



Respiratory Therapist Orientation

Employee Name: _____

A. General Orientation was completed on: _____

B. General Orientation for Nursing Service was completed on: _____

C. Job Specific Orientation below.

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
1. Location of Policy and Procedure Manuals	RT/SDC/DON			
2. Respiratory Cart <ul style="list-style-type: none"> • Stocking Cart • Cleaning and Disinfecting Cart 	RT/SDC/IPN			
3. Transmission Based Precautions and Isolation <ul style="list-style-type: none"> • Types of Precautions • PPE 	IPN/SDC Infection Prevention Manual			
4. Respiratory Orders <ul style="list-style-type: none"> • Writing Orders • Physician Approval for Orders • Transcribing Orders on Respiratory Treatment Records • Faxing Orders to Pharmacy 	RT/SDC/DON IntegraCare Pharmacy Manual			
5. Documentation: <ul style="list-style-type: none"> • Respiratory Treatment Records • Admission Evaluation • Weekly Summaries 	RT/SDC/DON			

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
<p>6. MDS Assessments and Care Plans</p> <ul style="list-style-type: none"> • Admission Assessments and Interim Care Plans for Respiratory Services • ARD Window for Documentation • Implementing Care Plans • Significant Changes in Condition *Documentation • Care Plan Meetings 	MDS Coordinator/SDC			
<p>7. End of Month Review</p> <ul style="list-style-type: none"> • Comparing New Respiratory Treatment Records to Current Respiratory Treatment Records and Physician's Orders. 	RT/DON/SDC			
<p>8. Admissions:</p> <ul style="list-style-type: none"> • Review Admission Orders to Verify any Respiratory Orders • Verify Any Needed Respiratory Equipment Needed is available • Set Up Respiratory Equipment Before Admission Arrives 	RT/DON/SDC			

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
9. Specific Planned Discharge Duties <ul style="list-style-type: none"> • Verify That Any Home Respiratory Equipment Needed Has Been Ordered • Document Resident/Resident Representative Teaching if Applicable • Review Respiratory Medications with Resident /Resident Representative if Applicable 	RT/DON/SDC			
10. Changes in Condition <ul style="list-style-type: none"> • Identifying and Communicating Changes • Documentation of change • Notification of MD and RR • Post change documentation 	RT/DON/SDC			
11. Code Status <ul style="list-style-type: none"> • Verifying Code Status • RT Responsibilities During a Code • Post Code Documentation 	DON/ADON/SDC			
12. ECG Process	SDC/CC			
13. Staff Accident & Incidents <ul style="list-style-type: none"> • Reporting A&I's 	HR/Administrator/SDC			

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
<ul style="list-style-type: none"> • Triage Line • Workman's Comp Report 				
14. Team Huddles <ul style="list-style-type: none"> • Team Members and Responsibilities • Changes in Condition • Admission/Discharge • Care Plan Updates 	RT/ADON/CC			
15. Giving and Receiving Report from RT and/or Nursing at Change of Shift	RT/SDC/DON			
16. Review and Sign Job Description	DON			
17. Respiratory Therapist Skills Check Off <ul style="list-style-type: none"> • Trach Care and Suctioning • Medication Administration via Inhaler and Nebulizer • Applying C-PAP and Bi-PAP • O2 Administration • Obtaining Vital Signs • ECG 	RT/SDC/DON			
18. Job Description	DON/ADON			

D. Respiratory Therapy Skills Check completed on: _____

(Attach skills check to this orientation.)