



Respiratory Therapy Skills Checklist

Please rate your experience / frequency (within the last year) using the following scale (check the appropriate boxes below):

Experience Scale:
 0 - No Experience / Theory Only
 1 - Limited Experience / Need Review
 2 - Frequent Experience / May Need Some Review
 3 - Experienced / Perform Well

Frequency Scale:
 0 - Observed Only / Never Done
 1 - Rarely Done (<6 times/year)
 2 - Occasionally Done (1-2 times/month)
 3 - Frequently Done (daily or weekly)

Name _____ Date _____

Years of Experience - Adult _____ Pediatric _____ Combined _____

Signature: _____

Experience **Frequency**

Experience **Frequency**

WORK SETTINGS

	0	1	2	3	0	1	2	3
Intensive Care Unit								
Coronary Care Unit								
Pediatrics								
Pediatric ICU								
Neonatal ICU Level II								
Neonatal ICU Level III								
Emergency room								
Pulmonary Rehabilitation								
Sleep Lab								
Home Care								
Transports								

THERAPEUTICS AND PROCEDURES (cont'd)

	0	1	2	3	0	1	2	3
IPPB								
Hand Held Nebulizers								
Ultrasonic Nebulizer								
Chest Physiotherapy/Postural Drainage								
Splinting								
Medihaler								
Inhaler Reservoirs (Inspirease/Aerochamber)								
Pursed Lip Breathing								
Diaphragmatic Breathing								
Segmental Breathing								
Ventilator Set Up								
Troubleshoot Ventilators								
Ventilator Set Up								
Negative Inspiratory Force								
Vital Capacity								
Nasal CPAP								
Assist/Control								
Control								
CPAP								
IMV								
SIMV								
PEEP								
High-Frequency Ventilator								
Inverse Ratio Ventilation								
Pulmonary Stress Testing								
Pulmonary Function Testing								
Bedside Screening								
Peak Flow Rate								
Apnea Monitor								
Oximetry								
Transcutaneous Monitoring								
Assist with Bronchoscopies								
Arterial Blood Gases:								
Allen Test								
Analyzing								
Interpretation								

THERAPEUTICS AND PROCEDURES

	0	1	2	3	0	1	2	3
Oxygen Set Up:								
Nasal								
Masks								
Trach								
Aerosol Set Up/Mask/Trach								
Aerosol Heated/Cool								
Oxygen Tank Set Up								
Croup Tent Set Up/Troubleshoot								
Infant Hood Set Up								
Analyze Oxygen								
Intubate Adult								
Intubate Infant								
Assist with Intubation								
Extubate								
Assist with Extubation								
Assist with High Risk Delivery								
Nasotracheal Suction								
Endotracheal Suction								
Ventilate Patient with manual Resuscitator								
Check Intracuff Pressures								
Change/Clean Trach Tubes								
Oral Airway Placement								
Nasal Airway Placement								
Isolation Procedures								
Disinfection and Sterile Techniques								
Incentive Spirometry								

