Pediatric Advanced Life Support

Child CPR and AED Skills Testing Checklist

American Heart Association.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Hospital Scenario: "You are working in a hospital or clinic, and you see a child who has suddenly collapsed in the hallway. You check that the scene is safe and then approach the patient. Demonstrate what you would do next."

Prehospital Scenario: "You arrive on the scene for a child who is not breathing. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

Assessment and Activation

- ☐ Checks responsiveness
- ☐ Shouts for help/Activates emergency response system/Sends for AED
- ☐ Checks breathing
- ☐ Checks pulse

Once student shouts for help, instructor says, "Here's the barrier device. I am going to get the AED."

Cycle 1 of CPR (30:2) ***CPR feedback devices preferred for accuracy**

Child Compressions

- ☐ Performs high-quality compressions*:
  - Hand placement on lower half of sternum
  - 30 compressions in no less than 15 and no more than 18 seconds
  - Compresses at least one third the depth of the chest, about 2 inches (5 cm)
  - Complete recoil after each compression

Child Breaths

- ☐ Gives 2 breaths with a barrier device:
  - Each breath given over 1 second
  - Visible chest rise with each breath
  - Resumes compressions in less than 10 seconds

Cycle 2 of CPR (repeats steps in Cycle 1) ***Only check box if step is successfully performed***

- ☐ Compressions
- ☐ Breaths
- ☐ Resumes compressions in less than 10 seconds

Rescuer 2 says, "Here is the AED. I'll take over compressions, and you use the AED."

AED (follows prompts of AED)

- ☐ Powers on AED
- ☐ Correctly attaches pads
- ☐ Clears for analysis
- ☐ Clears to safely deliver a shock
- ☐ Safely delivers a shock

Resumes Compressions

- ☐ Ensures compressions are resumed immediately after shock delivery
  - Student directs instructor to resume compressions or
  - Student resumes compressions

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results	Check **PASS** or **NR** to indicate pass or needs remediation:	☐ PASS	☐ NR

Instructor Initials _____ Instructor Number ☐ _____ Date _____

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Airway Management
Skills Station Competency Checklist

American Heart Association. | American Academy of Pediatrics
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Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Verbalizes difference between high-flow and low-flow O_2 delivery systems • High flow: O_2 flow exceeds patient inspiratory flow, preventing entrainment of room air if system is tight-fitting; delivers nearly 1.00 FIO_2, eg, nonrebreathing mask with reservoir, high-flow nasal cannula • Low flow (≤10 L/min): patient inspiratory flow exceeds O_2 flow, allowing entrainment of room air; delivers 0.22 to 0.60 FIO_2, eg, standard nasal cannula, simple O_2 mask	
Verbalizes maximum nasal cannula flow rate for standard nasal cannula (4 L/min)	
Opens airway by using head tilt–chin lift maneuver while keeping mouth open (jaw thrust for trauma victim)	
Verbalizes different indications for OPA and NPA • OPA only for unconscious victim without a gag reflex • NPA for conscious or semiconscious victim	
Selects correctly sized airway by measuring • OPA from corner of mouth to angle of mandible	
Inserts OPA correctly	
Verbalizes assessment for adequate breathing after insertion of OPA	
Suctions with OPA in place; states suctioning not to exceed 10 seconds	
Selects correct mask size for ventilation	
Assembles bag-mask device, opens airway, and creates seal by using E-C clamp technique	
With bag-mask device, gives 1 breath every 2 to 3 seconds for 30 seconds. Gives each breath in approximately 1 second; each breath should cause chest rise	
Endotracheal Intubation • States equipment needed for endotracheal (ET) tube intubation procedure • Demonstrates technique to confirm proper ET tube placement by physical exam and by using an exhaled CO_2 device • Secures ET tube • Suctions with ET tube in place	
The following steps are optional. They are demonstrated and evaluated only when the student's scope of practice involves ET intubation.	
Endotracheal Intubation • Prepares equipment for ET intubation • Inserts ET tube correctly	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation: ☐ PASS ☐ NR

