

Respiratory Therapist Skills Checklist

| Name: | | | | [| Date: | | | | | | | _ |
|-------|------|--|------|------|-------|--|---|---|--|--|------|---|
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| | | | | | | | _ | _ | | | | |

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** ($\sqrt{}$) in the appropriate box.

- 1 = No experience; Theory/observed only
- 3 = Acceptable competency; > 5 times per year

- 2 = Limited competency; < 5 times per year; Needs supervision
- 4 = Competent; Performs on a daily or weekly basis; Proficient

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

| Skill Level | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Drawing Arterial Blood Gasses cont | | | | |
| Infection Control Procedures | | | | |
| Intubate | | | | |
| Intubation Assistance | | | | |
| Medication Delivery Systems | | | | |
| Aerosol Heated/cool | | | | |
| Aerosol Setup-Mask | | | | |
| Aerosol Set up-Trach | | | | |
| IPPB | | | | |
| Medihaler | | | | |
| Metered Dose Inhaler | | | | |
| Therapy | | | | |
| Bag and Mask | | | | |
| ET Tube | | | | |
| External CPAP | | | | |
| Face Masks | | | | |
| Nasal Cannula | | | | |
| Nebulizer | | | | |
| | | | | |
| Cold | | | | |
| Cold Hand Held | | | | |
| | | | | |
| Hand Held | | | | |
| Hand Held Heated | | | | |
| Hand Held Heated Ultrasonic | | | | |
| Hand Held Heated Ultrasonic Portable 02 Tank | | | | |
| Hand Held Heated Ultrasonic Portable 02 Tank T-Piece | | | | |
| Hand Held Heated Ultrasonic Portable 02 Tank T-Piece Trach Collar | | | | |
| Hand Held Heated Ultrasonic Portable 02 Tank T-Piece Trach Collar Thoracentesis Assistance | | | | |
| Hand Held Heated Ultrasonic Portable 02 Tank T-Piece Trach Collar Thoracentesis Assistance Ventilator Set Up and Care | | | | |
| Hand Held Heated Ultrasonic Portable 02 Tank T-Piece Trach Collar Thoracentesis Assistance Ventilator Set Up and Care Assist/ Control | | | | |
| Hand Held Heated Ultrasonic Portable 02 Tank T-Piece Trach Collar Thoracentesis Assistance Ventilator Set Up and Care Assist/ Control CPAP | | | | |
| Hand Held Heated Ultrasonic Portable 02 Tank T-Piece Trach Collar Thoracentesis Assistance Ventilator Set Up and Care Assist/ Control CPAP Flow-by | | | | |
| 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 | | | | |
| 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 | | | | |

| Ventilator Set Up and Care cont | | |
|--|--|--|
| Pressure Vents | | |
| SIMV | | |
| Trouble Shooting High Pressure Alarms | | |
| Trouble Shooting Low Pressure Alarms | | |
| Volume Vents | | |
| Weaning | | |
| Care of Patients With | | |
| Acute/ Chronic Bronchitis | | |
| ARDS (Adult Respiratory Distress Syndrome) | | |
| Aspiration | | |
| Asthma | | |
| Bronchoscopy | | |
| Cardiac Surgery | | |
| CHF | | |
| 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 | | |
| Administration of Medications | | |
| Aerobid, Vanceril | | |
| Aminophyline (Theophyline) | | |
| Azmacort | | |
| Bicarbonate | | |
| Combivent | | |
| Cromolyn Sodium (Intal) | | |
| Decadron | | |
| Flonase | | |
| Flovent | | |
| Inhaled Steroids | | |
| Ipratropium Bromade (Atrovent) | | |
| Isoetharine (Bronkosol) | | |
| Isoproterenol (Isuprel) | | |
| Metaproterenol | | |

| Administration of Medications cont. | | | | |
|--|---|---|---|--|
| Mucomyst | | | | |
| Nasacort | | | | |
| Racemic Epinephrine | | | | |
| Salbutamol (Albuterol, Proventil, | | | | |
| Ventolin) | | | | |
| Terbualine Sulfate (Bricanyl) | | | | |
| Familiar with the Effects Of | | | | |
| Anectine | | | | |
| Atropine | | | | |
| Corticosteroids | | | | |
| Digitalis | | | | |
| Digoxin | | | | |
| Dopamine | | | | |
| Duramorph | | | | |
| Heli/ox Therapy | | | | |
| Ketamine | | | | |
| Lidocaine | | | | |
| Morphine Sulphate | | | | |
| Nipride | | | | |
| Nitric Oxide Therapy | | | | |
| Pavulon | | | | |
| Pentamidine Isethionate | | | | |
| Propofol | | | | |
| Theo-dur | | | | |
| Valium | | | | |
| Phlebotomy | | | | |
| Drawing Blood From Central Line | | | | |
| Drawing Blood From Peripheral Line | | | | |
| Drawing Venous Blood | | | | |
| Neonatal/ Pediatrics | | | | |
| Assist In High Risk Delivery | | | | |
| Capillary Blood Gasses | | | | |
| ECMO | | | | |
| 02 To Tent | | | | |
| Umbilical Blood Gasses | | | | |
| Care of Infant or Child With | | | | |
| Bronchopulmonary Dysplasia (BPD) | | | | |
| Croup | | | | |
| Epiglottis | | | | |
| Meconium Aspiration | | | | |
| Near Drowning | | | | |
| Persistent Pulmonary Hypertension (PPHN) | | | | |
| Pulmonary Interstitial Emphysema (PIE) | | | | |
| Respiratory Distress Syndrome (RDS) | | | | |
| Respiratory Synical Virus | | | | |
| Transient Tachypnea of the Newborn | | | | |
| | - | - | - | |

| 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) | | |

| EMR | | |
|---|--|--|
| AllScripts | | |
| Canopy | | |
| Epic | | |
| Cerner | | |
| Eclipsys | | |
| McKesson | | |
| Meditech | | |
| Other Computerized System | | |
| Computerized Physician Order Entry | | |
| Bar Coding for Medication Administration | | |

EQUIPMENT: Please check "YES" if you have used any of the ventilators or Cardiac Monitors listed below:

| Ventilator | Record Series (name or #) | | | | | | |
|--|---------------------------|--|--|--|--|--|--|
| Bear | | | | | | | |
| Bird | | | | | | | |
| Вр | | | | | | | |
| Hamilton Amedeus, Veolar | | | | | | | |
| MA | | | | | | | |
| Newport | | | | | | | |
| Sechrist | | | | | | | |
| Servo | | | | | | | |
| Drager Infant | | | | | | | |
| Emerson | | | | | | | |
| Engstrom | | | | | | | |
| Putitan Bennett 7200 Series | | | | | | | |
| Other | | | | | | | |
| Please list any areas of expertise below: | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| I hereby certify that ALL information I have provided to Onyx Health Care Staffing on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination. | | | | | | | |
| Signature: | Date: | | | | | | |