

RN PROFICIENCY RECORD SKILLS CHECKLIST

Respiratory Therapist

NAME: _____ DATE: _____
 Last First Middle

Level of Proficiency
 1-Theory- No Experience 2- Some experience (may require some assistance or practice) 3-Competent & Experienced

Please Check The Appropriate Column for Familiarity With, or Usage of the Following

SKILLS	1	2	3
TREATMENT/PROCEDURES			
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			
Equipment and Procedures:			
Airway Management Devices/Suctioning			
Check Intracuff Pressure			
Endotracheal Tube/Suctioning			
Nasal Airway Replacement			
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 and Proper Operation			
Placement Assistance			
Chest Physiotherapy			
Drawing of Arterial Blood Gases:			
Arterial Line Insertion			
Brachial Artery			
Femoral Artery			
Radial Artery/Allen Tests			
Extubate			
Extubation Assistance			
Hemodynamic Monitoring			
Incentive Spirometry			
Infection Control Practices			
Intubate			

SKILLS	1	2	3
Intubation Assistance			
Medication Delivery System:			
Aerosol Heated/Cool			
Aerosol Set-Up Mask			
Aerosol Set-Up Trach			
IPPB			
Medihaler			
Metered Dose Inhaler			
Oxygen Therapy			
Bag and Mask			
ET Tube			
Exterani CPAP			
Face Masks			
Nasal Cannula			
Nebulizer:			
Cold			
Hand Held			
Heated			
Ultrasonic Portable Oxygen Tank			
T-Piece			
Trach Collar			
Thoracentesis Assistance			
Ventilator Set-Up and Care			
Flow-By			
High Frequency Jet Ventilator			
High Frequency Oscillator			
IMV			
Inverse Ratio Ventilator			
Pressure Support			
Pressure Vent			
SIMV			
Trouble shooting high Pressure Alarms			
Trouble shooting Low Pressure Alarms			
Volume Vents			
Weaning			
CARE OF PATIENT WITH:			
Acute Chronic Bronchitis			
ARDS			
Aspiration			
Asthma			

Please Check The Appropriate Column for Familiarity With, or Usage of the Following

SKILLS	1	2	3
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			
MEDICATION			
Administration of:			
Aerobid, Vancericil			
Aminophylline			
Axmacort			
Bicarbonate			
Combivent			
Cromolyn Sodium			
Decadron			
Flonase			
Folvent			
Inhaled Steriods			
Ipratropium Bromide			
Isoetharine			
Isoproterenol			
Mucomyst			
Nasalcort			
Racemic Epinephrine			
Saibutamol			
Terbutaline			

SKILLS	1	2	3
Anectine			
Atropine			
Corticosteriods			
Digitalis			
Digoxin			
Dopamine			
Duramorph			
Heli/Ox Therapy			
Ketamine			
Lidocaine			
Morphine Sulfate			
Nipride			
Nitric Oxide Therapy			
Pavulon			
Pentamidine Isethionate			
Propofol			
Theo-dur			
Valium			
Versed			
PHLEBOTOMY			
Equipment and Procedures:			
Drawing of Blood from Central Line			
Drawing of Blood from Peripheral Line			
Drawing Venous Blood			
NEONATAL/PEDIATRICS			
Equipment and Procedures:			
Assist in High Risk Delivery			
Capillary Blood Gases			
ECMO			
Oxygen Tent			
Umbilical Blood Gases			
Care of the Infant or Child with:			
Bronchopulmonary Dysplasia			
Croup			
Epiglottitis			
Meconium Aspiration			
Near Drowning			
Persistant Pulmonary Hypertension			
Pumonary Interstitial Emphysema			

SKILLS	1	2	3
Respiratory Distress Syndrome			
Respiratory Syncytial Virus			
Transient Tachypnea of the Newborn			
VENTILATORS			
Bear			
Bird			
BP			
Hamilton Amadeus, Veolar			
MA			
Newport			
Sechtist			
Servo			
Drager Infant			
Emerson			
Engstrom			
Puritan Bennett 7200 Series			
Others:			

Certification

Expiration Date

ACLS

BLS

Other

Other

Notes: (Please enter information you feel is important or necessary to give further explanation for information provided above) _____

Employee Signature: _____ Date: _____

Reviewed By: _____ Date: _____