GLOBAL EMERGENCY MEDICAL REGISTRY

Cardiac Arrest Pulseless Electrical Activity (ALS) Skills Documentation Form

Candidate (Print): _____ Date: _____

Examiner (Instructor Name Printed): _____

Examiner Signature: _____

Note: Examiner will use a full scale simulator for this case to reflect a wide bradycardic rhythm PEA with a MAP of 0 mmHg, SpO2 0%, EtCO2 20 mmHg (once an airway is in place and EtCO2 monitoring has begun), and an unresponsive patient who has a diabetic history (BGL 490) and was doing his daily 2 hour exercise program before losing consciousness and becoming pulseless; the examiner may conclude the case following proper adherence to the skills sheet by having patient achieve ROSC with MAP 65 mmHg, SpO2 93%, EtCO2 50 mmHg, pulse of 86.

PASS _____ FAIL _____

Task	Correct	Incorrect
Identifies pulseless electrical activity (PEA) present		
Ensures chest compressions are started at 110-120/min or mechanical chest compression device attached and running		
Ensures defibrillation pads and ECG leads are placed		
Assures proper oxygenation of the patient and establishes advanced airway with ventilation rate of 10 breath/min and 6-8 ml/kg/PBW with a maximum of 30 cmH2O pressure of ventilation		
Ensures large bore vascular access above the level of the diaphragm		
Utilizes quantitative waveform capnography to identify quality of compressions, ventilations, and return of spontaneous circulation (ROSC)		
Considers use of Epinephrine		
Considers or Implements Ultrasound (CAUSE or CASA exam) cardiac arrest evaluation		
Considers patient may be in an acidotic state and considers at least two of the following: 1. Obtaining bedside laboratory values 2. Use of ventilation strategy to improve acidotic state 3. Use of sodium bicarb in a conservative manner to improve acidotic state 4. Use of a high SID IV Fluid bolus to improve acidotic state		
Considers IV fluid bolus (20 ml/kg) with a balanced solution with a SID of 24 or higher		
Identifies ROSC: • Transitions to endotracheal tube if not already implemented. • Ensures ventilation at 10 bpm with maximum of 30 cmH2O and volume of 6-8 ml/kg/PBW with SpO2 targeted at 92-98% and EtCO2 targeted at 35-45 mmHg. • Ensures a MAP of 65, if less than 65, consider ultrasound examination of heart/IVC for collapse and diastolic refilling derangement or consider IV Fluids at 20 ml/kg over 3-5 minutes.		

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Critical Failure Criteria

	Failure to establish oxygenation and compressions (CPR) for the patient
	Failure to take appropriate intervention, including advanced airway management, vascular access, medications
	Failure to identify PEA
	Failure to manage the patient as a competent provider
	Failure to assure all portions of the checklist above are provided for during case
	Exhibits unacceptable affect with patient or other personnel
	Uses or orders a dangerous or inappropriate intervention

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