seven (7.0) contact hours applicable for RN, LPN and LMHT relicensure. Kansas State Board of Nursing approved provider number: LT0030-0338.

Registration:

Each class is limited to 25 Persons and is “First come, First served.”

KHCA/KCAL Member Price

\$125

Non KHCA Member Price

\$175

Cancellation Policy: No Refunds due to the limited seating in this class -Substitutes are always welcome. Special dispensation will be given with proof of survey.

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Space is limited!!! Registration is “First come, First served.”



Kansas Health Care Association
117 SW 6th Ave, Suite 200
Topeka, KS 66603
785-267-6003

KANSAS HEALTH CARE ASSOCIATION NURSING ADVISORY COMMITTEE

Physical Assessment for LPNs

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Topeka	Salina	Overland Park	Garden City	Pittsburg	Wichita
Holiday Inn	Holiday Inn	Holiday Inn Hotel	Fiesta Court Yard	Holiday Inn Express	Airport Hilton

Check One

Facility: _____
Address: _____ City/State _____ Zip _____
Telephone Number: _____ email address _____
Required for registration confirmation

Please Fill in all blanks

1. First Name _____ Last Name _____
Nick Name _____
Title _____ License type _____ License number _____

KHCA/KCAL Member

Non KHCA/KCAL Member

\$125 per person

\$175 per person

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Payment Method: Check MasterCard Visa Bill facility (Members only) **KHCA/KCAL**

If paying by credit card, please complete the following: **Total amount due:** _____

Account Number _____

Exp. Date _____

Signature _____

Fee include all sessions, handouts, breaks and continuing education certificates. Dues payments must be up to date in order to register as a member.

Payment is expected prior to the event.

Return registration form to: Kansas Health Care Association/KCAL
117 SW 6th Ave. Suite 200 - Topeka, Kansas 66603
(785) 267-6003 / Fax: (785) 267-0833

Please, no phone registrations. Call Linda MowBray with questions regarding course content.