

## Respiratory Therapy Skills Checklist

Name:  Date:  Experience Since:

|                                      | Comfortable With         | Done Occasionally        | No Experience            |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| Intensive Care Unit                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neo-natal Intensive Care Unit        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pediatric Intensive Care Unit        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cardiac Care Unit                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Post Anesthesia Care Unit            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/Surgical Unit                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Room                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxygen Therapy                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arterial Blood Gases                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extubate                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aerosol Therapy                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chest Physiotherapy                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trach Care                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient Teaching                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Metered Dose Inhalers                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bedside Pulmonary Function Screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Ventilators:** (Please list types proficient with)

1:

2:

3:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agency Representative Signature

\_\_\_\_\_  
 Date