



Respiratory Therapy Self Assessment

Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professionals.

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
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Print Name
SS#
Date

General Skills	Frequency				Experience			
Patient/Family Teaching	1	2	3	4	1	2	3	4
Electronic Documentation	1	2	3	4	1	2	3	4
Electronic Medication Dispensing Systems	1	2	3	4	1	2	3	4
Care of the Patient in Restraints	1	2	3	4	1	2	3	4
Isolation Precautions	1	2	3	4	1	2	3	4

Work Settings	Frequency				Experience			
Medical-Surgical General Floor Care	1	2	3	4	1	2	3	4
Adult Critical Care Unit	1	2	3	4	1	2	3	4
Pediatric General Floor Care	1	2	3	4	1	2	3	4
Pediatrics ICU	1	2	3	4	1	2	3	4
Neonatal ICU Level II	1	2	3	4	1	2	3	4
Neonatal ICU Level III	1	2	3	4	1	2	3	4
Emergency Department	1	2	3	4	1	2	3	4
Adult ED	1	2	3	4	1	2	3	4
Pediatric ED	1	2	3	4	1	2	3	4
Pulmonary Function Lab	1	2	3	4	1	2	3	4
Pulmonary Rehabilitation	1	2	3	4	1	2	3	4
Sleep Lab	1	2	3	4	1	2	3	4
Home Care	1	2	3	4	1	2	3	4
Transports	1	2	3	4	1	2	3	4
Hospital Internal	1	2	3	4	1	2	3	4
Helicopter or Jet Transport Experience	1	2	3	4	1	2	3	4



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Therapeutics and Procedures	Frequency				Experience			
Disinfection and Sterile Techniques	1	2	3	4	1	2	3	4
Assessment of Breath Sounds	1	2	3	4	1	2	3	4
Pursed Lip Breathing	1	2	3	4	1	2	3	4
Diaphragmatic Breathing	1	2	3	4	1	2	3	4
Nasal-Oral Airway Placement	1	2	3	4	1	2	3	4
Oximetry	1	2	3	4	1	2	3	4
Apnea Monitor	1	2	3	4	1	2	3	4
Transcutaneous Monitoring	1	2	3	4	1	2	3	4
End-Tidal CO2 Monitoring	1	2	3	4	1	2	3	4
Carbogen Delivery	1	2	3	4	1	2	3	4
Oxygen Administration :								
Nasal Cannula	1	2	3	4	1	2	3	4
Simple Mask	1	2	3	4	1	2	3	4
Venturi Mask	1	2	3	4	1	2	3	4
Partial Rebreather/ Non-Rebreather Mask	1	2	3	4	1	2	3	4
Aerosol Set Up/Mask/Trach	1	2	3	4	1	2	3	4
Heated Aerosol Mask/Trach Collar	1	2	3	4	1	2	3	4
Croup Tent Set Up/Troubleshoot	1	2	3	4	1	2	3	4
Infant Hood Set Up	1	2	3	4	1	2	3	4
Oxygen Tank Set Up	1	2	3	4	1	2	3	4
BiPAP Nasal/Mask	1	2	3	4	1	2	3	4
CPAP Nasal/Mask	1	2	3	4	1	2	3	4
Analyze Oxygen	1	2	3	4	1	2	3	4
Heliox Delivery	1	2	3	4	1	2	3	4
Nitric Oxide Delivery	1	2	3	4	1	2	3	4
Positive Pressure Breathing (IPPB)	1	2	3	4	1	2	3	4
Incentive Spirometry (IS)	1	2	3	4	1	2	3	4
PEP Mask/PEP Valve Therapy	1	2	3	4	1	2	3	4
EzPAP Expansion therapy	1	2	3	4	1	2	3	4
Hand Held Nebulizer	1	2	3	4	1	2	3	4
Metered Dose Inhaler	1	2	3	4	1	2	3	4
Continuous Medication Nebulizer	1	2	3	4	1	2	3	4
Sputum Induction	1	2	3	4	1	2	3	4
Bronchial Hygiene Therapy	1	2	3	4	1	2	3	4
Intrapulmonary Percussive Ventilation (IPV)	1	2	3	4	1	2	3	4
Chest Physical Therapy/Postural Drainage	1	2	3	4	1	2	3	4
Flutter Valve Therapy	1	2	3	4	1	2	3	4
Cough Assist Machine	1	2	3	4	1	2	3	4
Acapella	1	2	3	4	1	2	3	4
Vest Airway Clearance	1	2	3	4	1	2	3	4



