



GLOBAL EMERGENCY MEDICAL REGISTRY

Trauma - Cardiac Arrest (ALS) Skills Documentation Form

Candidate (Print): _____ Date: _____

Examiner (Instructor Name Printed): _____

Examiner Signature: _____

Note: Examiner will use a full scale simulator and full manikin for this case to reflect a narrow sinus tachycardia 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 was stabbed with a kitchen knife twice (upper right back and URQ abdomen); the examiner may conclude the case following proper adherence to the skills sheet by having patient achieve ROSC with MAP 58 mmHg, SpO2 88%, EtCO2 25 mmHg, pulse of 120.

PASS _____ FAIL _____

Task	Correct	Incorrect
Identifies traumatic arrest with pulseless electrical activity (PEA) present		
Vascular Access, Large Bore, Above the level of the diaphragm with IV fluid attached		
Administer 20 ml/kg IV Fluid Bolus with 1 gm Tranexamic Acid (TXA) in a balanced solution with a SID of 24 or higher		
Administer 1-2 units O blood (whole blood or packed red cells)		
Endotracheal Intubation completed with EtCO2 in place and 10 mmHg present or higher		
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		
Emergency Ultrasound exam (RUSH, CAUSE, or CASA) – Identifies right pneumothorax and right hepatic/renal junction (Morrison’s pouch) with free fluid		
Ensures chest compressions are started at 110-120/min or mechanical chest compression device attached and running		
Identify large pneumothorax/tension pneumothorax in right chest		
Performs simple thoracostomy and/or places chest tube		
Consider use of Epinephrine		
Identifies ROSC: <ul style="list-style-type: none"> 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 60, if less than 60, consider repeat ultrasound examination of heart/IVC for collapse and diastolic refilling derangement or consider additional blood administration. 		



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Critical Failure Criteria

	Failure to establish oxygenation, advanced airway, and compressions (CPR) for the patient
	Failure to take appropriate intervention, including advanced airway management, vascular access, blood, fluids, medications
	Failure to identify PEA
	Failure to manage the patient as a competent provider
	Failure to ensure 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.