


ASSISTED COUGH PROCEDURE CHECKLIST

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

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines Date	Requires further instruction & supervision Date
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.*

Review or Annual re-demonstration (RN/LPN)

Review Dates _____

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

Distribution: Original to preceptee. If student, copy to be placed in Student Health Record. If adult, copy to be placed in the Medication Book.