Respiratory Therapist Skills Checklist

Name: ____

Jeff J Robison

Date: _____5/4/2019

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 | | | | X |
| Peak Flow Rate | | | | X |
| Pulmonary Function Testing | | | | X |
| Rate and Work of Breathing | | | | X |
| Transcutaneous Monitoring | | | | X |
| Interpretation of Lab Results | | | | |
| Arterial Blood Gases | | | | X |
| Basic EKG | | | | X |
| Blood Chemistry | | | | X |
| Chest X-Ray | | | | X |
| Airway Management Devices/Suctioning | | | | |
| Check Intracuff Pressure | | | | × |
| Endotracheal Tube/ Suctioning | | | | X |
| Nasal Airway Placement | | | | X |
| Nasal Airway/ Suctioning | | | | > |
| Oral Airway/ Placement | | | | \rightarrow \rightarrow \times |
| Oropharyngeal/ Suctioning | | | | X |
| Sputum Specimen Collection | | | | X |
| Tracheostomy/ Suctioning | | | | X |
| Analyze Oxygen | | | | × |
| Arterial Line Insertion | | | X | |
| Care of the Patient With a Chest Tube | | | | |
| Assessment of Function/ Proper | | | | X |
| Placement Assistance | | | | × |
| Chest Physiotherapy | | | | × |
| Drawing Arterial Blood Gasses | | | | |
| Arterial Line | | | | X |
| Brachial Artery | | | | X |
| Femoral Artery | | | | X |
| Radial Artery; Allen Tests | | | | X |
| Extubate | | | | X |
| Extubation Assistance | | | | X |
| Hemodynamic Monitoring | | | X | |
| Incentive Spirometry | | | | X |

| | 1 | 0 | 2 | 4 |
|--|---|---|---|--|
| Skill Level Drawing Arterial Blood Gasses cont | 1 | 2 | 3 | 4 |
| Infection Control Procedures | | | | X |
| Intubate | | | | \checkmark |
| Intubation Assistance | | | | × × × |
| Medication Delivery Systems | | | | |
| Aerosol Heated/cool | | | | X |
| Aerosol Setup-Mask | | | | X |
| Aerosol Set up-Trach | | | | X |
| IPPB | | | | X |
| Medihaler | | | | X X X X X X X X X |
| Metered Dose Inhaler | | | | X |
| Therapy | | | | |
| Bag and Mask | | | | X |
| ET Tube | | | | X |
| External CPAP | | | | X |
| Face Masks | | | | X X X |
| Nasal Cannula | | | | X |
| Nebulizer | | | | |
| Cold | | | | X |
| Hand Held | | | | X |
| Heated | | | | X |
| Ultrasonic | | | | X |
| Portable 02 Tank | | | | $\frac{x}{x} \times \frac{x}{x} \times \frac{x}$ |
| T-Piece | | | | X |
| Trach Collar | | | | × |
| Thoracentesis Assistance | | | | X |
| Ventilator Set Up and Care | | | | |
| Assist/ Control | | | | X |
| СРАР | | | | X |
| Flow-by | | | | × |
| High Frequency Jet Ventilator | | X | | |
| High Frequency Oscillator | | X | | |
| IMV | | | | × |
| Inverse Ratio Ventilator | | X | | |
| Pressure Support | | | | \mathbf{X} |

| Ventilator Set Up and Care cont | | |
|---|---|-----------------------|
| Pressure Vents | | X |
| SIMV | | X |
| Trouble Shooting High Pressure Alarms | | X |
| Trouble Shooting Low Pressure Alarms | | X |
| Volume Vents | | X X |
| Weaning | | X |
| Care of Patients With | | |
| Acute/ Chronic Bronchitis | | X |
| ARDS (Adult Respiratory Distress Syndrome) | | X |
| Aspiration | | × |
| Asthma | | X |
| Bronchoscopy | | X X X X X |
| Cardiac Surgery | | X |
| CHF | | X |
| Cystic Fibrosis | | X |
| Epiglottitis | | X |
| Fresh Tracheostomy | | X |
| Gullian-Barre | | X |
| Hemo pneumothorax | | X |
| Laryngospasm | | × |
| Myasthenia Gravis | | X |
| Pneumonia | | X |
| Pulmonary Edema | | X |
| Pulmonary Embolism | | X |
| Smoke Inhalation | | X |
| Status Asthmaticus | | X |
| Tension Pneumothorax | | X |
| Thoracotomy | | X |
| Tracheo-Esophageal Fistula | X | |
| Tuberculosis | | X |
| Administration of Medications | | |
| Aerobid, Vanceril | | X |
| Aminophyline (Theophyline) | | X |
| Azmacort | | X |
| Bicarbonate | | X |
| Combivent | | X |
| Cromolyn Sodium (Intal) | | X |
| Decadron | | X |
| Flonase | | X |
| Flovent | | X |
| Inhaled Steroids | | X |
| Ipratropium Bromade (Atrovent) | | X |
| Isoetharine (Bronkosol) | | X |
| Isoproterenol (Isuprel) | | X |
| Metaproterenol | | X |

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

| 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) | X |
| Middle Adults (39 – 64 years) | × |
| Older Adults (64+ years) | X |

| EMR | | |
|---|---|---|
| AllScripts | X | |
| Canopy | X | |
| Epic | | X |
| Cerner | X | |
| Eclipsys | X | |
| McKesson | | X |
| Meditech | | X |
| Other Computerized System | | X |
| Computerized Physician Order Entry | X | |
| 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 | yes |
| Bird | yes |
| Вр | |
| Hamilton Amedeus, Veolar | |
| MA | |
| Newport | yes |
| Sechrist | |
| Servo | yes |
| Drager Infant | |
| Emerson | |
| Engstrom | |
| Putitan Bennett 7200 Series | yes & 840 |
| Other | Avea & Drager |

Please list any areas of expertise below:

 $\boldsymbol{\omega}$

PFT 20+ years, Bronchoscopy assist, asthma education, COPD education, smoking cessation

I hereby certify that ALL information I have provided to CareStaff Partners 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: ____5/4/2019