

Respiratory Therapist - Acute

Name	Telephone	Who is your recruiter?	Date

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

Proficiency :- 1 = Never Performed **2 = Limited Experience** **3 = Comfortable Performing** **4 = Proficient**
Frequency :- 1 = Never **2 = Sometimes** **3 = Often** **4 = Always**

Age Specific:	Proficiency				Frequency			
Infant (Birth to 1 year)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Toddler (1–3 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Pre-school (3–6 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
School Age (6–12 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Adolescent (12–18 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Young Adult (18–30 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Mature Adult (30–60 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Elderly (>60 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

PATIENT DATA EVALUATION

ASSESSMENT :

	Proficiency				Frequency			
Collect and evaluate pertinent patient clinical data	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Integrate individualized interview techniques to determine patient's overall health status	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Perform comprehensive physical examination on patient	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Auscultate breath sounds	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Assess rate and work of breathing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Recognize normal and abnormal results of cardiopulmonary monitoring	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Identify normal and abnormal cough, sputum amount, color, and character	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Perform palpation techniques to determine patient's cardiopulmonary status	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Assess peak flow rate	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Perform pulmonary function testing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

OBTAINING ARTERIAL BLOOD GASES (ABGs):

	Proficiency				Frequency			
Brachial artery	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Femoral artery	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Radial artery	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Perform Allen test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Tracheo-esophageal fistula	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Tuberculosis	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

EQUIPMENT MANIPULATION

SELECT AND ASSEMBLE EQUIPMENT RELATED TO SUPPORT OF THE RESPIRATORY

SYSTEM :	Proficiency				Frequency			
Bag and mask	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
ET tube	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
CPAP	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Face masks	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Nasal cannula	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Nebulizer	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Ultrasonic	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Oxygen	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
T-piece	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Trach collar	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
High frequency jet ventilator	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
High frequency oscillator	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
IMV	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Inverse ration ventilator	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Pressure support	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
SIMV	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Troubleshooting high pressure alarms	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Troubleshooting low pressure alarms	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Volume vents weaning	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
PEEP	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Breath actuated nebulizers	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Venti-masks	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

TROUBLESHOOT EQUIPMENT RELATED TO RESPIRATORY SYSTEM SUPPORT:

	Proficiency				Frequency			
High pressure vent alarms	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Low pressure vent alarms	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Oxygen-related equipment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

RESPIRATORY CARE

INFECTION/QUALITY CONTROL :	Proficiency				Frequency			
Perform quality control (QC) procedures for equipment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Maintain aseptic technique when applicable, ensuring infection control	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Remove bronchopulmonary secretions	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

DOCUMENTATION/RECORD MAINTENANCE :**Proficiency****Frequency**

Review existing data in the patient record and document current information in record as it relates to current respiratory care plan

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

AIRWAY MAINTENANCE:**Proficiency****Frequency**

Function as an assistant to physician during special procedures

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Initiate and conduct pulmonary rehabilitation with patient when indicated

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Initiate and conduct emergency cardiopulmonary support including BCLS, ACLS, PALS, and NRP when indicated

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Nasal airway placement

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Oral airway placement

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Oropharyngeal/Suctioning

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Sputum specimen collection

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Tracheostomy/Suctioning

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Incentive spirometry

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Intubation

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Intubation assistance

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Extubation

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Extubation assistance

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

EVALUATION OF RESPIRATORY CARE :**Proficiency****Frequency**

Perform venous, arterial, and capillary sticks for analyzing blood gases

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Initiate patient education when indicated (e.g., MDI, nebulizer treatments)

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

MODIFICATION/RECOMMENDATION OF RESPIRATORY CARE:**Proficiency****Frequency**

Maintain and achieve adequate respiratory support for the patient

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Evaluate and monitor patient's objective and subjective responses to respiratory care

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Modify treatment modalities based upon patient's response to respiratory care

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Recommend modifications to respiratory treatments when indicated

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

Initiate, conduct, or modify respiratory therapy treatments/techniques in an emergency setting

