

RESPIRATORY THERAPY SKILLS CHECKLIST

Your Completion of this checklist will help us match your skills to the assignment of your choice. Please place a “√” in the column that best describes your experience level with each skill.

KEY

1. Two or more years consistent experience
2. One year consistent experience
3. Intermittent Experience
4. No experience

	1	2	3	4	''		1	2	3	4	
TREATMENTS/PROCEDURES:											
1) Assessment:						Intubation assistance	___	___	___	___	
a) Breath sounds	___	___	___	___		Medication delivery systems:					
b) Peak flow rate	___	___	___	___		a) Aerosol heated/cool	___	___	___	___	
c) Pulmonary function testing	___	___	___	___		b) Aerosol set-up mask	___	___	___	___	
d) Rate & Work of breathing	___	___	___	___		c) Aerosol set-up trach	___	___	___	___	
2) Interpretation of lab results:						d) IPPB	___	___	___	___	
a) Arterial blood gases	___	___	___	___		e) Medihaler	___	___	___	___	
b) Basic EKG	___	___	___	___		f) Metered dose inhalers	___	___	___	___	
c) Blood chemistry	___	___	___	___		Oxygen:					
d) Chest X-ray	___	___	___	___		a) Bag and Mask	___	___	___	___	
3) Equipment & Procedures:						b) ET tube	___	___	___	___	
Airway management devices/suctioning:						c) External CPAP	___	___	___	___	
a) Check intracuff pressure	___	___	___	___		d) Face masks	___	___	___	___	
b) Endotracheal tube/suctioning	___	___	___	___		e) Nasal cannula	___	___	___	___	
c) Nasal airway placement	___	___	___	___		f) Nebulizer	___	___	___	___	
d) Oral airway placement	___	___	___	___		1) Cold	___	___	___	___	
e) Oropharyngeal/suction	___	___	___	___		2) Hand Held	___	___	___	___	
f) Nasal airway/suctioning	___	___	___	___		3) Heated	___	___	___	___	
g) Sputum specimen collection	___	___	___	___		4) Ultrasonic	___	___	___	___	
h) Tracheostomy/suctioning	___	___	___	___		g) Oxygen	___	___	___	___	
Analyze oxygen	___	___	___	___		h) T-piece	___	___	___	___	
Arterial line insertion	___	___	___	___		i) Trach collar	___	___	___	___	
Care of the patient with a chest tube:						Thoracentesis assistance	___	___	___	___	
a) Assessment of function/proper operation	___	___	___	___		Ventilator Set-up & Care:					
b) Placement assistance	___	___	___	___		a) Assist/control	___	___	___	___	
Chest physiotherapy	___	___	___	___		b) CPAP	___	___	___	___	
Drawing arterial blood gases						c) Flow-by	___	___	___	___	
a) Arterial line	___	___	___	___		d) High frequency oscillator	___	___	___	___	
b) Brachial artery	___	___	___	___		e) High frequency jet ventilator	___	___	___	___	
c) Femoral artery	___	___	___	___		f) IMV	___	___	___	___	
d) Radial artery/Allen test	___	___	___	___		g) Inverse ratio ventilator	___	___	___	___	
Extubation	___	___	___	___		h) Pressure support	___	___	___	___	
Extubation assistance	___	___	___	___		i) Pressure vents	___	___	___	___	
Hemodynamic monitoring	___	___	___	___		j) SIMV	___	___	___	___	
Incentive spirometry	___	___	___	___		k) High pressure alarms	___	___	___	___	
Infection control practices	___	___	___	___		l) Low pressure alarms	___	___	___	___	
Intubate	___	___	___	___		m) Volume vents	___	___	___	___	
						n) Weaning	___	___	___	___	

CARE OF A PATIENT WITH:

- Acute/chronic bronchitis _____
- ARDS _____
- Asthma _____
- Bronchoscope _____
- Cardiac surgery _____
- CHF _____
- COPD _____
- Cystic fibrosis _____
- Epiglottitis _____
- Fresh tracheotomy _____
- Gullian Barre _____
- Hemopneumothorax _____
- Laryngospasm _____
- Myasthenia _____
- Pneumonia _____
- Pulmonary edema _____
- Pulmonary embolism _____
- Smoke inhalation _____
- Status asthmaticus _____
- Tension pneumothorax _____
- Thoracotomy _____
- Trachea-esophageal fistula _____
- Tuberculosis _____

MEDICATION:

- Administration of:
- a) Aeobid, Vanceryl _____
 - b) Aminophylline _____
 - c) Azmacort _____
 - d) Bicarbonate _____
 - e) Combivent _____
 - f) Cromolyn Sodium _____
 - g) Decadron _____
 - h) Flonase _____
 - i) Flovent _____
 - j) Inhaled steroids _____
 - k) Atrovent _____
 - l) Bronkosol _____
 - m) Isuprel _____
 - n) Alupent _____
 - o) Mucomyst _____
 - p) Nasacort _____
 - q) Racemic epinephrine _____
 - r) Salbutamol _____
 - s) Terbutaline _____
- Familiar with effects of:
- a) Anectine _____
 - b) Atrophine _____
 - c) Corticosteroids _____
 - d) Digitalis _____
 - e) Digoxin _____
 - f) Dopamine _____
 - g) Duramorph _____
 - h) Heliox therapy _____
 - i) Lidocaine _____
 - j) Ketamine _____
 - k) Morphine Sulfate _____
 - l) Nitric oxide therapy _____
 - m) Nipride _____

- n) Pavulon _____
- o) Pentamidine isethionate _____
- p) Theo-dur _____
- q) Propofol _____
- r) Valium _____
- s) Versed _____

PHLEBOTOMY:

- Equipment & Procedures:
- a) Drawing blood from a central line _____
 - b) Drawing blood from peripheral line _____
 - c) Drawing venous blood _____

NEONATAL/PEDIATRICS:

- Equipment & Procedures:
- a) Assist in high risk delivery _____
 - b) Capillary blood gases _____
 - c) ECMO _____
 - d) Oxygen _____
 - e) Umbilical blood gases _____
- Care of the infant or child with:
- a) Bronchopulmonary dysplasia _____
 - b) Croup _____
 - c) Epiglottitis _____
 - d) Merconium aspiration _____
 - e) Near drowning _____
 - f) PPHN _____
 - g) PIE _____
 - h) RDS _____
 - i) Respiratory syncytial virus _____
 - j) Transient tachypea of the newborn _____

AGE SPECIFIC PRACTICE:

- Newborn/Neonate _____
- Infant _____
- Toddler _____
- Preschooler _____
- School age children _____
- Adolescents _____
- Young adults _____
- Middle adults _____
- Older adults _____

EXPERIENCE WITH FOLLING VENTILATORS:

- Bear _____
- Bird _____
- BP _____
- MA _____
- Newport _____
- Sechrist _____
- Servo _____
- Emerson _____
- Engstrom _____
- Drager Infant _____
- Hamilton Amadeus, Veolar _____
- Puritian Bennett 7200 _____
- Others, please list _____
- _____
- _____
- _____

Name _____

Date
