



Clinical Respiratory Services Checklist

Agency Name:		City:	Date:
10A NCAC 13J .1109 Clinical Respiratory Services			
Policies & Procedures		Comments	
	Scope of Service		
	Service Availability		
	Initial Assessment/Evaluation		
	Establishment of Plan of Care (include Plan of Care review)		
	Recording & Reporting Change in Plan of Care or Client Condition		
	Guidelines for Notifying Physician		
	Patient & Family Education		
	Physician Orders		
	Discharge		
	Collection of Laboratory Specimens		
	Evaluation of Ventilator Support Equipment		
	Evaluation of Infant Monitors		
	Administration of Aerosolized Medications		
	On-Call policy		
Personnel Policies		Comments	
	Credentialing of Staff		
	Supervision of Staff		
	Competency Verification		



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Personnel Record Review *(submit personnel records with all of the items listed below)*

Required Items	Respiratory Therapist	Respiratory Therapist	Respiratory Therapist	Respiratory Therapist <i>(Optional)</i>
Employee Name				
Job Title				
Date of Hire				
Application or Resume				
Signed Job Description				
Proof of Blood Borne Pathogen Training				
Hepatitis B Immunization or Declination				
TB Skin Test or Chest X-ray				
Proof of Orientation				
Reference Check(s)				
Signed Consent for Criminal Background Check				