



Respiratory Tech Skills Checklist

Name: _____

Date: _____

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** (✓) in the appropriate box.

1 = No experience; Theory/observed only

2 = Limited competency; < 5 times per year; Needs supervision

3 = Acceptable competency; > 5 times per year

4 = Competent; Performs on a daily or weekly basis; Proficient

| Skill Level | 1 | 2 | 3 | 4 | | Skill Level | 1 | 2 | 3 | 4 | |
|--|---|---|---|---|--|-------------------------------------|---|---|---|---|--|
| Treatment/procedures/assessment's | | | | | | | | | | | |
| Breath Sounds | | | | | | Hemodynamic Monitoring | | | | | |
| Peak Flow Rate | | | | | | Incentive Spirometry | | | | | |
| Pulmonary Function Testing | | | | | | Infection Control Procedures | | | | | |
| Rate and Work of Breathing | | | | | | Intubate | | | | | |
| Transcutaneous Monitoring | | | | | | Intubation Assistance | | | | | |
| Interpretation of Lab Results | | | | | | Medication Delivery Systems: | | | | | |
| Arterial Blood Gases | | | | | | Aerosol Heated/cool | | | | | |
| Basic EKG | | | | | | Aerosol Setup-Mask | | | | | |
| Blood Chemistry | | | | | | Aerosol Set up-Trach | | | | | |
| Chest X-Ray | | | | | | IPPB | | | | | |
| Airway Management Devices/ Suction/Equipment/Procedures | | | | | | Medihaler | | | | | |
| Check Intracuff Pressure | | | | | | Metered Dose Inhaler | | | | | |
| Endotracheal Tube/ Suctioning | | | | | | Therapy: | | | | | |
| Nasal Airway Placement | | | | | | Bag and Mask | | | | | |
| Nasal Airway/ Suctioning | | | | | | ET Tube | | | | | |
| Oral Airway/ Placement | | | | | | External CPAP | | | | | |
| Oropharyngeal/ Suctioning | | | | | | Face Masks | | | | | |
| Sputum Specimen Collection | | | | | | Nasal Cannula | | | | | |
| Tracheostomy/ Suctioning | | | | | | Nebulizer: | | | | | |
| Analyze Oxygen | | | | | | Cold | | | | | |
| Arterial Line Insertion | | | | | | Hand Held | | | | | |
| Care of the Patient With a Chest Tube: | | | | | | Heated | | | | | |
| Assessment of Function/ Proper | | | | | | Ultrasonic | | | | | |
| Placement Assistance | | | | | | Portable O2 Tank | | | | | |
| Chest Physiotherapy | | | | | | T-Piece | | | | | |
| Drawing Arterial Blood Gasses: | | | | | | Trach Collar | | | | | |
| Arterial Line | | | | | | Thoracentesis Assistance | | | | | |
| Brachial Artery | | | | | | Ventilator Set Up and Care: | | | | | |
| Femoral Artery | | | | | | Assist/ Control | | | | | |
| Radial Artery; Allen Tests | | | | | | CPAP | | | | | |
| Extubate | | | | | | Flow-by | | | | | |
| Extubation Assistance | | | | | | High Frequency Jet Ventilator | | | | | |
| | | | | | | High Frequency Oscillator | | | | | |

