

MSI HEALTH INTERNATIONAL.

RESPIRATORY THERAPIST SKILLS CHECKLIST

The following checklist is used to assess your experience and skills. Please provide a self-assessment of your skills using the following guidelines: **(MARK WITH AN "X")**

- 0 – No experience
- 1 – Limited experience
- 2 – Moderate experience
- 3 – Experienced and competent
- 4 – Experienced; able to teach and supervise
- 5 – Not applicable

I understand that the information provided in this application is true to the best of my knowledge. I authorize the release of the information in this document to Master Staffing, Inc. and the facilities where I may be employed.

Name -

Date -

TREATMENTS/PROCEDURES						
	0	1	2	3	4	5
Assessment						
Breath sounds						
Peak flow rate						
Pulmonary function testing						
Rate and work of breathing						
Transcutaneous monitoring						
Interpretation of lab results						
Arterial blood gases						
Basic EKG						
Blood chemistry						
Chest x-ray						
Equipment & procedures						
Airway mgmnt.; devices/suctioning						
Check intracuff pressure						
Endotracheal tube/suctioning						
Nasal airway placement						
Nasal airway/suctioning						
Oral airway placement						
Oropharyngeal/suctioning						
Sputum specimen collection						
Tracheostomy tube change/suctioning						
Analyze oxygen						
Apnea monitor						
Arterial line insertion						
Care of the patient w/ chest tube						
Assessment function/operation						
Placement assistance						
Chest physiotherapy						
Drawing arterial blood gases						
Arterial line						

Brachial artery						
Femoral artery						
Radial artery/Allen tests						
Extubate						
Extubation assistance						
Hemodynamic monitoring						
Incentive spirometry						
Infection control practices						
Intubation assistance						
Medication delivery systems						
Aerosol heated/cool						
Aerosol set up - mask						
Aerosol set up - trach						
IPPB						
Medihaler						
Metered dose inhalers						
O2 therapy						
Bag and mask						
ET tube						
External CPAP						
Face masks						
Nasal cannula						
Nebulizer						
Cold						
Hand held						
Heated						
Ultrasonic						
Portable O2 tank						
T-piece						
Trach collar						
Oximetry						
Thoracentesis assistance						
Ventilator set up and care						

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Assist/control					
CPAP					
Flow-by					
High frequency jet ventilator					
High frequency oscillator					
IMV					
Inverse ratio ventilator					
Pressure support					
Pressure vents					
SIMV					
Trouble shoot low pressure alarm					
Volume vents					
Wening					
CARE OF THE PATIENT WITH					
Acute /chronic bronchitis					
ARDS (adult resp.distress syndrome)					
Aspiration					
Asthma					
Bronchoscopy					
Cardiac surgery					
CHF					
COPD					
Fresh tracheostomy					
Gullian Barre					
Hemopneumothorax					
Laryngospasm					
Myesthenia gravis					
Pneumonia					
Pulmonary edema					
Pulmonary embolis m					
Smoke inhalation					
Status asthmaticus					
Tension pneumothorax					
Thoracotomy					
Tracheo-esophageal fistula					
Tuberculosis					
MEDICATIONS					
Administration of					
Aerobid, Vanceril					
Amniophylline (Theophylline)					

Azmacort					
Bicarbonate					
Combivent					
Cromolyn Sodium (Intal)					
Decadron					
Flonase					
Flovent					
Inhaled steroids					
Ipratropium bromide (Atrovent)					
Isoetharine (Bronkosol)					
Isoproterenol (Isuprel)					
Metaproterenol (Alupent)					
Mucomyst					
Nasalcort					
Racemic epinephrine					
Terbutaline sulfate (Bricanyl)					
Familiar w ith effects of					
Anectine					
Atropine					
Corticosteroids					
Digitalis					
Digoxin					
Dopamine					
Duramorph					
Heli/ox therapy					
Ketamine					
Lidocaine					
Morphine sulfate					
Nipride					
Nitric oxide therapy					
Pavulon					
Pentamidine isethionate					
Propofol					
Theo-dur					
Valium					
Versed					
PHLEBOTOMY					
Equipment and procedures					
Draw ing blood from central line					
Draw ing blood from peripheral line					
Draw ing venous blood					

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E. NEONATAL/PEDIATRICS				
Equipment & procedures				
Assist in high risk delivery				
Capillary blood gases				
ECMO				
O2 to tent				
Umbilical blood gases				
Care of the infant or child with:				
Brochopulmonary dysplasia (BPD)				
Croup				
Cystic fibrosis				
Epiglottitis				
Hyaline membrane disease (HMD/IRDS)				
Meconium aspiration				
Near drowning				
Neonatal pneumonia				
Persistent pulmonary hypertension				
Pulmonary interstitial emphysema				
Respiratory distress syndrome (RDS)				
Respiratory syncytial virus				
Transient tachypnea of the newborn				
AGE SPECIFIC PRACTICE CRITERIA - Please Check-off if you have experience with the following.				
Adapts care to incorporate normal growth/dev of:				
New born/Neonate(birth - 30 days)				
Infant(30 days - 1 year)				
Toddler(1-3 years)				
Preschooler(3-5 years)				
School age children(5-12 years)				
Adolescents(12-18 years)				

Young Adults(18-39 years)	
Adults(40-64 years)	
Older Adults(65-80 years)	
Eldest Adults(80+)	
Adapts method/terms of pt. instr to comprehension lvl of:	
New born/Neonate(birth - 30 days)	
Infant(30 days - 1 year)	
Toddler(1-3 years)	
Preschooler(3-5 years)	
School age children(5-12 years)	
Adolescents(12-18 years)	
Young Adults(18-39 years)	
Adults(40-64 years)	
Older Adults(65-80 years)	
Eldest Adults(80+)	
Ensures a safe environment reflecting specific needs of:	
New born/Neonate(birth - 30 days)	
Infant(30 days - 1 year)	
Toddler(1-3 years)	
Preschooler(3-5 years)	
School age children(5-12 years)	
Adolescents(12-18 years)	
Young Adults(18-39 years)	
Adults(40-64 years)	
Older Adults(65-80 years)	
Eldest Adults(80+)	

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- I certify that all of the above information is correct and that any misrepresentation or falsification of fact may be considered sufficient cause for Immediate dismissal from _____.
- I have filled out this skills checklist to the best of my knowledge and agree that all of the information Provided is correct (please check box).

NAME (Please Print Clearly)

DATE

SIGNATURE
LICENSE NUMBER

When you have completed the application form, below.

To send this form please completed this form then go to save as type your title and first and last name save this into your documents or any file so wish.. You will be able to email this form back to richard@msinursing.com we hope this will save you time.