



RESPIRATORY SKILLS CHECKLIST

Please enter your full legal name as it appears on your Social Security Card.

First Name:

Last Name:

Date:

Job Description: Registered Respiratory Therapist

Assists in the diagnosis, treatment, and management of patients with pulmonary disorders. Collects and analyzes sputum, blood, and breath specimens to determine levels of oxygen, carbon dioxide, and other gases. Also measures the lung capacity of a patient to determine if there is impaired function. Requires an associate's degree and a credential of Registered Respiratory Therapist (RRT). May be expected to maintain a CPR certification. Familiar with standard concepts, practices, and procedures within a particular field. Relies on experience and judgment to plan and accomplish goals. Performs a variety of tasks. A certain degree of creativity and latitude is required. Typically reports to a manager.

KEY: For each criteria

Score 1: Two plus years Expert Experience

Score 2: One-Two Years Current Experience

Score 3: Less than one year or Intermittent Experience

Score 4: Theory, no experience

CRITERIA	SCORE			
	1	2	3	4
FLOOR THERAPY				
CRITICAL CARE				
Names of ventilators with which you have the most experience:				
1.				
2.				
3.				
4.				
5.				
CARDIOVASCULAR				
Cardio/Resp. Arrest Team				
Arterial Monitoring				
Pulmonary Artery Monitoring				
CVP				
EKG's				
Holter EKG				
Stress Testing				
Cardiac Output Monitoring				
IABP				
PEDIATRIC				
Resuscitation				
Intubation				
Extubation				
Ventilators most experienced with				
1.				
2.				
3.				
4.				
5.				
NEONATAL				
Resuscitation				
Intubation				

Extubation	
Assist in High Risk Delivery	
Aerosol Treatment	
CPT	
Ventilators most experienced with	
1.	
2.	
3.	
4.	
5.	
OTHER SKILLS	
Ambulance Transport	
Portable Respiratory Equipment	
Ventilators most experienced with	
1.	
2.	
3.	
4.	
5.	
Pulmonary Function Testing	
Arterial Blood Gases	
Drawing	
Analysis	
Insertion of A-Lines	
Adult Intubation	
Adult Extubation	
Certified EKG Technician	
Arterial Blood Gas Tech	
Certification Eligible (date:)	
CRTT#	
Registry Eligible (date:)	
RRT#	
SETTING	
Hospital	
Mobile Unit	
Research	
Home Health	
Clinic	
Other	

AGE SPECIFIC CARE				
Please indicate the frequency with which you provide care for each age group in this specialty area.	1	2	3	4
Infant (Birth to 1 year)				
Toddler (1-3 years)				
Pre-school (3-6 years)				
School Age (6-12 years)				
Adolescent (12-18 years)				

Young Adult (18-30 years)					
Mature Adult (30 -60 years)					
Elderly (>60 years)					

JCAHO: I acknowledge and understand JCAHO's list of "Do Not Use Abbreviations" :

The information I have given is true and accurate to the best of my knowledge. I have read and fully understand the job description. By signing below or submitting electronically, I attest that the information provided within this skills checklist represents a full and complete disclosure of information, and is true and correct to the best of my knowledge and belief. I hereby authorize Sagent Healthstaff to release this skills checklist to client facilities for employment purposes.

I agree with the above statements. :

Signature: (please type your full name) :

Date: