

Cardiac Tachyarrhythmia Unstable (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 40 y/s and "pain in my chest". Alert and Oriented x name. place, date, situat BP 80/40 (MAP 53 mmHg), SpO2 90% (on room air), EtCO2 25 mm desk at work when it started, approximately 15 minutes ago. The pati	tion; Pulse 170 in Wide Comp Hg, RR 20, BGL 88. Patient :	lex Tachyca
PASS FAIL		
Task	Correct	Incorrect
Identifies patient with assumed tachycardia and sets monitor for vitals ever	y 1-2 minutes	
Identifies patient is a unstable tachycardia		
Implements oxygenation for a target of 95% or greater		
Applies defibrillation pads to patient		
Establishes large bore vascular access (16, 14, or 12g) above the level of th	e diaphragm	
Consider sedation if time allows		
Turns on monitor/defibrillator synchronization and assures synchronization QRS complexes on monitor.		
Charge monitor/defibrillator to manufacturers recommendation or 100j for cardioversion and sync cardioverts	first sync	
NOTE: PROCTOR indicates the sync cardioversion was not effective on	simulator	
Charge monitor/defibrillator to manufacturers recommendation or 200j for cardioversion and sync cardiovert		
NOTE: PROCTOR indicates the sync cardioversion was effective on sim improved vital signs and a 12 lead ECG which shows normal perimeters	ulator with	
Reassess patient and vitals		
Obtain and interpret 12 lead ECG		
Provide SBAR turnover to emergency department or catheterization lab sta	ff	

1



Critical Failure Criteria

Failure to establish oxygenation and vascular access for the patient	
Failure to identify the patient as unstable tachycardia	
Failure to synchronized cardiovert	
Failure to manage the patient as a competent provider	
Failure to assure all portions of the above checklist 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.