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☐ 4

MEDICATION ADMINISTRATION**DELIVERY SYSTEM:****Proficiency****Frequency**

Aerosol heated/cooled	☐ 1	☐ 2	☐ 3	☐ 4
Aerosol set up mask	☐ 1	☐ 2	☐ 3	☐ 4
Aerosol set up trach	☐ 1	☐ 2	☐ 3	☐ 4
IPPB	☐ 1	☐ 2	☐ 3	☐ 4
Medihaler	☐ 1	☐ 2	☐ 3	☐ 4
Metered dose inhalers	☐ 1	☐ 2	☐ 3	☐ 4

☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4

MEDICATIONS:**Proficiency****Frequency**

Acetylcysteine inhalation route (Mucomyst®)	☐ 1	☐ 2	☐ 3	☐ 4
Albuterol (Proventil®, Ventolin®)	☐ 1	☐ 2	☐ 3	☐ 4
Aminophylline	☐ 1	☐ 2	☐ 3	☐ 4
Beclomethasone dipropionate (Vanceril®)	☐ 1	☐ 2	☐ 3	☐ 4
Cromolyn sodium (Intal®)	☐ 1	☐ 2	☐ 3	☐ 4
Dexamethasone (Decadron®)	☐ 1	☐ 2	☐ 3	☐ 4
Flunisolide (Aerobid®)	☐ 1	☐ 2	☐ 3	☐ 4
Fluticasone nasal spray (Flonase®)	☐ 1	☐ 2	☐ 3	☐ 4
Fluticasone oral inhalation (Flovent®)	☐ 1	☐ 2	☐ 3	☐ 4
Inhaled steroids	☐ 1	☐ 2	☐ 3	☐ 4
Ipratropium bromide (Atrovent®)	☐ 1	☐ 2	☐ 3	☐ 4
Ipratropium bromide and albuterol (Combivent®)	☐ 1	☐ 2	☐ 3	☐ 4
Isoproterenol (Isuprel®)	☐ 1	☐ 2	☐ 3	☐ 4
Levalbuterol oral inhalation (Xopenex®)	☐ 1	☐ 2	☐ 3	☐ 4
Metaproterenol	☐ 1	☐ 2	☐ 3	☐ 4
Racipinephrine (Asthmanefrin®)	☐ 1	☐ 2	☐ 3	☐ 4
Sodium bicarbonate	☐ 1	☐ 2	☐ 3	☐ 4
Terbutaline sulfate	☐ 1	☐ 2	☐ 3	☐ 4
Theophylline (Uniphyll®)	☐ 1	☐ 2	☐ 3	☐ 4
Triamcinolone acetanide (Azmacort®)	☐ 1	☐ 2	☐ 3	☐ 4
Triamcinolone nasal spray (Nasacort®)	☐ 1	☐ 2	☐ 3	☐ 4

☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4

RECOGNITION OF EFFECTS ON RESPIRATORY SYSTEM:**Proficiency****Frequency**

Atropine (Atropen®)	☐ 1	☐ 2	☐ 3	☐ 4
Corticosteroids	☐ 1	☐ 2	☐ 3	☐ 4
Diazepam (Valium®)	☐ 1	☐ 2	☐ 3	☐ 4

☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4
☐ 1	☐ 2	☐ 3	☐ 4

Digoxin (Cardoxin ®)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Dopamine (Inotropin ®)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Heliox therapy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Ketamine (Ketalar ®)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Lidocaine (Xylocaine ®)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Midazolam (Versed ®)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Morphine sulfate (Duramorph ®)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Nipride (Sodium nitroprusside ®)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Nitric oxide therapy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Pancuronium bromide (Pavulon ®)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Pentamidine isethionate (NebuPent ®)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Propofol (Diprivan ®))	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Suxamethonium chloride (Anectien®))	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Theophylline (Theo-dur ®))	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

NEONATAL/PEDIATRIC POPULATION

PROVISION OF CARE:

Proficiency

Frequency

Assist in high risk delivery	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Capillary blood gases	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Oxygen delivery system	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Umbilical blood gases	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Bronchopulmonary dysplasia (BPO)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Croup	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Epiglottitis	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Meconium aspiration	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Near drowning	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Persistent pulmonary hypertension	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Respiratory interstitial emphysema	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Respiratory distress syndrome	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Respiratory syncytial virus	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Transient tachypnea of the newborn	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Work History

Years Experience in Clinical Specialty:

Most recent facility worked at:

☐ I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate.
I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.