



**Advantage NURSING SERVICES, INC**

— Qualified Professionals According to Need —

**RESPIRATORY  
THERAPY  
SKILLS CHECKLIST**

RRT \_\_\_\_\_ CRT \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

*Please select the column that most accurately describes your proficiency level...*

**Level of Proficiency**

When completing this checklist, please indicate your level of proficiency in each area according to the scale below. Place a check mark in the column to the right which best describes your expertise with each skill.

1. No experience
2. Knowledgeable / Moderate experience
3. Competent / Proficient

| SKILL                                 | Check Proficiency |   |   |
|---------------------------------------|-------------------|---|---|
|                                       | 1                 | 2 | 3 |
| <b>TREATMENTS/PROCEDURES:</b>         |                   |   |   |
| Assessment:                           |                   |   |   |
| Breath Sounds                         |                   |   |   |
| Peak Flow Rate                        |                   |   |   |
| Pulmonary Function Testing            |                   |   |   |
| Rate and Work of Breathing            |                   |   |   |
| Transcutaneous Monitoring             |                   |   |   |
| Hemodynamic Monitoring                |                   |   |   |
| Incentive Spirometry                  |                   |   |   |
| Infection Control Practices           |                   |   |   |
| Intubate                              |                   |   |   |
| Intubation Assistance                 |                   |   |   |
| <b>EQUIPMENT &amp; PROCEDURES:</b>    |                   |   |   |
| 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               |                   |   |   |
| <b>DRAWING ARTERIAL BLOOD GASES:</b>  |                   |   |   |
| Arterial Line                         |                   |   |   |
| Brachial Artery                       |                   |   |   |
| Femoral Artery                        |                   |   |   |
| Radial Artery/Allen Tests             |                   |   |   |
| Drawing Blood from Central Line       |                   |   |   |
| Drawing Blood from Peripheral Line    |                   |   |   |
| Drawing Venous Blood                  |                   |   |   |
| <b>INTERPRETATION OF LAB RESULTS:</b> |                   |   |   |
| Arterial Blood Gases                  |                   |   |   |
| Basic EKG                             |                   |   |   |
| Blood Chemistry                       |                   |   |   |
| Chest X-Ray                           |                   |   |   |

| SKILL                                 | Check Proficiency |   |   |
|---------------------------------------|-------------------|---|---|
|                                       | 1                 | 2 | 3 |
| <b>O<sub>2</sub> THERAPY:</b>         |                   |   |   |
| Bag and Mask                          |                   |   |   |
| ET Tube                               |                   |   |   |
| External CPAP                         |                   |   |   |
| Face Masks                            |                   |   |   |
| Nasal Cannula                         |                   |   |   |
| Nebulizer                             |                   |   |   |
| Cold                                  |                   |   |   |
| Hand Held                             |                   |   |   |
| Heated                                |                   |   |   |
| Ultrasonic                            |                   |   |   |
| Portable O <sub>2</sub> Tank          |                   |   |   |
| T-Piece                               |                   |   |   |
| Trach Collar                          |                   |   |   |
| Thoracentesis Assistance              |                   |   |   |
| <b>VENTILATOR SET UP AND CARE:</b>    |                   |   |   |
| 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                               |                   |   |   |
| <b>MEDICATION DELIVERY SYSTEMS:</b>   |                   |   |   |
| Aerosol Heated/Cool                   |                   |   |   |
| Aerosol Set Up-Mask                   |                   |   |   |
| Aerosol Set Up-Trach                  |                   |   |   |
| IPPB                                  |                   |   |   |
| Medihaler                             |                   |   |   |
| Metered Dose Inhalers                 |                   |   |   |