Instructor Initials _____ Instructor Number _____ Date _____

Rhythm Disturbances/ Electrical Therapy Skills Station Competency Checklist

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Applies 3 ECG leads correctly (or local equipment if >3 leads are used) • Negative (white) lead: to right shoulder • Positive (red) lead: to left lower ribs • Ground (black, green, brown) lead: to left shoulder	
Demonstrates correct operation of monitor • Turns monitor on • Adjusts device to manual mode (not AED mode) to display rhythm in standard limb leads (I, II, III) or paddles/electrode pads	
Verbalizes correct electrical therapy for appropriate core rhythms • Synchronized cardioversion for unstable SVT, VT with pulses • Defibrillation for pulseless VT, VF	
Selects correct paddle/electrode pad for infant or child; places paddles/electrode pads in correct position	
Demonstrates correct and safe synchronized cardioversion • Places device in synchronized mode • Selects appropriate energy (0.5 to 1 J/kg for initial shock) • Charges, clears, delivers current	
Demonstrates correct and safe manual defibrillation • Places device in unsynchronized mode • Selects energy (2 to 4 J/kg for initial shock) • Charges, clears, delivers current	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation: ☐ PASS ☐ NR

Instructor Initials _____ Instructor Number _____ Date _____

Vascular Access Skills Station Competency Checklist

American Heart Association. | American Academy of Pediatrics
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Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Verbalizes indications for IO insertion	
Verbalizes sites for IO insertion (anterior tibia, distal femur, medial malleolus, anterior-superior iliac spine)	
Verbalizes contraindications for IO placement • Fracture in extremity • Previous insertion attempt in the same bone • Infection overlying bone	
Inserts IO catheter safely	
Verbalizes how to confirm IO catheter is in correct position; verbalizes how to secure IO catheter	
Attaches IV line to IO catheter; demonstrates giving IO fluid bolus by using 3-way stopcock and syringe	
Shows how to determine correct drug doses by using a color-coded length-based tape or other resource	
The following is optional:	
Verbalizes correct procedure for establishing IV access	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation:	☐ PASS	☐ NR

Instructor Initials _____ Instructor Number _____ Date _____

Pediatric Advanced Life Support

Infant CPR Skills Testing Checklist (1 of 2)

American Heart Association.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Hospital Scenario: "You are working in a hospital or clinic when a woman runs through the door, carrying an infant. She shouts, 'Help me! My baby's not breathing.' You have gloves and a pocket mask. You send your coworker to activate the emergency response system and to get the emergency equipment."

Prehospital Scenario: "You arrive on the scene for an infant who is not breathing. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

Assessment and Activation

- ☐ Checks responsiveness
- ☐ Shouts for help/Activates emergency response system
- ☐ Checks breathing
- ☐ Checks pulse

Once student shouts for help, instructor says, "Here's the barrier device."

Cycle 1 of CPR (30:2) ***CPR feedback devices preferred for accuracy**

Infant Compressions

☐ Performs high-quality compressions*:

- Placement of 2 fingers or 2 thumbs in the center of the chest, just below the nipple line
- 30 compressions in no less than 15 and no more than 18 seconds
- Compresses at least one third the depth of the chest, about 1½ inches (4 cm)
- Complete recoil after each compression

Infant Breaths

☐ Gives 2 breaths with a barrier device:

- Each breath given over 1 second
- Visible chest rise with each breath
- Resumes compressions in less than 10 seconds

Cycle 2 of CPR (repeats steps in Cycle 1) ***Only check box if step is successfully performed***

- ☐ Compressions
- ☐ Breaths
- ☐ Resumes compressions in less than 10 seconds

Rescuer 2 arrives with bag-mask device and begins ventilation while Rescuer 1 continues compressions with 2 thumb–encircling hands technique.

Cycle 3 of CPR

Rescuer 1: Infant Compressions

☐ Performs high-quality compressions*:

- 15 compressions with 2 thumb–encircling hands technique
- 15 compressions in no less than 7 and no more than 9 seconds
- Compress at least one third the depth of the chest, about 1½ inches (4 cm)
- Complete recoil after each compression

Rescuer 2: Infant Breaths

This rescuer is not evaluated.

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Pediatric Advanced Life Support

Infant CPR Skills Testing Checklist (2 of 2)

American Heart Association.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

(continued)

Cycle 4 of CPR

Rescuer 2: Infant Compressions

This rescuer is not evaluated.