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Therapeutics and Procedures cont'd	Frequency				Experience			
Splint Cough	1	2	3	4	1	2	3	4
Obtaining Arterial Blood Gases:								
Allen Test	1	2	3	4	1	2	3	4
Radial/Brachial Artery	1	2	3	4	1	2	3	4
Femoral Artery	1	2	3	4	1	2	3	4
Arterial Line	1	2	3	4	1	2	3	4
IABP (Intra Aortic Balloon Pump)	1	2	3	4	1	2	3	4
ABG Interpretation	1	2	3	4	1	2	3	4
ABG Analyzer	1	2	3	4	1	2	3	4
Suctioning	1	2	3	4	1	2	3	4
Endotracheal	1	2	3	4	1	2	3	4
Nasotracheal	1	2	3	4	1	2	3	4
Intubate Adult	1	2	3	4	1	2	3	4
Intubate Infant	1	2	3	4	1	2	3	4
Assist with Intubation	1	2	3	4	1	2	3	4
Extubate	1	2	3	4	1	2	3	4
Assist with Extubation	1	2	3	4	1	2	3	4
Ventilate Patient with Manual Resuscitator	1	2	3	4	1	2	3	4
Check Intracuff Pressures	1	2	3	4	1	2	3	4
Change/Clean Trach Tubes	1	2	3	4	1	2	3	4
Inhaler Reservoirs	1	2	3	4	1	2	3	4
Therapist Driven Protocols	1	2	3	4	1	2	3	4
Ventilator Set Up	1	2	3	4	1	2	3	4
Troubleshoot Ventilators	1	2	3	4	1	2	3	4
Ventilator Set Up/On Tanks	1	2	3	4	1	2	3	4
Negative Inspiratory Force	1	2	3	4	1	2	3	4
Vital Capacity	1	2	3	4	1	2	3	4
Ventilator Modes	1	2	3	4	1	2	3	4
Volume Assist/Control	1	2	3	4	1	2	3	4
Pressure Assist Control	1	2	3	4	1	2	3	4
CPAP-Continuous Positive Airway Pressure	1	2	3	4	1	2	3	4
IMV-Intermittent Mandatory Ventilation	1	2	3	4	1	2	3	4
SIMV- Synchronized Intermittent Mandatory Ventilation	1	2	3	4	1	2	3	4
PEEP - Positive End Expiratory Pressure	1	2	3	4	1	2	3	4
PSV- Pressure Support Ventilation	1	2	3	4	1	2	3	4
PRVC- Pressure Regulated Volume Control	1	2	3	4	1	2	3	4
ARPV- Airway Pressure Release Ventilation	1	2	3	4	1	2	3	4
High-Frequency Ventilator (Oscillation)	1	2	3	4	1	2	3	4
Inverse Ratio Ventilation	1	2	3	4	1	2	3	4
Independent Synchronous Lung Ventilation	1	2	3	4	1	2	3	4
PEEP Studies	1	2	3	4	1	2	3	4
Flow/Volume/Pressure Waveform Interpretation	1	2	3	4	1	2	3	4



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Therapeutics and Procedures cont'd	Frequency	Experience
Pulmonary Stress Testing	1 2 3 4	1 2 3 4
Pulmonary Function Testing	1 2 3 4	1 2 3 4
Assist with Bronchoscopies	1 2 3 4	1 2 3 4
Peak Flow Rate Monitoring	1 2 3 4	1 2 3 4
EKG/ECG	1 2 3 4	1 2 3 4
Baby Bird	1 2 3 4	1 2 3 4
Sechrist-Infant Star	1 2 3 4	1 2 3 4

Medications	Frequency	Experience
Xopenex (levalbuterol)	1 2 3 4	1 2 3 4
Pulmicort (Budesonide)	1 2 3 4	1 2 3 4
Pulmozyme (Dornase Alfa)	1 2 3 4	1 2 3 4
Ribaviran (Virazole)	1 2 3 4	1 2 3 4
Advair (Fluticasone/Salmeterol)	1 2 3 4	1 2 3 4
Mycomyst (Acetylcysteine)	1 2 3 4	1 2 3 4
Atrovent (Ipratropium Bromide)	1 2 3 4	1 2 3 4
Flovent (Fluticasone)	1 2 3 4	1 2 3 4
Duoneb (Albuterol/Ipratropium Bromide)	1 2 3 4	1 2 3 4
Xylocaine (Lidocaine)	1 2 3 4	1 2 3 4
Intal (Cromolyn Sodium)	1 2 3 4	1 2 3 4
Colistin (Coly-mycin M)	1 2 3 4	1 2 3 4
Amphocin (Amphotericin B)	1 2 3 4	1 2 3 4
Aerobid (Flunisolide)	1 2 3 4	1 2 3 4
Foradil (Formoterol fumarate)	1 2 3 4	1 2 3 4
Decadron (Dexamethasone)	1 2 3 4	1 2 3 4
Tilade (Nedocromil sodium)	1 2 3 4	1 2 3 4
TOBI (Tobramycin)	1 2 3 4	1 2 3 4
Robinul (Glycopyrrolate)	1 2 3 4	1 2 3 4
Maxair (Pirbuterol)	1 2 3 4	1 2 3 4
Relenza (Zanamivir)	1 2 3 4	1 2 3 4
Racemic Epinephrine (Vaponephrine)	1 2 3 4	1 2 3 4
Isoproterenol (Isuprel)	1 2 3 4	1 2 3 4
Isoetharine (Bronkosol)	1 2 3 4	1 2 3 4
Metaproterenol (Alupent)	1 2 3 4	1 2 3 4
Salbutamol (Albuterol, Proventil, Ventolin)	1 2 3 4	1 2 3 4
Terbutaline Sulfate (Bricanyl)	1 2 3 4	1 2 3 4
Atropine Sulfate	1 2 3 4	1 2 3 4
Mucomyst	1 2 3 4	1 2 3 4
Cremolyn Sodium (Intal)	1 2 3 4	1 2 3 4