## ***RESPIRATORY THERAPY Skills Checklist Continued...***

| SKILL                                       | Check Proficiency |   |   |
|---|-------------------|---|---|
|   | 1                 | 2 | 3 |
| <b>CARE OF THE PATIENT WITH:</b>            |                   |   |   |
| Acute/Chronic Bronchitis                    |                   |   |   |
| ARDS (adult respiratory distress syndrome)  |                   |   |   |
| Aspiration                                  |                   |   |   |
| Asthma                                      |                   |   |   |
| Bronchoscopy                                |                   |   |   |
| Cardiac Surgery                             |                   |   |   |
| CHF   |                   |   |   |
| COPD  |                   |   |   |
| Cystic Fibrosis                             |                   |   |   |
| Epiglottitis                                |                   |   |   |
| Fresh Tracheostomy                          |                   |   |   |
| Gullian Barre                               |                   |   |   |
| Hemopneumothorax                            |                   |   |   |
| Laryngospasm                                |                   |   |   |
| Myesthenia Gravis                           |                   |   |   |
| Pneumonia                                   |                   |   |   |
| Pulmonary Edema                             |                   |   |   |
| Pulmonary Embolism                          |                   |   |   |
| Smoke Inhalation                            |                   |   |   |
| Status Asthmaticus                          |                   |   |   |
| Tension Pneumothorax                        |                   |   |   |
| Thoracotomy                                 |                   |   |   |
| Tracheo-Esophageal Fistula                  |                   |   |   |
| Tuberculosis                                |                   |   |   |
| <b>MEDICATIONS:</b>                         |                   |   |   |
| Administration of:                          |                   |   |   |
| Aerobid, Vanceryl                           |                   |   |   |
| Aminophylline (Theophylline)                |                   |   |   |
| Azmacort                                    |                   |   |   |
| Bicarbonate                                 |                   |   |   |
| Combivent                                   |                   |   |   |
| Cromolyn Sodium (Intal)                     |                   |   |   |
| Decadron                                    |                   |   |   |
| Flonase                                     |                   |   |   |
| Flovent                                     |                   |   |   |
| Inhaled Steroids                            |                   |   |   |
| Ipratropium Bromide (Atrovent)              |                   |   |   |
| Isoetharine (Bronkosol)                     |                   |   |   |
| Isoproterenol (Isuprel)                     |                   |   |   |
| Metaproterenol (Alupent)                    |                   |   |   |
| Mucomyst                                    |                   |   |   |
| Nasalcort                                   |                   |   |   |
| Racemic Epinephrine                         |                   |   |   |
| Salbutamol (Albuterol, Proventil, Ventolin) |                   |   |   |
| Terbutaline Sulfate (Bricanyl)              |                   |   |   |

Reveived by: \_\_\_\_\_

| SKILL                                    | Check Proficiency |   |   |
|--|-------------------|---|---|
|  | 1                 | 2 | 3 |
| <b>Familiar with Effects of:</b>         |                   |   |   |
| Anectine                                 |                   |   |   |
| Atropine                                 |                   |   |   |
| Corticosteroids                          |                   |   |   |
| Digitalis                                |                   |   |   |
| Digoxin                                  |                   |   |   |
| Dopamine                                 |                   |   |   |
| Duramorph                                |                   |   |   |
| Heli/Ox Therapy                          |                   |   |   |
| Ketamine                                 |                   |   |   |
| Lidocaine                                |                   |   |   |
| Morphine Sulfate                         |                   |   |   |
| Nipride                                  |                   |   |   |
| Nitric Oxide Therapy                     |                   |   |   |
| Pavulon                                  |                   |   |   |
| Pentamidine Isethionate                  |                   |   |   |
| Propofol                                 |                   |   |   |
| Theo-dur                                 |                   |   |   |
| Valium                                   |                   |   |   |
| Versed                                   |                   |   |   |
| <b>Diagnostic:</b>                       |                   |   |   |
| Pulmonary Function Testing               |                   |   |   |
| Pulmonary Stress Testing                 |                   |   |   |
| Assist with Bronchoscopes                |                   |   |   |
| Assist with High Risk Deliveries         |                   |   |   |
| Obtain Umbilical Blood Gas               |                   |   |   |
| Obtain Capillary Blood Gas               |                   |   |   |
| Assist with Thoracentesis                |                   |   |   |
| Homodynamic Monitoring                   |                   |   |   |
| <b>NEONATAL/PEDIATRICS:</b>              |                   |   |   |
| Equipment & Procedures                   |                   |   |   |
| Assist in High Risk Delivery             |                   |   |   |
| Capillary Blood Gases                    |                   |   |   |
| ECMO                                     |                   |   |   |
| O2 to Tent                               |                   |   |   |
| Umbilical Blood Gases                    |                   |   |   |
| Care of the Infant or Child with:        |                   |   |   |
| Bronchopulmonary Dysplasia               |                   |   |   |
| 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       |                   |   |   |