

HP CPR/RESUSCITATION SKILLS			TEAM SKILL CHECKLIST	
BLS/ALS Integration Chelan/S. Douglas County HP CPR			Cardiac Arrest	
NAME(S)	DATE			
PRINT NAME (S)				
Objective: Given a multi-person company, BLS/ALS equipment and manikin: demonstrate assessment and treatment for <u>Cardiac Arrest</u> as outlined in the current <b>Chelan/S. Douglas Cardiac Arrest Protocol</b> .				
<b>PPE/SAFETY (must demonstrate)</b>				
<input type="checkbox"/> Gloves	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Respiratory Protection (as needed)	<input type="checkbox"/> AED Safety	
<b>COMPRESSION PERSON(S) (CAB APPROACH) *Consider Metronome for rate*</b>				
<input type="checkbox"/> Confirm: uncon./unresp.	<input type="checkbox"/> Pulse Check (<10 sec.)	<input type="checkbox"/> Verbally counts compressions	<input type="checkbox"/> Airway/Breathing	
<input type="checkbox"/> Remove patient to open area <input type="checkbox"/> Remove clothing to start <input type="checkbox"/> <b>Immediately begins</b> chest compressions with rate of <b>110 per minute</b> <input type="checkbox"/> Completes <b>50 compressions of CPR</b> before first analysis <input type="checkbox"/> Resume CC from "Hover" position <b>immediately</b> after Analysis/Shock		<input type="checkbox"/> Pulse Check ( <b>only after 2<sup>nd</sup> Analysis</b> ) <input type="checkbox"/> Switches <b>w/o pause every 2 minutes</b> <input type="checkbox"/> Proper hand placement <input type="checkbox"/> Compress chest <b>&gt;2 inches</b> <input type="checkbox"/> Allow <b>complete recoil</b> between compressions		
<b>DEFIB TECH</b>				
<b>ANALYZE AS SOON AS AED APPLIED (minimum of 30 compressions)</b>				
<b>Shock Advised</b>		<b>No Shock Advised</b>		
<input type="checkbox"/> <b>Shock</b> – (no pulse check) <input type="checkbox"/> 2 Minutes of CPR <input type="checkbox"/> Analyze @ 2 mins. (post-shock) <input type="checkbox"/> Changes compressors ( <b>standby position "hover"</b> )		<input type="checkbox"/> <b>2 Mins. of CPR</b> <input type="checkbox"/> Changes compressor ( <b>standby position "hover"</b> ) <input type="checkbox"/> Pulse Check < 10 sec. ( <b>only after 2<sup>nd</sup> Analysis</b> ) <input type="checkbox"/> 2 Mins. of CPR		
<b>*Consider Femoral Pulse Check* Do not check pulse before analyzing rhythm*</b>				
<b>VENTILATION PERSON</b>				
<input type="checkbox"/> Give 1 breath/ every 15 compressions <b>AND</b> about 1 second/breath (achieves chest rise)				
<b>TIME KEEPER</b>				
<input type="checkbox"/> Tracks 2min. intervals	<input type="checkbox"/> Announces time at 1:45	<input type="checkbox"/> Eliminates <b>ALL</b> unnecessary interruptions		
<b>ALS INTEGRATION</b>				
<input type="checkbox"/> Immediate <b>check in</b> with EMS crew <input type="checkbox"/> Quickly establish provider roles/rotation for efficient transition <input type="checkbox"/> Transition from AED to Manual Defib. <b>prior to 1:45</b> <input type="checkbox"/> Pre-Charge Manual Defib <b>at 1:45</b>		<input type="checkbox"/> IV/IO Therapy completed ( <b>w/o pause</b> ) <input type="checkbox"/> Advanced Airway placed ( <b>w/o pause</b> )		
<b>CRITICAL CRITERIA FAIL</b>		<b>All elements are CRITICAL FAIL CRITERIA</b> (Exception: ALS integration unavailable)		
<b>PASS</b>	YES	NO		
	PRINT EVALUATOR NAME		EVALUATOR SIGNATURE	
				EMS#