

PALS Multi Student Checklist

Cardiac Case Scenario - Bradycardia



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert ✓ (Pass) NR (Needed Remediation)

Student Number	1	2	3	4	5	6	7	8
TEAM LEADER								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs								
Identifies bradycardia associated with cardiopulmonary compromise/failure								
Directs initiation of bag-mask ventilation with 100% oxygen								
Directs application of cardiac monitor and pulse oximetry								
Reassesses heart rate and systemic perfusion after initiation of bag-mask ventilation								
Recognizes indications for high-quality CPR (chest compressions plus ventilation) in a bradycardic patient								
<i>If the student does not verbalize the above, prompt the student with the following questions: "What are the indications for high-quality CPR in a bradycardic patient?"</i>								
Directs establishment of IV or IO access, if needed								
Directs or discusses preparation for and appropriate administration and dose (0.01 mg/kg IV/IO [0.1 mL/kg of 0.1 mg/mL concentration]) of epinephrine								
Performs reassessment of patient in response to treatment								
Case Conclusion/Debriefing								
Verbalizes consideration of 3 potential causes of bradycardia in infants and children								
<i>If the student does not verbalize the above, prompt the student with the following questions: "Tell me 3 potential causes of bradycardia in infants and children."</i>								
A student specific sheet must be included in the class paperwork for any student that a NR (Needed Remediation) for any section.								
INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES								
Instructor Initials:			Instructor Number:					

PALS Multi Student Checklist

Cardiac Case Scenario - Asystole/PEA



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert ✓ (Pass) NR (Needed Remediation)

Student Number	1	2	3	4	5	6	7	8
TEAM LEADER								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Identifies cardiac arrest								
Directs immediate initiation of high-quality CPR, and ensures performance of high-quality CPR at all times								
Directs placement of pads/leads and activation of m								
Identifies asystole or PEA								
Directs establishment of IO or IV access								
Directs preparation and administration of appropriate dose of epinephrine at appropriate								
Directs checking rhythm approximately every 2 minutes while minimizing interruptions in chest								
Case Conclusion/Debriefing								
Verbalizes at least 3 reversible causes of PEA or asystole								
<i>If the student does not verbalize the above, prompt the student with the following questions: " Tell me at least 3 reversible causes of PRA or asystole."</i>								
A student specific sheet must be included in the class paperwork for any student that a NR (Needed Remediation) for any section.								
INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES								
Instructor Initials:	Instructor Number:							

PALS Multi Student Checklist

Cardiac Case Scenario - VF/Pulseless VT



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert ✓ (Pass) NR (Needed Remediation)

Student Number	1	2	3	4	5	6	7	8
TEAM LEADER								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Identifies cardiac arrest								
Directs immediate initiation of high-quality CPR, and ensures performance of high-quality CPR at all times								
Directs placement of pads/leads and activation of monitor/defibrillator								
Identifies VF or pulseless VT cardiopulmonary arrest								
Directs safe performance of attempted defibrillation at 2 J/kg								
After delivery of every shock, directs immediate resumption of CPR, beginning with chest compressions								
Directs establishment of IO or IV access								
Directs preparation and administration of appropriate dose of epinephrine at appropriate intervals								
Directs safe delivery of second shock at 4 J/kg (subsequent doses 4 to 10 J/kg, not to exceed 10 J/kg or standard adult dose for that defibrillator)								
Case Conclusion/Debriefing								
Verbalizes possible need for additional doses of epinephrine and antiarrhythmic (amiodarone or lidocaine), and consideration of reversible causes of arrest (H's and T's)								
<i>If the student does not verbalize the above, prompt the student with the following questions: " If VF persists despite the therapies provided, what else should you administer or consider?"</i>								
A student specific sheet must be included in the class paperwork for any student that a NR (Needed Remediation) for any section.								
INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES								
Instructor Initials:	Instructor Number:							