

## **Bradycardia (Block) Skills Documentation Form**

| Candidate (Print):   | Date:  |               |             |
|--|--|---------------|-------------|
| Examiner (Instructor Name Printed):  |  |               |             |
| Examiner Signature:  |  |               |             |
| Note: Examiner will use or modify a simulator for bradycard less than 60 mmHg, SpO2 88%, EtCO2 35, and a resp before declining consciousness occurs; the examiner n by having patient return to stable with all vital signs re | onsive (or unresponsive) patient value (or unresponsive) patient value (or unresponsive) | who stated "r | ny chest hu |
| PASS   | FAIL   | _             |             |
| Task   |  | Correct       | Incorrect   |
| Identifies Bradycardia with block present  |  |               |             |
| Identifies unstable Bradycardia and unstable patient condition   | on   |               |             |
| Assures proper oxygenation of the patient  |  |               |             |
| Identifies need for additional treatment   |  |               |             |
| Identifies Atropine will not work for this arrythmia   |  |               |             |
| Utilizes Transcutaneous Pacing (per manufacturer recomme Infusion  | endations) and/or Vasopressor  |               |             |
| Reassess patient after each intervention and a minimum of e  | every two minutes  |               |             |
| Note: any "incorrect" represents a skill failure   |  |               |             |
|  |  |               |             |
| <u>Critical Failure Criteria</u>   |  |               |             |
| Failure to establish oxygenation for the patient   |  |               |             |
| Failure to take appropriate intervention   |  |               |             |
| Failure to identify bradycardia block arrythmia  |  |               |             |
| Failure to manage the patient as a competent provider  |  |               |             |
| Exhibits unacceptable affect with patient or other person  | inel   |               |             |

NOTE: You must factually document any "incorrect" or critical failure criteria on the bottom or back of this form.

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Uses or orders a dangerous or inappropriate intervention