Rescuer 1: Infant Breaths

☐ Gives 2 breaths with a bag-mask device:
- Each breath given over 1 second
- Visible chest rise with each breath
- Resumes compressions in less than 10 seconds

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results	Check **PASS** or **NR** to indicate pass or needs remediation:	☐ PASS	☐ NR

Instructor Initials _____ Instructor Number _____ Date _____

PALS Case Scenario Testing Checklist
Respiratory Case Scenario
Upper Airway Obstruction

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Team Leader	
Assigns team member roles	
Uses effective communication throughout	
Patient Management	
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	
Directs administration of 100% oxygen or supplemental oxygen as needed to support oxygenation	
Directs application of cardiac monitor and pulse oximetry	
Identifies signs and symptoms of upper airway obstruction	
Categorizes as respiratory distress or failure	
Directs administration of nebulized epinephrine and corticosteroid (for croup), or IM epinephrine and IV corticosteroid (for anaphylaxis)	
States indications for bag-mask ventilation and/or other airway or ventilation support	
If the student does not verbalize the above, prompt the student with the following question: "What are the indications for bag-mask ventilation and/or other airway or ventilation support?"	
Directs establishment of IV or IO access, if indicated	
Directs reassessment of patient in response to treatment	
Case Conclusion/Debriefing	
The following step is evaluated only if the student's scope of practice applies	
Describes how to estimate correct endotracheal tube size for this patient	
If the student does not verbalize the above, prompt the student with the following question: "How would you estimate the endotracheal tube size for this infant with upper airway obstruction?"	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation: ☐ **PASS** ☐ **NR**

Instructor Initials _____ Instructor Number _____ Date _____

PALS Case Scenario Testing Checklist
Respiratory Case Scenario
Lower Airway Obstruction

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Team Leader	
Assigns team member roles	
Uses effective communication throughout	
Patient Management	
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	
Directs administration of 100% oxygen or supplemental oxygen as needed to support oxygenation	
Directs application of cardiac monitor and pulse oximetry	
Identifies signs and symptoms of lower airway obstruction	
Categorizes as respiratory distress or failure	
Directs administration of albuterol and corticosteroids (for asthma) or suctioning or possible additional laboratory studies (for bronchiolitis)	
States indications for bag-mask ventilation and/or other airway or ventilation support	
If the student does not verbalize the above, prompt the student with the following question: "What are the indications for bag-mask ventilation and/or other airway or ventilation support?"	
Directs establishment of IV or IO access, if appropriate	
Directs reassessment of patient in response to treatment	
Case Conclusion/Debriefing	
The following step is evaluated only if the student's scope of practice applies	
States indications for endotracheal intubation	
If the student does not verbalize the above, prompt the student with the following question: "What are the indications for endotracheal intubation?"	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation: ☐ **PASS** ☐ **NR**

Instructor Initials _____ Instructor Number _____ Date _____

PALS Case Scenario Testing Checklist
Respiratory Case Scenario
Lung Tissue Disease

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Team Leader	
Assigns team member roles	
Uses effective communication throughout	
Patient Management	
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	
Directs administration of 100% oxygen (or supplemental oxygen as needed to support oxygenation) and evaluates response	
Identifies indications for bag-mask ventilation and/or additional airway or ventilation support	
Describes methods to verify that bag-mask ventilation is effective	
Directs application of cardiac monitor and pulse oximetry	
Identifies signs and symptoms of lung tissue disease	
Categorizes as respiratory distress or failure	
Directs establishment of IV or IO access	
Directs reassessment of patient in response to treatment	
Identifies need for involvement of advanced provider with expertise in pediatric intubation and mechanical ventilation	
Case Conclusion/Debriefing	
The following step is evaluated only if the student's scope of practice applies	
States indications for endotracheal intubation	
If the student does not verbalize the above, prompt the student with the following question: "What are the indications for endotracheal intubation?"	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation: ☐ **PASS** ☐ **NR**

Instructor Initials _____ Instructor Number ☐ _____ Date _____

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PALS Case Scenario Testing Checklist
Respiratory Case Scenario
Disordered Control of Breathing

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Team Leader	
Assigns team member roles	
Uses effective communication throughout	
Patient Management	
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	
Directs administration of 100% oxygen (or supplemental oxygen as needed to support oxygenation) and evaluates response	
Identifies indications for bag-mask ventilation and/or additional airway or ventilation support	
Describes methods to verify that bag-mask ventilation is effective	
Directs application of cardiac monitor and pulse oximetry	
Identifies signs of disordered control of breathing	
Categorizes as respiratory distress or failure	
Directs establishment of IV or IO access	
Directs reassessment of patient in response to treatment	
Identifies need for involvement of advanced provider with expertise in pediatric intubation and mechanical ventilation	
Case Conclusion/Debriefing	
The following step is evaluated only if the student's scope of practice applies	
States indications for endotracheal intubation	
If the student does not verbalize the above, prompt the student with the following question: "What are the indications for endotracheal intubation?"	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation: ☐ **PASS** ☐ **NR**

