



COLLEGE OF
LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

**MEDICATIONS, INTRAVENOUS THERAPY, BLOOD AND BLOOD PRODUCTS,
IMMUNIZATIONS, & HEALTH ASSESSMENT**

FORM H

Applicant Name: _____

Program of study: _____

Date completed: _____

- 1) Did your practical nursing program or other post basic course include theory, lab and clinical on
Administration of Medications/Pharmacology?

Indicate Yes or No: **Theory** _____ **Lab** _____ **Clinical** _____

- 2) Did your practical nursing program or other post basic course prepare you on the following?
(indicate yes or no)

_____ Enteral Medications (oral, nasogastric, gastrostomy, rectal)

_____ Percutaneous Medications (otic, ophthalmic, skin, inhalants, etc.)

_____ Subcutaneous Injections

_____ Intramuscular Injections

_____ Intradermal Injections

_____ Intravenous Medications*

- 3) Did your practical nursing program or other post basic course include theory, lab and clinical on
Infusion Therapy?

Indicate Yes or No: **Theory** _____ **Lab** _____ **Clinical** _____

- 4) Did your practical nursing program or other post basic course include theory, lab and clinical on
Blood/Blood Products?

Indicate Yes or No: **Theory** _____ **Lab** _____ **Clinical** _____

Applicant's Name: _____

- 5) Did your practical nursing program or other post basic course prepare you on the following?
(indicate yes or no)

- _____ Insertion of Intravenous Catheters*
- _____ Monitoring intravenous sites, solutions and flow rates
- _____ Calculating and adjust intravenous flow rates
- _____ Changing intravenous solution bags and tubing
- _____ Discontinuing intravenous therapy infusion
- _____ Maintaining various types of venous access/infusion control devices
- _____ Documenting assessment and care of clients receiving infusion therapy
- _____ Administering Hypodermoclysis*
- _____ Initiating Blood and Blood Products*
- _____ Maintaining blood and blood related infusions
- _____ Central Venous Catheter (CVC) care*

All competencies listed above, with the exception of those marked with an asterisk*, are mandatory requirements for licensure in Newfoundland and Labrador.

- 6) Did your practical nursing program or other post basic course include theory, lab and clinical on
Administration of Immunizations?

Indicate Yes or No: **Theory** _____ **Lab** _____ **Clinical** _____

- 7) Did your practical nursing program or post basic course include theory and laboratory in **Health Assessment?**

Theory component yes no
Lab component yes no

Comments:

I hereby declare that the information I have provided above is accurate and true.

_____ dated this _____ day of _____ 20 _____
Signature of applicant

Applicant's Name: _____