

PALS Multi Student Checklist

Respiratory Core Case 1 – Upper Airway Obstruction



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs								
Directs manual airway maneuver with administration of 100% oxygen								
Directs placement of pads/leads and pulse oximetry								
Recognizes signs and symptoms of upper airway obstruction								
Categorizes as respiratory distress or failure								
Verbalizes indications for assisted ventilations or CPAP								
If the student does not verbalize the above, prompt the student with the following questions: <i>“What are the indications for assisted ventilations or CPAP?”</i>								
Directs IV or IO access								
Directs reassessment of patient in response to treatment								
Case Conclusion								
Summarizes specific treatments for upper airway obstruction								
Verbalizes indications for endotracheal intubation and special considerations when intubation is anticipated								
If the student does verbalize the above, prompt the student with the following question: <i>“What are the indications for endotracheal intubation, and what are the special situations when intubation should be anticipated?”</i>								

A student specific sheet must be included in the class paperwork for any student that has a NR (Needed Remediation) for any section.

INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES	
Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Multi Student Checklist

Respiratory Core Case 2 – Lower Airway Obstruction



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs								
Directs administration of 100% oxygen								
Directs placement of pads/leads and pulse oximetry								
Recognizes signs and symptoms of lower airway obstruction								
Categorizes as respiratory distress or failure								
Verbalizes indications for assisted ventilations or CPAP								
If the student does not verbalize the above, prompt the student with the following questions: <i>“What are the indications for assisted ventilations?”</i>								
Directs IV or IO access								
Directs reassessment of patient in response to treatment								
Case Conclusion								
Summarizes specific treatments for lower airway obstruction								
If the student does verbalize the above, prompt the student with the following question: <i>“What are the specific treatments for lower airway obstruction?”</i>								
The following step is evaluated only if the students’ scope of practice applies								
Verbalizes indications for endotracheal intubation								
If the student does not verbalize the above, prompt the student with the following question: <i>“What are the indications for endotracheal intubation?”</i>								

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Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Multi Student Checklist

Respiratory Core Case 3 – Lung Tissue Disease



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs								
Directs assisted ventilations with administration of 100% oxygen								
Ensures that bag-mask ventilations are effective								
Directs placement of pads/leads and pulse oximetry								
Recognizes signs and symptoms of lung tissue disease								
Categorizes as respiratory distress or failure								
Directs IV or IO access								
Directs reassessment of patient in response to treatment								
Case Conclusion								
Summarizes specific treatments for lung tissue disease								
If the student does verbalize the above, prompt the student with the following question: "What are the specific treatments for lung tissue disease?"								
The following step is evaluated only if the students' scope of practice applies								
Verbalizes indications for endotracheal intubation								
If the student does not verbalize the above, prompt the student with the following question: "What are the indications for endotracheal intubation?"								

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Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Multi Student Checklist

Respiratory Core Case 4 – Disordered Control of Breathing



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs								
Directs assisted ventilations with administration of 100% oxygen								
Ensures that bag-mask ventilations are effective								
Directs placement of pads/leads and pulse oximetry								
Recognizes signs and symptoms of disordered control of breathing								
Categorizes as respiratory distress or failure								
Directs IV or IO access								
Directs reassessment of patient in response to treatment								
Case Conclusion								
Summarizes specific treatments for disordered control of breathing								
If the student does verbalize the above, prompt the student with the following question: <i>“What are the specific treatments for disordered control of breathing”</i>								
The following step is evaluated only if the students’ scope of practice applies								
Verbalizes indications for endotracheal intubation								
If the student does not verbalize the above, prompt the student with the following question: <i>“What are the indications for endotracheal intubation?”</i>								

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Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Multi Student Checklist

Shock Core Case 5 – Hypovolemic Shock



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs								
Directs administration of 100% oxygen								
Directs placement of pads/leads and pulse oximetry								
Recognizes signs and symptoms of hypovolemic shock								
Directs IV or IO access								
Directs rapid administration of fluid bolus of isotonic crystalloid								
Directs reassessment of patient in response to treatment								
Case Conclusion								
Verbalizes therapeutic end points during shock management								
If the student does verbalize the above, prompt the student with the following question: <i>“What are the therapeutic end points during shock management”</i>								

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Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Multi Student Checklist

