



GLOBAL EMERGENCY MEDICAL REGISTRY

Manual Defibrillation Skill Documentation Form

Candidate (Print): _____ Date: _____

Examiner (Instructor or Licensed Provider): _____

Examiner Signature: _____

Pass _____ Fail _____

Task:	Correct	Incorrect
Assures CPR is ongoing and correct		
Identifies Ventricular Fibrillation or pulseless Ventricular Tachycardia		
Check expiration date of pads and connect to monitor		
Apply pads on patient (per manufacturer recommendations), dry patient if wet, shave if necessary due to extensive hair on chest.		
Set energy level, following manufacturer's recommendation, and charge device		
Confirm Defibrillator is charged and ready		
Pause Chest Compressions and Deliver energy to patient by activating shock delivery		
Assure chest compressions begin immediately upon energy delivery		
If rhythm converted, check for corresponding pulse, blood pressure, SpO ₂ , and EtCO ₂		
If rhythm did not convert, chest compressions, advanced airway, ventilation, and prepare for additional electrical therapy; then deliver in two (2) minutes from last shock.		

<u>Critical Failure Criteria</u>	
	Failure to assure CPR is performed
	Failure to ensure good contact between pad/paddles and patient
	Failure to deliver energy
	Assess patient and ECG rhythm before and after therapy
	Uses inappropriate affect with patient or examiner
	Uses or orders a dangerous or inappropriate intervention

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