



RESPIRATORY THERAPIST SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

Instructions: Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

Self-Assessed Experience Rating Scale

1 = No Experience 2 = Minimal Experience 3 = Performs well/competent 4 = Supervise & Teach

Skills	1	2	3	4
Treatment/ Procedures				
1. Assessment				
Breath Sounds				
Peak Flow Rate				
Pulmonary Function Testing				
Rate and Work of Breathing				
Transcutaneous Monitoring				
2. Interpretation of Lab Results				
Arterial Blood Gases				
Basic EKG				
Blood Chemistry				
Chest X-Ray				
3. Equipment and Procedures				
Airway Management Devices/ Suctioning				
Check Intracuff Pressure				
Endotracheal Tube/ Suctioning				
Nasal Airway Placement				
Nasal Airway/ Suctioning				
Oral Airway/ Placement				
Oropharyngeal/ Suctioning				
Sputum Specimen Collection				

Skills Continued:	1	2	3	4
Tracheostomy/ Suctioning				
Analyze Oxygen				
Arterial Line Insertion				
Care of the Patient With a Chest Tube:				
Assessment of Function/ Proper				
Placement Assistance				
Chest Physiotherapy				
Drawing Arterial Blood Gasses:				
Arterial Line				
Brachial Artery				
Femoral Artery				
Radial Artery; Allen Tests				
Extubate				
Extubation Assistance				
Hemodynamic Monitoring				
Incentive Spirometry				
Infection Control Procedures				
Intubate				
Intubation Assistance				
Medication Delivery Systems:				

Skills Continued:	1	2	3	4
Aerosol Heated/cool				
Aerosol Setup-Mask				
Aerosol Set up-Trach				
IPPB				
Medihaler				
Metered Dose Inhaler				
02 Therapy:				
Bag and Mask				
ET Tube				
External CPAP				
Face Masks				
Nasal Cannula				
Nebulizer:				
Cold				
Hand Held				
Heated				
Ultrasonic				
Portable 02 Tank				
T-Piece				
Trach Collar				
Thoracentesis Assistance				
Ventilator Set Up and Care:				
Assist/ Control				
CPAP				
Flow-by				
High Frequency Jet Ventilator				
High Frequency Oscillator				
IMV				
Inverse Ratio Ventilator				
Pressure Support				
Pressure Vents				
SIMV				
Trouble Shooting High Pressure Alarms				
Trouble Shooting Low Pressure Alarms				
Volume Vents				
Weaning				
4. Care of the Patient With:				
Acute/ Chronic Bronchitis				
ARDS (Adult Respiratory Distress Syndrome)				
Aspiration				
Asthma				
Bronchoscopy				

Skills Continued:	1	2	3	4
Cardiac Surgery				
CHF				
COPD				
Cystic Fibrosis				
Epiglottitis				
Fresh Tracheostomy				
Gullian-Barre				
Hemo pneumothorax				
Laryngospasm				
Myasthenia Gravis				
Pneumonia				
Pulmonary Edema				
Pulmonary Embolism				
Smoke Inhalation				
Status Asthmaticus				
Tension Pneumothorax				
Thoracotomy				
Tracheo-Esophageal Fistula				
Tuberculosis				
5. Medications				
Administration of:				
Aerobid, Vanceril				
Aminophylline (Theophylline)				
Azmacort				
Bicarbonate				
Combivent				
Cromolyn Sodium (Intal)				
Decadron				
Flonase				
Flovent				
Inhaled Steroids				
Ipratropium Bromide (Atrovent)				
Isoetharine (Bronkosol)				
Isoproterenol (Isuprel)				
Metaproterenol				
Mucomyst				
Nasacort				
Racemic Epinephrine				
Salbutamol (Albuterol, Proventil, Ventolin)				
Terbutaline Sulfate (Bricanyl)				
Familiar with the Effects Of:				
Anectine				
Atropine				

Skills Continued:	1	2	3	4
Corticosteroids				
Digitalis				
Digoxin				
Dopamine				
Duramorph				
Heli/ox Therapy				
Ketamine				
Lidocaine				
Morphine Sulphate				
Nipride				
Nitric Oxide Therapy				
Pavulon				
Pentamidine Isethionate				
Propofol				
Theo-dur				
Valium				
Versed				
6. Phlebotomy				
Equipment & Procedures:				
Drawing Blood From Central Line				
Drawing Blood From Peripheral Line				
Drawing Venous Blood				
7. Neonatal/ Pediatrics				
Equipment & Procedures:				
Assist In High Risk Delivery				
Capillary Blood Gasses				
ECMO				
O2 To Tent				
Umbilical Blood Gasses				
Care of the Infant or Child With:				
Bronchopulmonary Dysplasia (BPD)				
Croup				
Epiglottitis				
Meconium Aspiration				
Near Drowning				
Persistent Pulmonary Hypertension (PPHN)				
Pulmonary Interstitial Emphysema (PIE)				
Respiratory Distress Syndrome (RDS)				
Respiratory Syncytial Virus				
Transient Tachypnea of the Newborn				

Skills Continued:	1	2	3	4
1. Age Specific Practice Criteria				
Newborn/Neonate (birth – 30 days)				
Infant (30 days – 1 year)				
Toddler (1 – 3 years)				
Preschooler (3 – 5 yrs)				
School age children (5 – 12 years)				
Adolescents (12 – 18 years)				
Young Adults (18 – 39 years)				
Middle Adults (39 – 64 years)				
Older Adults (64+ years)				
2. Care of Patient with:				
Able to adapt care to incorporate normal growth and development				
Able to adapt method and terminology of patient instructions to their age, comprehension, and maturity level.				
Can ensure a safe environment, reflecting specific needs of various groups.				

Experience With the Following Ventilators:	
Ventilator:	Record Series (name or #)
Bear	
Bird	
BP	
Hamilton Amedeus, Veolar	
MA	
Newport	
Sechrist	
Servo	
Drager Infant	
Emerson	
Engstrom	
Putitan Bennett 7200 Series	
Other:	
My Experience is Primary In:	
General Adult	
Home Care	
Intensive Care Unit	
Long Term Care	
Neonatal ICU	
Pediatrics	
Pulmonary Rehab	
Sleep Lab	
Subacute	

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you hold. If you do not know the exact date, please use the last date of the specific month (Example: 1/31/2012).

Certification:		Expiration Date:
<input type="checkbox"/>	BCLS	
<input type="checkbox"/>	PALS	
<input type="checkbox"/>	ACLS	
<input type="checkbox"/>	NRP	
<input type="checkbox"/>	EKG Technician	
<input type="checkbox"/>	EEG Technician	
<input type="checkbox"/>	RRT	
<input type="checkbox"/>	CRTT	
<input type="checkbox"/>	Arterial Blood Gas Technician	
<input type="checkbox"/>	Computerized charting system	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>		

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Signature

Date

Full Name (print)



7201 West Greenfield Avenue
West Allis, Wisconsin 53214

414-453-7350 Fax: 414-302-9175
www.StaffOneLtd.com Email: HealthCare@StaffOneLtd.com