

ALL HEALTH STAFFING

Respiratory Skills Checklist

Please place a check on the corresponding line that best reflects your experience.

(1) Able to function independently ; (2) More than one year of consistent experience; (3) Less than one year of experience

	1	2	3		1	2	3
FLOOR THERAPY.....	___	___	___	OTHER SKILLS	___	___	___
CRITICAL CARE.....	___	___	___	Ambulance Transport...	___	___	___
Ventilators:				Portable Respiratory			
_____	___	___	___	Equipment.....	___	___	___
_____	___	___	___	Ventilators:			
_____	___	___	___	_____	___	___	___
_____	___	___	___	_____	___	___	___
_____	___	___	___	_____	___	___	___
CARDIOVASCULAR.....	___	___	___	Pulmonary Function Testing	___	___	___
Cardio/Resp Arrest Team...	___	___	___	Arterial Blood Gases.....	___	___	___
Arterial Monitoring.....	___	___	___	Drawing	___	___	___
Pulmonary Artery Monitoring	___	___	___	Analysis.....	___	___	___
CVP.....	___	___	___	Insertion of A-Lines.	___	___	___
EKG's.....	___	___	___	Adult Intubation.....	___	___	___
Holter EKG.....	___	___	___	Adult Extubation.....	___	___	___
Stress Testing.....	___	___	___	Certified EKG Technician	_____		
Cardiac Output Monitoring...	___	___	___	Arterial Blood Tech	_____		
IABP.....	___	___	___	Certification Eligible	_____		
PEDIATRIC.....	___	___	___	CRTT#	_____		
Resuscitation.....	___	___	___	Registry Eligible	_____		
Intubation.....	___	___	___	RRT#	_____		
Extubation.....	___	___	___	SETTING			
Ventilators:				Hospital_____ Home Health_____			
_____	___	___	___	Mobile Unit_____ Clinic_____			
_____	___	___	___	Research_____ Other_____			
_____	___	___	___				
NEONATAL.....	___	___	___				
Resuscitation.....	___	___	___				
Intubation.....	___	___	___				
Extubation.....	___	___	___				
Assist in High Risk Delivery..	___	___	___				
Aerosol Treatment.....	___	___	___				
CPT.....	___	___	___				
Ventilators:							
_____	___	___	___				
_____	___	___	___				

Signature: _____ Date: _____