

Student _____
Dates of Rotation _____

Respiratory Therapy Rotation Task Sheet

OBJECTIVES

OBSERVED/ASSISTED

- | | |
|---|---------------|
| 1. Orientation to patient assessment / emergency procedures | _____ / _____ |
| 2. Equipment | |
| a. oxygen administration | _____ / _____ |
| b. mechanical ventilators/respirators | _____ / _____ |
| c. medication administration | _____ / _____ |
| d. spirometers | _____ / _____ |
| e. pulse oximeters | _____ / _____ |
| f. defibrillators | _____ / _____ |
| g. EKG/Cardiac monitors | _____ / _____ |
| h. suction devices | _____ / _____ |
| 3. Arterial Blood Gases | _____ / _____ |
| 4. Central Venous Pressure | _____ / _____ |
| 5. Tracheostomy Care | _____ / _____ |
| 6. Chest Tubes | _____ / _____ |
| 7. Monitoring Vital Signs | _____ / _____ |
| 8. Universal Precautions | _____ / _____ |
| 9. Diseases/Disorders affecting respiration | _____ / _____ |

Mentor Signature

Date