

# Wise Medical Staffing, Inc.

## Clinical Skills Checklist (Respiratory Therapy)

Name \_\_\_\_\_ Date \_\_\_\_\_

### Levels of Proficiency

A = Perform Well (at least one year experience within the last year)  
 B = Limited Experience (6 months to one year within the last two years)

C = Perform Infrequently (less than three months within the last two years)  
 D = No Experience

Specialties and Units	A	B	C	D	(Cont) Therapy/Procedures	A	B	C	D
Intensive Care Unit					Ventilate Patient/Manual				
Coronary Care Unit					Check Intracuff Pressures				
Emergency Room					Change/Clean Trach Tube				
Home care					Airway Placement				
Neonatal ICU Level II					Oral				
Neonatal ICU Level III					Nasal				
Pediatrics					Isolation Procedures				
Pediatrics ICU					Disinfection Techniques				
Pulmonary Rehabilitation					Sterile Techniques				
Sleep Lab					Incentive Spirometry				
Transports					IPPB				
					Nebulizers				
<b>Therapy/Procedures</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	Hand Held				
Oxygen Set Up					Ultrasonic				
Nasal					Chest Physical Therapy				
Masks					Postural Drainage				
Trach					Splinting				
Aerosol Set Up					Medihaler				
Mask									
Trach					Inhaler Reservoirs				
Aerosol Heated/Cool					Inspirease				
Oxygen Tank Set Up					Aerochamber				
Croup Tent Set up					Breathing				
Infant Hood Set Up					Pursed Lips				
Intubate					Diaphragmatic				
Adult					Segmental				
Infant					Ventilator Set Up				
Assist with Intubation					On Tanks				
Extubate					Troubleshoot				
Assist with Extubation					Negative Inspiratory Force				
Suction					Vital Capacity				
Nasotracheal					Nasal CPAP				
Endotracheal									

	A	B	C	D
Ventilator				
Assist/Control				
CPAC				
IMV				
Apnea Monitor				
High-Frequency Ventilator				
PEEP				
Inverse Ratio Ventilator				
Bedside Screening				
Pulmonary Stress Testing				
Transcutaneous Monitoring				
Pulmonary Function Testing				
Peak Flow Rate				
SIMV				
Oximetry				
Assist with Bronchoscopies				
Arterial Blood Gases				
Allen test				
Analyzing				
Drawing ABG's				
Radial Artery				
Brachial Artery				
Femoral Artery				
Arterial line				
Balloon Pump				
Set-Up				
Interpretation				
Calibrate				
Cardiac Output Monitoring				
PALS				
<b>Medications</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
NALS				
ECG				
Neonatal Resuscitation				
EEG				
Baby Bird				
Albuterol/Proventil/Ventolin				
Adult Resuscitation				
ACLS				
Pediatric Resuscitation				
Atropine Sulfate				
Bicarbonate				
Isoetharine				
Isoproterenol				
Metaproterenol				
Mucomyst				
Racemic Epinephrine				
Terbutaline Sulfate				

<b>(Cont.) Medications</b>	A	B	C	D
Cremolyn Sodium				
Aerobid				
Vanceril				
<b>Knowledge Of</b>				
Anectine				
Atropine				
Corticosteroids				
Digitalis				
Dopamine				
Lidocaine				
Morphine Sulfate				
Nipride				
Pavulon				
Theo-dur				
Valium				
<b>Care of Patients With</b>				
Acute/Chronic Bronchitis				
Asthma				
Broncho-Pulmonary Dysplasia				
Cardiac Surgery				
Cystic Fibrosis				
Epiglottitis				
Failur to Thrive				
Hyaline Membrane Disease				
Resp. Distress Syndrome				
Status/Asthmaticus				
Tracheo/Esophageal Fistula				
Croup				
Fem-Pop Bypass				
Gullian Barre				
Meconium Aspiration				
Myesthenia Gravis				
Neonatal Pneumonia				
Open Hearts				
Pacer				
Persistent Fetal Circulation				
Pulmonary Interstitial Emphy.				
Thoracotomies				
Transient Tachypnea/Newborn				
<b>The information I have given above is true &amp; accurate to the best of my knowledge. I authorize Wise Medical Staffing to share this information with facilities regarding my employment.</b>				
_____		_____		
<b>Signature</b>		<b>Date</b>		

### Age Specific Competency

Instruction: Please check the boxes below for age specific competency skills for which you can provide expertise-nursing care.

A = Infancy 0-1 Years

C = Preschool 3-6 Years

E = Early Adulthood 19-45 Years

B = Toddler 1-3 Years

D = Preschool 3-6 Years

F = Middle Adulthood 45-60 Years

Experience With Age Groups:	A	B	C	D	E	F
Involve patient and / or family in planning decision-making and control of treatment and care.						
Demonstrates knowledge of the physical and psychosocial needs of the patient.						
Demonstrates understanding of equipment and procedures needs.						
Provides safe environment for specific needs for all age groups.						

\_\_\_\_\_  
**Signature Department Head/Designee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**