Instructor Initials _____ Instructor Number _____ Date _____

PALS Case Scenario Testing Checklist
Shock Case Scenario
Hypovolemic Shock

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Team Leader	
Assigns team member roles	
Uses effective communication throughout	
Patient Management	
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	
Directs administration of 100% oxygen	
Directs application of cardiac monitor and pulse oximetry	
Identifies signs and symptoms of hypovolemic shock	
Categorizes as compensated or hypotensive shock	
Directs establishment of IV or IO access	
Directs rapid administration of a 20 mL/kg fluid bolus of isotonic crystalloid; repeats as needed to treat signs of shock	
Reassesses patient during and after each fluid bolus. Stops fluid bolus if signs of heart failure (worsening respiratory distress, development of hepatomegaly or rales/crackles) develop	
Directs reassessment of patient in response to each treatment	
Case Conclusion/Debriefing	
States therapeutic end points during shock management	
If the student does not verbalize the above, prompt the student with the following question: "What are the therapeutic end points during shock management?"	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation:	☐ **PASS**	☐ **NR**

Instructor Initials _____ Instructor Number ☐ _____ Date _____

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PALS Case Scenario Testing Checklist
Shock Case Scenario
Obstructive Shock

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Team Leader	
Assigns team member roles	
Uses effective communication throughout	
Patient Management	
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	
Directs application of cardiac monitor and pulse oximetry	
Verbalizes DOPE mnemonic for intubated patient who deteriorates	
If the student does not verbalize the above, prompt the student with the following questions: "What mnemonic is helpful to recall when the intubated patient deteriorates? What does this mnemonic mean?"	
Identifies signs and symptoms of obstructive shock	
States at least 2 causes of obstructive shock	
If the student does not state the above, prompt the student with the following statement: "Tell me at least 2 causes of obstructive shock."	
Categorizes as compensated or hypotensive shock	
Directs establishment of IV or IO access, if needed	
Directs rapid administration of a fluid bolus of isotonic crystalloid, if needed (ie, for cardiac tamponade, massive pulmonary embolus)	
Directs appropriate treatment for obstructive shock (needle decompression for tension pneumothorax; fluid bolus, and pericardiocentesis for cardiac tamponade; oxygen, ventilatory support, fluid bolus, and expert consultation for massive pulmonary embolus; prostaglandin infusion and expert consultation for neonate with ductal-dependent congenital heart disease and constriction/closure of the ductus arteriosus)	
Directs reassessment of patient in response to treatment	
Case Conclusion/Debriefing	
States therapeutic end points during shock management	
If the student does not verbalize the above, prompt the student with the following question: "What are the therapeutic end points during shock management?"	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation: ☐ **PASS** ☐ **NR**

Instructor Initials _____ Instructor Number _____ Date _____

PALS Case Scenario Testing Checklist
Shock Case Scenario
Distributive Shock

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Team Leader	
Assigns team member roles	
Uses effective communication throughout	
Patient Management	
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	
Directs administration of 100% oxygen	
Directs application of cardiac monitor and pulse oximetry	
Identifies signs and symptoms of distributive (septic) shock	
Categorizes as compensated or hypotensive shock	
Directs establishment of IV or IO access	
Directs rapid administration of a 10-20 mL/kg fluid bolus of isotonic crystalloid for septic shock and 20 mL/kg fluid bolus of isotonic crystalloid for anaphylactic shock; repeats as needed (with careful reassessment) to treat shock	
Reassesses patient during and after each fluid bolus. Stops fluid bolus if signs of heart failure (worsening respiratory distress, development of hepatomegaly or rales/crackles) develop	
Directs initiation of vasoactive drug therapy within first hour of care for fluid-refractory shock	
Directs reassessment of patient in response to treatment	
Directs early administration of antibiotics (within first hour after shock is identified)	
Case Conclusion/Debriefing	
States therapeutic end points during shock management	
If the student does not verbalize the above, prompt the student with the following question: "What are the therapeutic end points during shock management?"	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation: ☐ **PASS** ☐ **NR**

Instructor Initials _____ Instructor Number ☐ _____ Date _____

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PALS Case Scenario Testing Checklist
Shock Case Scenario
Cardiogenic Shock

