

Name: \_\_\_\_\_



# Skills Checklist

## RESPIRATORY SELF-ASSESSMENT SKILLS CHECKLIST

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

**Level of Proficiency:**  
1. Can function independently  
2. Experienced but may need review  
3. Limited experience  
4. No experience

### GENERAL 1 2 3 4

- Floor Therapy.....
- Critical Care.....
- Ventilators:.....
- Type: \_\_\_\_\_
- Type: \_\_\_\_\_
- Type: \_\_\_\_\_

### CARDIOVASCULAR 1 2 3 4

- Cardio/Resp Arrest Team.....
- Arterial Monitoring.....
- Pulmonary Artery Monitoring.....
- CVP.....
- EKG's.....
- Holter EKG.....
- Stress Testing.....
- Cardiac Output Monitoring.....
- IABP.....

### PEDIATRIC 1 2 3 4

- Resuscitation.....
- Intubation.....
- Extubation.....
- Ventilators:.....
- Type: \_\_\_\_\_
- Type: \_\_\_\_\_
- Type: \_\_\_\_\_

### NEONATAL 1 2 3 4

- Resuscitation.....
- Intubation.....
- Extubation.....
- Assist in High Risk Delivery.....
- Aerosol Treatment.....
- CPT.....
- Ventilators:.....
- Type: \_\_\_\_\_
- Type: \_\_\_\_\_
- Type: \_\_\_\_\_

### OTHER SKILLS 1 2 3 4

- Ambulance Transport:.....
  - Portable Respiratory.....
  - Equipment.....
  - Ventilators:.....
  - Type: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - Pulmonary Function Testing.....
  - Arterial Blood Gases:.....
  - Drawing.....
  - Analysis.....
  - Insertion of A-Lines.....
  - Adult Intubation.....
  - Adult Extubation.....
  - Sleep Studies.....
  - EKG.....
  - Management.....
  - EMR Systems.....
  - (Electronic Medical Records)
- ### SETTINGS 1 2 3 4
- Home Health.....
  - Mobile Unit.....
  - Clinic.....
  - Research.....
  - Other:.....
  - List: \_\_\_\_\_
  - Other:.....
  - List: \_\_\_\_\_
  - Other:.....
  - List: \_\_\_\_\_

Years of Experience In:	# Of Yrs.
Certified EKG Technician	_____
Arterial Blood Gas Tech	_____
Certification Eligible: (CRTT#: _____)	_____
Registry Eligible: (RRT#: _____)	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_