ASSISTED COUGH PROCEDURE CHECKLIST

*Contact your school RN for a performance check and form completion.

Name: _____________________________________  School: _________________________

<table>
<thead>
<tr>
<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
<th>Requires further instruction &amp; supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
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</tbody>
</table>

1. Stand in front of student.

2. Place your open hands around the chest just below the rib cage with the thumbs touching.

3. Have student take a deep breath and cough as you firmly push inward and upward on the diaphragm.

Preceptor’s Signature _____________________________________  Initials _______  Date ___________

Preceptee’s signature _____________________________________  Initials _______  Date ___________

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.