

PALS Case Scenario Testing Checklist Cardiac Case Scenario Bradycardia



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	✓ 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	
<i>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?"</i>	
Directs establishment of IV or IO access	
Directs or discusses preparation for and appropriate administration and dose (0.01 mg/kg) 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 statement: "Tell me 3 potential causes of bradycardia in infants and children."</i>	

STOP TEST

Instructor Notes <ul style="list-style-type: none"> Place a ✓ 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 <input type="checkbox"/> NR <input type="checkbox"/>
Instructor Initials _____ Instructor Number _____ Date _____	

PALS Case Scenario Testing Checklist Cardiac Case Scenario Supraventricular Tachycardia



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Student Name _____ Date of Test _____

Critical Performance Steps	✓ 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 supplementary oxygen	
Identifies narrow-complex tachycardia (ie, SVT with adequate perfusion) and verbalizes how to distinguish between ST and SVT	
<i>If the student does not verbalize the above, prompt the student with the following question: "How do you distinguish between ST and SVT?"</i>	
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	
<i>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?"</i>	

STOP TEST

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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	✓ 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)	
<i>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?"</i>	

STOP TEST

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PALS Case Scenario Testing Checklist Shock Case Scenario Hypovolemic Shock



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Student Name _____ Date of Test _____

Critical Performance Steps	✓ 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

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PALS Case Scenario Testing Checklist Respiratory Case Scenario Upper Airway Obstruction



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Student Name _____ Date of Test _____

Critical Performance Steps	✓ 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 supplementary 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	
<i>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?"</i>	
Directs establishment of IV or IO access, if indicated	
Directs reassessment of patient in response to treatment	
Case Conclusion/Debriefing	
<i>The following step is evaluated only if the student's scope of practice applies</i>	
Describes how to estimate correct endotracheal tube size for this patient	
<i>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?"</i>	

STOP TEST

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