



DILEENA SHIBU

RESPIRATORY THERAPIST

SUMMARY

Caring respiratory therapist with 6 months of Intern experience in course Institute in outpatient clinical practice during Covid outbreak. Familiar with spirometry and other lung capacity testing protocols to diagnose and manage asthma, expertise in intensive care units. Seasoned collaborator with in-home nursing staff, devoted to building lasting relationships with patients and colleagues competencies.

CONTACT

📞 9567167120

✉️ dileenashibu710@gmail.com

📍 KAITHAKKAL (H)
VILAKKODE P.O
IRITTY
KANNUR
KERALA,670703

DETAILS

D.O.B - 12/05/2001

GENDER - FEMALE

MARITAL STATUS - SINGLE

NATIONALITY - INDIAN

EDUCATION

BSc. RESPIRATORY CARE TECHNOLOGY

SHRIDEVI INSTITUTE OF ALLIED HEALTH SCIENCES,
TUMKUR
2018|2022

HIGHER SECONDARY

G.H.S.S MANATHANA

SSLC

St. JOHN'S (E.M) HIGH SCHOOL,
MACHILIPATNAM

WORK EXPERIENCE

INTERNSHIP - RESPIRATORY THERAPIST

SHRIDEVI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH
HOSPITAL, TUMKUR
2023|2024

- COMPLETED SIX MONTHS OF INTERNSHIP IN SIMS&RH WITH
EXPERIENCE IN AREAS OF-

- ICU (MICU,SICU)
- DEPARTMENT OF EMERGENCY MEDICINE
- DEPARTMENT OF RESPIRATORY MEDICINE

CERTIFICATION

INDIAN ASSOCIATION OF RESPIRATORY CARE

SM23127197

2023

LANGUAGES

- ENGLISH
- MALAYALAM
- TELUGU
- HINDI
- KANNADA

SOFT SKILLS

- TEAMWORK
- COMPASSION
- EMPATHY
- WORK ETHICS
- ACTIVE LISTENING

STRENGTHS

- TEAMSPIRIT
- LEADERSHIP
- SERVICE
- COORDINATION

REFERENCE

DR.MANJU MD

HOD AND PROFESSOR

DEPARTMENT OF RESPIRATORY
MEDICINE

SIMS&RH, TUMKUR

MOB: 9741890869

DR.NAGABHUSHAN B

ASSISTANT PROFESSOR

DEPARTMENT OF RESPIRATORY
MEDICINE

SIMS&RH, TUMKUR

MOB: 7019987936

SKILL SET

- RESPIRATORY MONITORING
- NON INVASIVE VENTILATION AND CARE
- PERFORMING SPIROMETRY
- VENTILATOR MANAGEMENT
- ARTERIAL BLOOD GAS
- CHEST X -RAY INTERPRETATION
- ASSISTING CHESTTUBE INSERTION
- INTUBATION, WEANING & EXTUBATION
- TRACHEOSTOMY CARE
- AEROSOL BASED MEDICATION AND ADMINISTRATION
- VITAL SIGN ASSESSMENT
- PERFORMING OXYGEN THERAPY
- INCENTIVE SPIROMETRY
- CHEST PHYSIOTHERAPY
- CPAP & BIPAP
- CARDIOPULMONARY TREATMENTS
- BLS

DECLARATION

I HEREBY DECLARE THAT THE ABOVE MENTIONED DETAILS ARE KNOWN TO MY CONSCIENCE AND TRUE, IF MY PERSONAL DETAILS ARE FOUND TO BE ELIGIBLE, KINDLY GRANT ME AN OPPURTUNITY TO SERVE YOUR ORGANISATION AND I ASSURE YOU OF MY DEDICATED SERVICE.

DATE: 01/01/2024

DILEENA SHIBU