



# The Respiratory Agency

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## SERVICES PROFILE

Name:

Facility:

Title/Dept:

Date:

**Please select the areas below in which you have staffing needs:**

### Areas Needed

Floors

Pediatric Floors

ER

Adult ICU

Cardiac Care/Surgery

Pediatric ICU

Labor & Delivery

Neonatal ICU

Long Term Care Unit

Other:

### Ventilators/Bipap

Servo

Puritan Bennett

LTV

Resperonics

Drager

Sensormedics

Other:

### Blood Gas Analyzers

Bayer

IL

I Stat

Nova

Radiometer

Roche

Other:

### Procedures

Airway Assessment

Aerosol Medication Delivery

Arterial Blood Gases

Blood Gas Analysis

Intubations

Trach care

Ventilator Management

Other:

### Charting System

Cerner

Clinivision

Manual (paper)

Mediserve/Medilinks

Nellcor Puritan Bennett

Other:

### Special Procedures/Diagnostic Testing

Bronchoscopy

Pulmonary Function Testing

Other:

Additional qualities or training you require to allow The Respiratory Agency to perform these procedures:

Is there anything else you would like to tell us about your facility or needs?

