

Respiratory Therapy Skill Verification/Demonstration Record
Breathing/Coughing Techniques

Trainer: _____ Trainee: _____

Date: _____

Function	Acceptable	Unacceptable
1. Demonstrates rationale and knowledge for utilizing breathing/coughing techniques with patients. Can relate indications for utilizing these techniques with patients and why they would be recommended.		
2. Verbally states technique for the following: a. Pursed Lip Breathing b. Coordinated Breathing c. Diaphragmatic Breathing d. Deep Cough Maneuver e. Huff Cough Maneuver f. Controlled Cough Maneuver		
3. Demonstrates correct technique for performing Pursed Lip Breathing/ Coordinated Breathing maneuvers. Knows indications for recommending these types of maneuver.		
4. Demonstrates correct technique for performing Diaphragmatic Breathing and can visually show trainer this technique and how they would teach this technique to a patient		
5. Demonstrates correct techniques for performing Deep Cough, Huff Cough and Controlled Cough maneuvers. Knows indications for recommending these types of maneuvers.		
6. Demonstrates knowledge of where to obtain patient education materials that relate to these maneuvers so that copies can be made for the patients use.		
Competency verified by: <input type="checkbox"/> Return demonstration <input type="checkbox"/> Direct Observation <input type="checkbox"/> Verbal discussion <input type="checkbox"/> Written exam <input type="checkbox"/> Review of PI <input type="checkbox"/> Record Review <input type="checkbox"/> Licensure and Certification		