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Team Leader	
Assigns team member roles	
Uses effective communication throughout	
Patient Management	
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	
Directs administration of 100% oxygen	
Directs application of cardiac monitor and pulse oximetry	
Identifies signs and symptoms of cardiogenic shock	
Categorizes as compensated or hypotensive shock	
Directs establishment of IV or IO access	
Directs slow administration of a 5 to 10 mL/kg fluid bolus of isotonic crystalloid over 10 to 20 minutes and reassesses patient during and after fluid bolus. Stops fluid bolus if signs of heart failure worsen	
Directs reassessment of patient in response to treatment	
Recognizes the need to obtain expert consultation from pediatric cardiologist	
Identifies need for inotropic/vasoactive drugs during treatment of cardiogenic shock	
If the student does not indicate the above, prompt the student with the following question: "What are the indications for inotropic/vasoactive drugs during cardiogenic shock?"	
Case Conclusion/Debriefing	
States therapeutic end points during shock management	
If the student does not verbalize the above, prompt the student with the following question: "What are the therapeutic end points during shock management?"	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results	Check **PASS** or **NR** to indicate pass or needs remediation:	☐ **PASS**	☐ **NR**

Instructor Initials _____ Instructor Number ☐ _____ Date _____

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PALS Case Scenario Testing Checklist
Cardiac Case Scenario
Supraventricular Tachycardia

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Team Leader	
Assigns team member roles	
Uses effective communication throughout	
Patient Management	
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	
Directs application of cardiac monitor and pulse oximetry	
Directs administration of supplemental oxygen	
Identifies narrow-complex tachycardia (ie, SVT with adequate perfusion) and verbalizes how to distinguish between ST and SVT	
If the student does not verbalize the above, prompt the student with the following question: "How do you distinguish between ST and SVT?"	
Directs performance of appropriate vagal maneuvers	
Directs establishment of IV or IO access	
Directs preparation and administration of appropriate doses (first and, if needed, second) of adenosine	
States the rationale for the strong recommendation for expert consultation before providing synchronized cardioversion if the stable child with SVT fails to respond to vagal maneuvers and adenosine	
Directs or describes appropriate indications for and safe delivery of attempted cardioversion at 0.5 to 1 J/kg (subsequent doses increased by 0.5 to 1 J/kg, not to exceed 2 J/kg)	
Performs reassessment of patient in response to treatment	
Case Conclusion/Debriefing	
Discusses indications and appropriate energy doses for synchronized cardioversion	
If the student does not verbalize the above, prompt the student with the following question: "What are the indications and appropriate energy doses for synchronized cardioversion?"	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation: ☐ **PASS** ☐ **NR**

Instructor Initials _____ Instructor Number ☐ _____ Date _____

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PALS Case Scenario Testing Checklist
Cardiac Case Scenario
Bradycardia

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
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	
If the student does not indicate the above, prompt the student with the following question: "What are the indications for high-quality CPR in a bradycardic patient?"	
Directs establishment of IV or IO access	
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	
If the student does not verbalize the above, prompt the student with the following statement: "Tell me 3 potential causes of bradycardia in infants and children."	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation:	☐ **PASS**	☐ **NR**

Instructor Initials _____ Instructor Number ☐ _____ Date _____

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PALS Case Scenario Testing Checklist
Cardiac Case Scenario
Asystole/PEA

American Heart Association. | American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
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 asystole or PEA	
Directs establishment of IO or IV access	
Directs preparation and administration of appropriate dose of epinephrine at appropriate intervals	
Directs checking rhythm approximately every 2 minutes while minimizing interruptions in chest compressions	
Case Conclusion/Debriefing	
Verbalizes at least 3 reversible causes of PEA or asystole	
If the student does not verbalize the above, prompt the student with the following statement: "Tell me at least 3 reversible causes of PEA or asystole."	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation: ☐ **PASS** ☐ **NR**

Instructor Initials _____ Instructor Number ☐ _____ Date _____

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PALS Case Scenario Testing Checklist
Cardiac Case Scenario
VF/Pulseless VT

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Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
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)	
Directs preparation and administration of appropriate dose of antiarrhythmic (amiodarone or lidocaine) at appropriate time	
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)	
If the student does not verbalize the above, prompt the student with the following question: "If VF persists despite the therapies provided, what else should you administer or consider?"	

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation: ☐ **PASS** ☐ **NR**

Instructor Initials _____ Instructor Number ☐ _____ Date _____

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