Respiratory Therapist

Competance	
Inexperienced	Proficient - Performs independently
Novice - Needs Assistance	Expert - Serves as Resource/Preceptor

Frequency of Practice	
Never or Observed Only	Consistently (1-2 times/month)
Occassionaly (< 6 times/year)	Frequently (daily or weekly)

	Competance				Frequency			
	Inexperienced	Novice	Proficient	Expert	Frequently	Consistently	Occassionally	Never
WORK ENVIRONMENT								
Blood Gas Lab								
Coronary Care Unit								
Emergency Room								
Floors(MS/Neurospinal)								
Home Care								
Intensive Care Unit								
MCU/SICU								
NICU/PICU								
Neuro Care Unit								
Pulmonary Function Lab								
Pulmonary Rehab								
Rehab Unit								
Recovery Room								
Sleep Lab								
Step Down Lab								
Stress Lab								
Transports								
SKILLS								
Patient Monitoring/Assessment								
Set Up/Calibrate/Maintain Arterial Line								
Balloon Pump								
Interpretation of ABGs								
Femorel Artery Draws								
Capillary Artery Draws								
Radial Artery Draws								
Brachial Artery Draws								
EKG's								

	Competance				Frequency			
	Inexperienced	Novice	Proficient	Expert	Frequently	Consistently	Occassionally	Never
VENTILATORS/EQUIPMENT								
Bird								
Baby Bird								
Babylog								
Bear I								
Bear II								
Bear V								
Bear Cub								
Bear 1000								
Drager								
Drager Evita								
Emerson Post Op								
Emerson Silver Streak								
Ohio 560								
Siemens 300								
Siemens Servo 900c								
7200/1 PB 840								
Sechrist Infant Star								
PRII								
Oscilator								
Resphenics-Espirit								
TREATMENTS								
Cheat Physical Therapy/Postural Drainage								
Diaphramatic Breathing								
Incentive Spirometry								
Inhaler/Reservoirs								
IPPB Treatments								
Hand Held Nebulizers								
Pursed Lip Breathing								
Segmental Breathing								
Splinting								
Ultrasonic Nebulizer for Sputum Induction								

I affirm that the above information is accurate as of date signed

Applicant Signature: _____

Date: _____

Name: _____

Address: _____

Phone: _____

Respiratory Therapist

Competance	
Inexperienced	Proficient - Performs Independently
Novice - Needs Assistance	Expert - Serves as Resource/Preceptor

Frequency of Practice	
Never or Observed Only	Consistently (1-2 times/month)
Occassionaly (< 6 times/year)	Frequently (daily or weekly)

	Competance				Frequency			
	Inexperienced	Novice	Proficient	Expert	Frequently	Consistently	Occassionally	Never
BASIC RESPIRATORY THERAPY								
Assist w/ Bronchoscopy								
Apnea Monitoring								
Aerosol Set Up Mask/Trach								
Bedside Screening								
Change/Clean Trach Tubes								
CPR/Adult								
CPR/Child								
Extubation								
Assist w/ Extubation								
Intubation								
Assist w/ Intubation								
Installation Procedures								
Nasotracheal Suction								
Endotracheal Suction								
CPAP/BIPAP								
Nebulizers/Healed & Cooled								
Oral Airway Placement								
Nasal Airway Placement								
Oxygen Tank Set-Up								
Oxygen Set-Up/Nasal								
Oxygen Set-Up/Mask								
Peak Flow Rate								
Pulmonary Function Testing								
Transcutaneous PO2 & PCO2 Monitoring								
Troubleshooting Ventilators								
Ventilate Patient w/ Manual Resuscitator								
Ventilator Set-Up								
Ventilator Set-Up on Tanks								
Croup Tent Set-Up								
Infant Hood Set-Up								
Negative Inspiratory Force								

	Competance				Frequen	
	Inexperienced	Novice	Proficient	Expert	Frequently	Consistently
Vital Capacity						
Tidal Volume						
Analyze Oxygen						
Oximetry						
CARE OF PATIENTS WITH						
Asthma						
Status Asthmaticus						
Acute/Chronic Bronchitis						
Broncho-Pulmonary Dysplasia						
Cardiac Fibrosia						
Epiglotis						
Failure to Thrive						
Respiratory Distress Syndrome						
Tracheo-Espogeal Fistula						
Hyaline Membrane Disease (HMD/RDS)						
Mecorium Aspiration						
Neonatal Pneumonia						
Persistent Fetal Circulation						
Pulmonary Interaitial Emphysema						
Transient Tachypnea of the Newborn						
Croup						
Myasthemia Gravis						
Gullian Barre						
Open Hearts						
Thoracotomy						
Fem-pop Bypass						
Pacer						

I affirm that the above information is accurate as of date signed

Applicant Signature: _____

Date: _____

Name: _____

Address: _____

_____

Phone: _____