



GLOBAL EMERGENCY MEDICAL REGISTRY

Cardiac Arrest Ventricular Fibrillation (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 ventricular fibrillation 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 stated "I feel so weak" before losing consciousness and becoming pulseless; the examiner may conclude the case following proper adherence to the skills sheet by having patient achieve ROSC after three shocks with MAP 65 mmHg, SpO₂ 93%, EtCO₂ 50 mmHg, pulse of 86.

PASS _____ FAIL _____

Task	Correct	Incorrect
Identifies ventricular fibrillation (VF) present		
Ensures chest compressions are started at 110-120/min or mechanical chest compression device attached and running		
Ensures defibrillation pads are attached, and defibrillation is performed at manufacturers recommendations every two (2) minutes with no more than 10 seconds interruption of compressions every two (2) minutes for defibrillation.		
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 cmH ₂ O pressure of ventilation		
Ensures large bore vascular access above the level of the diaphragm		
Considers or Implements Double Sequence External Defibrillation (DSED) or Vector Change Defibrillation (VCD) after two shocks		
Considers use of Amiodarone or Lidocaine		
Utilizes quantitative waveform capnography to identify quality of compressions, ventilations, and return of spontaneous circulation (ROSC)		
Identifies ROSC: <ul style="list-style-type: none"> • 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. 		

Critical Failure Criteria

Failure to establish oxygenation and compressions (CPR) for the patient
Failure to take appropriate intervention
Failure to identify VF



GLOBAL EMERGENCY MEDICAL REGISTRY

	Failure to manage the patient as a competent provider
	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.