Pediatric Advanced Life Support (PALS) Skills Sheet Name: _____ Date: _____

AIRWAY MANAMENT SKILLS STATION	
Critical Performance Steps	**✓ 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 FIO2, e.g., 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 0.23 to 0.80 FIO_2, e.g., 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 BVM, opens airway, and creates seal by using E-C clamp technique	
With bag-mask device, gives 1 breath every 3 to 5 seconds for about 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 ✔ 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 #: _____ Date: _____

INFANT CPR SKILLS TESTING CHECKLIST	
Hospital Scenario: "You're working in a hospital/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 scene for an infant who is not breathing. No bystander CPR has been provided. You approach the scene and ensure it is safe. Demonstrate what you would do next."	
Skill	**✓ if done correctly**
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."

Cycle 1 of CPR (30:2) ***CPR feedback devices preferred for accuracy.***	
Infant Compressions – Performs high-quality compressions: • Placement of 2 fingers in 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 1/3 the depth of the chest, about 1.5" (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 (repeat 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 ventilations. 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 • Compressions at least 1/3 the depth of the chest, about 1.5" (4 cm) • Complete recoil after each compression	
Rescuer 2: Infant Breaths – *This rescuer is not evaluated.*	N/A
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
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- 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 #: _____ Date: _____

Pediatric Advanced Life Support (PALS) Skills Sheet Name: _____ Date: _____

CARDIAC SCENARIO – ASYSTOLE / PEA

Skill	✔ 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	
Verbalizes at least 3 reversible causes of PEA or asystole	
If the student does not verbalize the above, prompt the student with the following question: *"Tell me at least 3 reversible causes of PEA or asystole."*	
STOP TEST	

Instructor Notes

- 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** ☐ **NR** ☐

Instructor Initials _____ Instructor #: _____ Date: _____

Learning Station Competency		
☐ Pre-Test	☐ Coping with Death	☐ Rhythm Disturbance
☐ Airway Management	☐ Airway Management	☐ Electrical Therapy
☐ Vascular Access	☐ Vascular Access	☐ Managing Post-Cardiac Arrest
☐ CPR	☐ Team Dynamics	☐ Case Scenario Practice

CARDIAC SCENARIO – BRADYCARDIA

Skill	✔ 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 cardio pulmonary 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 verbalize 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 an 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	
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 ✔ 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 #: _____ Date: _____

Pediatric Advanced Life Support (PALS) Skills Sheet Name: _____ Date: _____

RESPIRATORY SCENARIO – UPPER AIRWAY OBSTRUCTION

Skill	✓ 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)	
State 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	
Describe 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 ✔ 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 #: _____ Date: _____

RESPIRATORY SCENARIO – LOWER AIRWAY OBSTRUCTION

Skill	✓ 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 albuterol and corticosteroids (for asthma) or suctioning or possible additional laboratory studies (for bronchiolitis)	
States indications of 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 ✔ 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 #: _____ Date: _____

Pediatric Advanced Life Support (PALS) Skills Sheet Name: _____ Date: _____

SHOCK SCENARIO – HYPOVOLEMIC SHOCK

Skill	✓ 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 ✓ 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 #: _____ Date: _____

SHOCK SCENARIO – DISTRIBUTIVE SHOCK

Skill	✓ 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 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 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 ✓ 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 #: _____ Date: _____