



## RESPIRATORY THERAPY (ICU)

### SKILLS CHECKLIST

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please check the appropriate letter of proficiency for the following types of clinical situations and equipment.*

**LEVEL OF PROFICIENCY**

- A** = Able to teach & supervise
- B** = 1 year constant experience
- C** = Intermittent experience
- D** = No experience

	A	B	C	D
Ventilators				
Bourns Bar I				
Bourns Bar II				
Bourns Bar III				
Bourns Bar V				
Bennett MA-I				
Bennett MA-II				
Seachrist				
PVL - 100				
LP - 6				
Hamilton				
Bennett 7200				
Adult Star				
Siemens Servo 900 C				
Drager Evita				
Biird VDR4				
Manual resuscitator bags				
End tidal CO2 monitoring, name brands:				
Inline aerosol medication on ventilator				
Weaning parameters				
Inspiratory force				



*RT Skills Checklist*

	A	B	C	D
Forced vital capacity				
Minute Ventilation				
Ventilator tubing change				
Trouble shooting of ventilator				
Knowledge of test tubes				
BIPAP				
Calculations: A-eD02				
Cardiac output tick equation				
Physiologic deadspace				
Static effective compliance				
Dynamic effective compliance				
Transport of adult ventilator patient				
Albuterol				
Atropine				
Beclamethazone				
Cromolyn Sodium				
Isoetharine				
Metaproterenol				
Metered dose aerosol Cartiridges				
Mucomyst				
Pentadamine				
Racemic epinephrine				
Ribavirin				
Terbutaline sulfate				
<b>PULMONARY FUNCTION</b>				
List pulmunonary function machines you can operate:				
Nitrogen washout				
DLCO				



*RT Skills Checklist*

	A	B	C	D
Simple spirogram				
Flow volume loop				
<b>Respiratory Care Experience</b>				
Infant				
Preschool child				
Adolescent Patient				
Adult Patient				
Geriatric Patient				
Ventilator Patient				
Arterial Blood Gases				
EKG				
<b>Acute Care Experience</b>				
MS				
ICU				
PEDS				
PICU				
NICU II				
NICU III				
<b>Acute Care Experience</b>				
Intubation				
Adults				
PEdS				
NEONATAL				
Other				
BCLS				
ACLS				
NRP				
PALS				
PFT				



	A	B	C	D
EKG - What machines _____				
ABG's - What machines _____				

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Nurse Connection, Inc. to release checklist to client health care facilities of Nurse Connection, Inc. relating to my contract employment with that facility.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*