

*The Kansas Health Care Association &
Kansas Center for Assisted Living
Present*

**INTRODUCTION TO
PHYSICAL ASSESSMENT FOR
LPNs**

KAY JENISTA - RN, MSN

June 10, 2010

AmericInn
1430 S Fossil St
Russell, KS
785-483-4200

July 14, 2010

Holiday Inn Hotel
8787 Reeder Road
Overland Park, KS
913-888-8440

This class specifically targets LPNs whose training did not include physical assessment.

The objective of this class is to deliver information that will help the learner recognize deviations from normal findings and to take appropriate action. It is expected that the LPN will be able to determine appropriate actions to implement care that are within his/her scope of practice and to report findings to other health care providers.

At the conclusion of this class, attendees will have been introduced to the basics of physical assessment and will be able to gather enough preliminary assessment information to know when the data obtained deviates from normal assessment findings. The LPN assessor will understand when to refer the client/resident for additional assessment to a registered nurse or a physician.

The LPN will understand the importance of documenting accurate information, passing along the information, and having that information in front of them when they call the resident/client's health care provider.

Kansas Health Care Association
Kansas Center for Assisted Living
117 SW 6th Ave, Suite 200
Topeka, KS 66603



117 SW 6th Ave, Suite 200
Topeka, KS 66603
785-267-6003



KHCA & KCAL PRESENT

INTRODUCTION TO PHYSICAL ASSESMENT FOR LPNS

AGENDA

8:00am - 8:30am	Registration
8:30am - 9:30am 1.0 Contact Hour	<i>Introduction and Overview of Class</i>
9:45am - 11:30am 2.0 Contact Hours	<i>Assessment Stations</i> <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> <i>e. Assessment of Heart Sounds</i> <i>f. Abdominal Assessment</i> <i>g. Assessment of Peripheral Vascular Status</i>
2:30pm - 3:45pm 1.5 Contact Hours	<i>Assessment Stations (Continued)</i> <i>h. Skin Assessment</i> <i>i. Sensitivity Training</i> <i>j. Assess for Self Administration of Medication</i>
4:00pm - 5:00pm 1.0 Contact Hour	<i>Documentation of Findings</i>
5:00pm	Adjourn

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

Course Objectives

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

<ul style="list-style-type: none"> ◆ Vital Signs ◆ Mouth ◆ Eyes ◆ Lung Sounds ◆ Heart Sounds ◆ Abdomen 	<ul style="list-style-type: none"> ◆ Peripheral Vascular status ◆ Skin ◆ Ability to perform tasks such as self medicating
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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.

WHAT TO BRING TO THE CLASS:

<ul style="list-style-type: none"> ◆ Stethoscope ◆ Penlight ◆ Loose shirt/blouse and slacks ◆ Easily removable shoes and socks ◆ Otoscope from facility (optional) 	
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Continuing Education Credit

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 30 Persons.

KHCA/KCAL Member Price	\$125
NON KHCA Member Price	\$195

KANSAS HEALTH CARE ASSOCIATION/ KANSAS CENTER FOR ASSISTED LIVING

Introduction to Physical Assessment for LPNs

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Russell
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Overland Park
Holiday Inn Hotel

Check One

Facility: _____

Address: _____ City/State _____ Zip _____

Telephone Number: _____ email address _____

Required for registration confirmation

Registration Form

Please Fill in all blanks

1. First Name _____ Last Name _____

Nick Name _____

Title _____ License type _____ License number _____

Fees

KHCA/KCAL Member

Non KHCA/KCAL Member

\$125 per person

\$195 per person

Registration closes 72 hours before each training

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Payment

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

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

Name of Card holder: _____

Account Number

Exp. Date

Signature

Fee include all sessions, handouts, breaks and continuing education certificates.

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.