

To assist in making a decision about pursuing this program, the following is a general overview of the physical requirements, working conditions and job duties of a Licensed Practical Nurse.

## **Licensed Practical Nurse**

Licensed Practical Nurses (LPNs) care for the sick, injured, convalescent and disabled under the direction of physicians and registered nurses. Most LPNs provide basic bedside care, taking vital signs such as temperature, blood pressure, pulse and respiration. They also prepare and give injections and enemas, monitor catheters, apply dressings, treat bedsores and give alcohol rubs and massages. They monitor their patients and report adverse reactions to medications and treatments.

LPNs may work in hospitals, clinics, nursing care facilities and home healthcare services. They may be required to work various shifts to provide 24-hour coverage, including early morning, day, evening and night shifts. Shifts may also include holidays and weekends. Licensed Practical Nurses should have a caring, sympathetic nature and have keen observational, decision-making and communication skills. Every state requires LPNs to pass a licensing exam, known as the NCLEX-PN, before obtaining a LPN license.

## **Licensed Practical Nurses are expected to have the ability to:**

- Constantly stand and walk
- Use hands and fingers to handle and feel; reach with hands and arms
- Regularly talk and hear
- Regularly lift and/or move 50 pounds
- Regularly have a high degree of manual dexterity for fine motor skills and reaching
- Regularly communicate effectively via speech, reading and writing
- Regularly use high degree of hand-eye coordination to manipulate equipment, while simultaneously inputting data into a machine or working with a patient
- Frequently explain to patients their plan of care or procedures
- Frequently notice changes regarding patients' status and notify other medical personnel when necessary
- Occasionally bend, stoop, kneel or crouch

*Source: [www.bls.gov](http://www.bls.gov) and local job descriptions*

## Background Check & Drug Screen Disclosure Statement

1. I understand and acknowledge, as a requirement for my desired program, I must successfully pass a drug screening, criminal background check, or both, at my own expense by the date given to me by Southeast Tech.
2. I understand failure to pass the drug screening, background check, or both, by this date may result in my immediate termination from the program.
3. I understand the results of a drug screening, criminal background check or both may affect my eligibility to continue in the program. Furthermore, I understand that the results of a drug screening, background check, or both, may also affect my eligibility to attend a clinical or internship site and/or my eligibility to take specific courses in my program.
4. I understand the results of a drug screening, criminal background check, or both, may affect my eligibility to take a board/certification exam or gain employment in my desired program career field.
5. I understand any incident reported on my criminal background check may require additional expense and documentation submission for certification exam approval prior to the start of core program courses.

**By signing below, I acknowledge I have read the above information and understand the general physical requirements, working conditions and job duties typically associated with a Licensed Practical Nurse. I understand that this information is general in nature and actual conditions and job duties may vary.**

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_