



## Mega-VF: Refractory VF/VT

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Check When Complete	Student action
Primary Survey	Uses Personal Protective Equipment
	Performs ABCs; starts chest compressions and ventilations
	Attaches AED or quick-look paddles or ECG monitor
	Recognizes ECG rhythms of VF and pulseless VT
	Delivers countershocks safely, effectively, and at correct energy levels
Secondary Survey	Attempts advanced airway, using instruments correctly and safely (use Airway Management Skills Check sheet)
	Establishes IV access using correct anatomic location and sterile techniques
	Selects adrenergic agent; gives at proper dose and intervals Agent chosen:
	Provides defibrillation after adrenergic agent but before antiarrhythmics
	Consider antiarrhythmics; chooses proper agent dose and sequence Antiarrhythmic chosen:
	Considers likely causes of problem; develops differential diagnosis
	Acts on differential diagnosis when reasonable
	Proceeds to algorithm for the identified rhythm Rhythm identified:
	Reassesses patient frequently
	Interacts professionally and positively with family members and friends and with other healthcare professionals

Comments \_\_\_\_\_  
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# ASYSTOLE

## Skills Checklist

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Check When Complete	Student action
Primary Survey	Uses personal protective equipment
	Performs ABCs; calls for help; asks for defibrillator/monitor; starts chest compressions and ventilations
	Attaches quick-look paddles or ECG monitor leads
	Recognizes ECG rhythm is not ventricular fibrillation; shock not indicated
	Recognizes "flat line" not same as "asystole"; performs asystole protocol; checks monitor power ON; cables connected; lead selection not on "paddles" if using leads; checks "gain" turned up to maximum
	Considers check for true VF appearing as asystole ("occult VF"); switch monitor leads - leads II, III, aVF
	Performs rapid scene survey looking for evidence to not attempt resuscitation
Secondary Survey	Moves at once to the Secondary ABCD Survey; orders intubation
	Performs personally or oversees advanced airway placement if not already in place. (Use Airway Management checklist as needed)
	Establishes IV access using correct anatomic location and sterile techniques, if not already in place
	Consider transcutaneous pacing
	Epinephrine 1 mg IV push, repeat every 3 – 5 minutes
	Atropine 1 mg IV, repeat every 3 – 5 minutes to a total of 0.04 mg/kg
	Explicitly begins to consider the <b>differential diagnosis</b> using a mnemonic like the "6 H's and 6 T's." Process involves thinking of a specific cause, looking for indications of that cause, and responding to identified indications.
	Reassesses patient frequently; moves to appropriate algorithm as patient condition dictates
	Troubleshoots problems
	Interacts professionally and positively with family members and friends and with other healthcare professionals

Comments \_\_\_\_\_

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## Airway Management Skills

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Check When Complete		Student action
Primary Survey		Uses Personal Protective Equipment
		Assesses patient responsiveness
		Opens airway with head-tilt / chin-lift or jaw-thrust
		Checks for breathing
		Provides ventilation with bag-mask device with appropriate volume, inhalation time and ventilation rate
		Observes for chest rise during ventilations or asks if breaths go in.
		Checks for pulse. Provides chest compressions if needed.
Secondary Survey	*	Selects and properly inserts a simple airway adjunct using either an oropharyngeal or nasopharyngeal airway. (no gag reflex)
		Continues ventilating patient using a bag-mask device with/without supplemental oxygen, using appropriate volume, inhalation time and ventilation rate. Integrates use with patient presentation and treatment.
		<b>Identifies need for advanced airway and chooses <i>One</i> of the following airways as appropriate for their practice level.</b>
	*	Combitube <ul style="list-style-type: none"> <li>• Uses correctly</li> </ul>
	*	LMA <ul style="list-style-type: none"> <li>• Uses correctly</li> </ul>
	*	Endotracheal tube (as appropriate for scope of practice) <ul style="list-style-type: none"> <li>• Uses laryngoscope and ET tube correctly</li> <li>• Performs intubation</li> <li>• Performs Primary tube confirmation</li> <li>• Uses Secondary confirmation method <ul style="list-style-type: none"> <li>○ EDD</li> <li>○ End-tidal CO2 detector</li> </ul> </li> <li>• Uses a commercial tube holder to secure ET tube</li> </ul>
		Proceeds with appropriate algorithm to manage patient condition

\* = optional skill

Comments \_\_\_\_\_

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# PULSELESS ELECTRICAL ACTIVITY

## Skills Checklist

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Check When Complete		Student action
Primary Survey		Uses personal protective equipment
		Performs ABCs; calls for help; asks for defibrillator/monitor; starts chest compressions and ventilations
		Attaches quick-look paddles or ECG monitor leads
		Recognizes ECG rhythm is not ventricular fibrillation; shock not indicated
		Moves at once to the Secondary ABCD Survey; orders intubation
Secondary Survey		Performs personally or oversees advanced airway placement if not already in place. (Use Airway Management checklist is needed)
		Establishes IV access using correct anatomic location and sterile techniques, if not already in place
		Examines rhythm and administers appropriate medications based on rhythm assessment (eg, for PEA, epinephrine plus atropine if rate is slow, volume push if rate is fast)
		Explicitly begins to consider the <b>differential diagnosis</b> for PEA using a mnemonic like the "6 H's and 6 T's." Process involves thinking of a specific cause, looking for indications of that cause, and responding to identified indications.
		Reassesses patient frequently; moves to appropriate algorithm as patient condition dictates
		Troubleshoots problems
		Interacts professionally and positively with family members and friends and with other healthcare professionals

Comments \_\_\_\_\_  
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# UNSTABLE TACHYCARDIA

## Skills Checklist

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Check When Complete	Student action
	Assesses Primary and Secondary ABCDs and manages indicated problems
	Routinely orders " <i>oxygen-IV-fluids-monitor</i> " in patients who appear unstable. Recognizes tachycardia on monitor
	Gathers history, performs physical exam that focuses on determining "symptomatic" or "unstable" tachycardia
	Recognizes signs/symptoms of hemodynamic compromise and determines that they are <i>due to the rapid heart rate</i>
	Orders immediate preparation for synchronized cardioversion and delivers shock at appropriate energy level safely and effectively
	Recognizes a converted rhythm
	Reassesses cardiovascular status with BP, pulse, and responsiveness
	Recognizes when rhythm deteriorates into VF after conversion attempt
	Understands the need to change from synchronized to unsynchronized mode for VF
	Monitors postresuscitation condition
	Considers antiarrhythmic therapy

Comments \_\_\_\_\_

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