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| Ventilator Set Up and Care: cont'd | | | | | Ventilator Set Up and Care: cont'd | | | | |
| IMV | | | | | Trouble Shooting Low Pressure Alarms | | | | |
| Inverse Ratio Ventilator | | | | | Volume Vents | | | | |
| Pressure Support | | | | | Weaning | | | | |
| Pressure Vents | | | | | | | | | |
| SIMV | | | | | | | | | |
| Trouble Shooting High Pressure Alarms | | | | | | | | | |
| Care of the Patient With: | | | | | Care of the Patient With: | | | | |
| Cardiac Surgery | | | | | Acute/ Chronic Bronchitis | | | | |
| CHF | | | | | ARDS (Adult Respiratory Distress Syndrome) | | | | |
| Cystic Fibrosis | | | | | Aspiration | | | | |
| Epiglottitis | | | | | Asthma | | | | |
| Fresh Tracheostomy | | | | | Bronchoscopy | | | | |
| Gullian-Barre | | | | | | | | | |
| Hemo pneumothorax | | | | | Familiar with the Effects Of: | | | | |
| Laryngospasm | | | | | Anectine | | | | |
| Myasthenia Gravis | | | | | Atropine | | | | |
| Pneumonia | | | | | Corticosteroids | | | | |
| Pulmonary Edema | | | | | Digitalis | | | | |
| Pulmonary Embolism | | | | | Digoxin | | | | |
| Smoke Inhalation | | | | | Dopamine | | | | |
| Status Asthmaticus | | | | | Duramorph | | | | |
| Tension Pneumothorax | | | | | Heli/ox Therapy | | | | |
| Thoracotomy | | | | | Ketamine | | | | |
| Tracheo-Esophageal Fistula | | | | | Lidocaine | | | | |
| Tuberculosis | | | | | Morphine Sulphate | | | | |
| Administration of Medications | | | | | Nipride | | | | |
| Aerobid, Vanceryl | | | | | Nitric Oxide Therapy | | | | |
| Aminophylline (Theophylline) | | | | | Pavulon | | | | |
| Azmacort | | | | | Pentamidine Isethionate | | | | |
| Bicarbonate | | | | | Propofol | | | | |
| Combivent | | | | | Theo-dur | | | | |
| Cromolyn Sodium (Intal) | | | | | Valium | | | | |
| Decadron | | | | | Age Specific Practice Criteria | | | | |
| Flonase | | | | | Newborn/Neonate (birth – 30 days) | | | | |
| Flovent | | | | | Infant (30 days – 1 year) | | | | |
| Inhaled Steroids | | | | | Toddler (1 – 3 years) | | | | |
| Ipratropium Bromide (Atrovent) | | | | | Preschooler (3 – 5 yrs) | | | | |
| Isoetharine (Bronkosol) | | | | | School age children (5 – 12 years) | | | | |
| Isoproterenol (Isuprel) | | | | | Adolescents (12 – 18 years) | | | | |
| Metaproterenol | | | | | Young Adults (18 – 39 years) | | | | |
| Mucomyst | | | | | Middle Adults (39 – 64 years) | | | | |
| Nasacort | | | | | Older Adults (64+ years) | | | | |
| Racemic Epinephrine | | | | | | | | | |
| Salbutamol (Albuterol, Proventil, Ventolin) | | | | | | | | | |

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| Phlebotomy | | | | | EMR | | | | |
| Drawing Blood From Central Line | | | | | Epic | | | | |
| Drawing Blood From Peripheral Line | | | | | Cerner | | | | |
| Drawing Venous Blood | | | | | Eclipsys | | | | |
| Neonatal/ Pediatrics/equipment/procedures | | | | | Mckesson | | | | |
| Assist In High Risk Delivery | | | | | Med Tech | | | | |
| Capillary Blood Gasses | | | | | Other computed system | | | | |
| ECMO | | | | | Computed Physician order | | | | |
| O2 To Tent | | | | | Bar coding for med Administration | | | | |
| 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 | | | | | | | | | |
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EQUIPMENT: Please check "YES" if you have used any of the ventilators or Cardiac Monitors listed below:

| | YES | | YES |
|---------------|-----|----------------------|-----|
| Bear | | | |
| Bird | | Putitan Bennett 7200 | |
| Bp | | | |
| Hamilton | | | |
| MA | | | |
| Newport | | | |
| Sechrist | | | |
| Servo | | | |
| Drager Infant | | | |
| Emerson | | | |
| Engstrom | | | |

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Please list any areas of expertise below:

I hereby certify that ALL information I have provided to Wellspring Nurse Source 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.

Nurse Signature: _____ Date: _____