Success Nurse Agency Inc.
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Respiratory Therapist Skills Checklist

Self-assessment - Respiratory Therapist (RT) | Rate every skill, then sign the attestation

Rating key: **3** = Proficient, able to perform independently | **2** = Some experience, needs review | **1** = No experience, requires training. A minimum of 80% proficient is expected for independent assignment.

Name _____

Credential / license # _____

Date completed _____

Airway & Ventilation	3	2	1
Intubation assist and airway adjuncts	☐	☐	☐
Invasive ventilator setup and management	☐	☐	☐
Non-invasive ventilation (BiPAP / CPAP)	☐	☐	☐
High-flow nasal cannula titration	☐	☐	☐
Trach care, changes, and cuff management	☐	☐	☐
Open/closed suctioning and lavage	☐	☐	☐

Diagnostics & Monitoring	3	2	1
ABG draw, analysis, and interpretation	☐	☐	☐
Capnography / EtCO2 monitoring	☐	☐	☐
Bedside PFTs, spirometry, peak flow	☐	☐	☐
Weaning parameters (NIF, VC, RSBI)	☐	☐	☐
Pulse oximetry & oxygenation assessment	☐	☐	☐

Therapeutics	3	2	1
Aerosol / nebulized medication delivery	☐	☐	☐
MDI with spacer and patient education	☐	☐	☐
Chest physiotherapy, vest, PEP therapy	☐	☐	☐
Incentive spirometry & lung expansion	☐	☐	☐

Therapeutics	3	2	1
Oxygen devices — NC, mask, non-rebreather, venturi	☐	☐	☐

Emergency & Critical Care	3	2	1
BLS / CPR — current AHA card	☐	☐	☐
ACLS — current AHA card	☐	☐	☐
PALS / NRP (pediatric & neonatal)	☐	☐	☐
Code / rapid response airway role	☐	☐	☐
Intra-hospital transport of vented patients	☐	☐	☐

Documentation & Safety	3	2	1
Charting in Epic / Cerner / PCC	☐	☐	☐
Protocol-driven therapy & physician orders	☐	☐	☐
PPE, isolation, and circuit infection control	☐	☐	☐
Equipment checks, alarms, and troubleshooting	☐	☐	☐

Attestation

I certify that this skills checklist is an accurate self-assessment of my current clinical abilities. I will notify Success Nurse Agency Inc. and the facility charge nurse before performing any skill I have rated below proficient, and I will practice only within my Illinois scope of practice.

Staff signature

Printed name _____ **Title / Credential** _____

Signature _____ **Date** _____

Agency reviewer

Printed name _____ **Title / Credential** _____

Signature _____ **Date** _____