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Medications cont'd	Frequency				Experience			
Aerobid, Vanceryl	1	2	3	4	1	2	3	4
Theo-dur	1	2	3	4	1	2	3	4
Corticosteroids	1	2	3	4	1	2	3	4
Atropine	1	2	3	4	1	2	3	4
Lidocaine	1	2	3	4	1	2	3	4

Knowledge and Care of Patients	Frequency				Experience			
Asthma	1	2	3	4	1	2	3	4
Status/Asthmaticus	1	2	3	4	1	2	3	4
Acute/Chronic Bronchitis	1	2	3	4	1	2	3	4
Broncho-Pulmonary Dysplasia	1	2	3	4	1	2	3	4
Cardiac Surgery	1	2	3	4	1	2	3	4
Cystic Fibrosis	1	2	3	4	1	2	3	4
Epiglottitis	1	2	3	4	1	2	3	4
Failure to Thrive	1	2	3	4	1	2	3	4
Respiratory Distress Syndrome	1	2	3	4	1	2	3	4
Tracheo-Esophageal Fistula	1	2	3	4	1	2	3	4
Hyaline Membrane Disease (HMD/IRDS)	1	2	3	4	1	2	3	4
Meconium Aspiration	1	2	3	4	1	2	3	4
Neonatal Pneumonia	1	2	3	4	1	2	3	4
Persistent Fetal Circulation	1	2	3	4	1	2	3	4
Pulmonary Interstitial Emphysema (PIE)	1	2	3	4	1	2	3	4
Transient Tachypnea of the Newborn	1	2	3	4	1	2	3	4
Croup	1	2	3	4	1	2	3	4
Myesthenia Gravis	1	2	3	4	1	2	3	4
Guillian Barre	1	2	3	4	1	2	3	4
Open Hearts	1	2	3	4	1	2	3	4
Thoracotomies	1	2	3	4	1	2	3	4
Fem-pop Bypass	1	2	3	4	1	2	3	4
Pacemakers:								
Internal/AID	1	2	3	4	1	2	3	4
External (temporary)	1	2	3	4	1	2	3	4
Aspiration Pneumonia	1	2	3	4	1	2	3	4
ARDS	1	2	3	4	1	2	3	4
Atelectasis	1	2	3	4	1	2	3	4
Bacterial/Viral Pneumonia	1	2	3	4	1	2	3	4
Pneumothorax	1	2	3	4	1	2	3	4
Bronchiectasis	1	2	3	4	1	2	3	4
Bronchiolitis	1	2	3	4	1	2	3	4



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Knowledge and Care of Patients with... cont'd	Frequency				Experience			
Congestive Heart Failure	1	2	3	4	1	2	3	4
Diabetic Ketoacidosis	1	2	3	4	1	2	3	4
Near Drowning	1	2	3	4	1	2	3	4
Emphysema	1	2	3	4	1	2	3	4
Empyema	1	2	3	4	1	2	3	4
Lung Cancer	1	2	3	4	1	2	3	4
Myocardial Infarction	1	2	3	4	1	2	3	4
Myasthenia Gravis	1	2	3	4	1	2	3	4
Pleural Effusion	1	2	3	4	1	2	3	4
Pulmonary Edema	1	2	3	4	1	2	3	4
Pulmonary Embolism	1	2	3	4	1	2	3	4
Respiratory Failure	1	2	3	4	1	2	3	4
Respiratory Syncytial Virus	1	2	3	4	1	2	3	4
Tuberculosis	1	2	3	4	1	2	3	4

Please list any additional skills:	
1. _____	2. _____
3. _____	4. _____
Additional Training:	
1. _____	2. _____
3. _____	4. _____
Additional Equipment:	
1. _____	2. _____
3. _____	4. _____

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.	
_____ Signature	_____ Date