

## PERFORMANCE CHECKLIST

Name \_\_\_\_\_

### Assisting with Coughing and Deep Breathing Exercises

*To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below. Skill mastery must be demonstrated prior to direct patient contact.*

**Equipment:** Pillow or blanket to use as splint if needed.

- \_\_\_\_\_ 1. Assemble equipment.
- \_\_\_\_\_ 2. Knock before entering room.
- \_\_\_\_\_ 3. Address resident by name.
- \_\_\_\_\_ 4. State your name and title.
- \_\_\_\_\_ 5. Identify resident.
- \_\_\_\_\_ 6. Explain procedure and obtain permission.
- \_\_\_\_\_ 7. Provide for privacy.
- \_\_\_\_\_ 8. Wash hands.
- \_\_\_\_\_ 9. Assist to semi-Fowler's or Fowler's if possible.
- \_\_\_\_\_ 10. Instruct to take deep breath and hold for 3 to 5 seconds.
- \_\_\_\_\_ 11. Exhale slowly through pursed lips.
- \_\_\_\_\_ 12. Repeat this step four more times.
- \_\_\_\_\_ 13. Instruct to hold pillow or blanket over incision, if present, and cough very deeply. **USE THIS STEP ONLY IF CONGESTION PRESENT.**
- \_\_\_\_\_ 14. Repeat deep breathing and coughing at least twice.
- \_\_\_\_\_ 15. Repeat as many times as ordered.
- \_\_\_\_\_ 16. Provide for comfort with call signal in reach.
- \_\_\_\_\_ 17. Wash hands.
- \_\_\_\_\_ 18. Record actions and report observations to supervisor.

Pass \_\_\_\_\_ Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

***The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, or allow the individual to study the skill after selection or before demonstration when the individual was being tested for competency. 2005***