

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 differential diagnosis 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 _____

Instructor signature _____

Instructor printed name _____