Shock Core Case 6 – Obstructive Shock



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs								
Directs placement of pads/leads and pulse oximetry								
Verbalizes DOPE mnemonic for intubated patient who deteriorates								
If the student does not verbalize the above, prompt the student with the following question: <i>"When mnemonic is helpful to recall when the intubated patient deteriorates? What does this mnemonic mean?"</i>								
Recognizes signs and symptoms of obstructive shock								
States a least 2 causes of obstructive shock								
If the student does not verbalize the above, prompt the student with the following question: <i>"Tell me at least 2 causes of obstructive shock."</i>								
Categorizes as compensated or hypotensive shock								
Directs IV or IO access								
Directs rapid administration of fluid bolus of isotonic crystalloid								
Directs reassessment of patient in response to treatment								
Case Conclusion								
Summarizes the treatment for a tension pneumothorax								
If the student does verbalize the above, prompt the student with the following question: <i>"What is the specific treatment for tension pneumothorax?"</i>								
Verbalizes therapeutic end points during shock management								
If the student does not verbalize the above, prompt the student with the following question: <i>"What are the therapeutic end points during shock management?"</i>								

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Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Multi Student Checklist

Shock Core Case 7 – Distributive Shock



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs								
Directs administration of 100% oxygen								
Directs placement of pads/leads and pulse oximetry								
Recognizes signs and symptoms of distributive (septic) shock								
Categorizes as compensated or hypotensive shock								
Directs IV or IO access								
Directs rapid administration of fluid bolus of isotonic crystalloid								
Directs reassessment of patient in response to treatment								
The next step is valued only if the students' cope of practice applies								
Recalls that early administration of antibiotics is essential in septic shock								
If the student does verbalize the above, prompt the student with the following question: "What <i>else might be essential for septic shock?</i> "								
Case Conclusion								
Summarizes indications for vasoactive drug support								
If the student does verbalize the above, prompt the student with the following question: "What are the indications for vasoactive drug support?"								
Verbalizes therapeutic end points during shock management								
If the student does not verbalize the above, prompt the student with the following question: "What are the therapeutic end points during shock management?"								

A student specific sheet must be included in the class paperwork for any student that has a NR (Needed Remediation) for any section.

INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES	
Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Multi Student Checklist

Shock Core Case 8 – Cardiogenic Shock



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs								
Directs administration of 100% oxygen								
Directs placement of pads/leads and pulse oximetry								
Recognizes signs and symptoms of cardiogenic shock								
Categorizes as compensated or hypotensive shock								
Directs IV or IO access								
Directs slow administration of a 5 to 10 mL/kg fluid bolus of isotonic crystalloid								
Directs reassessment of patient in response to treatment								
Recalls indications for use of vasoactive drugs during cardiogenic shock								
If the student does verbalize the above, prompt the student with the following question: <i>"What are the indications for vasoactive drugs during cardiogenic shock?"</i>								
Case Conclusion								
Verbalizes therapeutic end points during shock management								
If the student does not verbalize the above, prompt the student with the following question: <i>"What are the therapeutic end points during shock management?"</i>								

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INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES	
Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Multi Student Checklist

Cardiac Core Case 9 – Supraventricular Tachycardia



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs								
Directs administration of supplementary oxygen								
Directs placement of pads/leads and pulse oximetry								
Recognizes narrow-complex tachycardia and verbalizes how to distinguish between ST and SVT								
Categorizes as compensated or hypotensive								
If the student does verbalize the above, prompt the student with the following question: <i>"How do you distinguish between ST and SVT?"</i>								
Directs performance of appropriate vagal maneuvers								
Directs IV or IO access								
Directs preparation and administration of appropriate doses of adenosine								
Directs reassessment of patient in response to treatment								
Case Conclusion								
Verbalizes indications and appropriate energy does for synchronized cardioversion								
If the student does not verbalize the above, prompt the student with the following question: <i>"What are the indications and appropriate energy does for synchronized cardioversion?"</i>								

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INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES	
Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Multi Student Checklist

Cardiac Core Case 10 – Bradycardia



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs								
Directs initiation of assisted ventilations with 100% oxygen								
Directs placement of pads/leads and pulse oximetry								
Recognizes bradycardia with cardiorespiratory compromise								
Characterizes as compensated or hypotensive								
Recalls indications for chest compressions in a bradycardic patient								
If the student does verbalize the above, prompt the student with the following question: <i>“What are the indications for chest compressions in a bradycardic patient?”</i>								
Directs IV or IO access								
Directs preparation and administration of appropriate doses of epinephrine								
Directs reassessment of patient in response to treatment								
Case Conclusion								
Verbalizes consideration of at least 3 underlying causes of bradycardia								
If the student does not verbalize the above, prompt the student with the following question: <i>“Tell me at least 3 underlying causes of bradycardia.”</i>								

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Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Multi Student Checklist

Cardiac Core Case 11 – Asystole/PEA



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Recognizes cardiopulmonary arrest								
Directs initiation of CPR by using the C-A-B sequence and ensures performance of high-quality CPR at all times								
Directs placement of pads/leads and pulse oximetry								
Recognizes asystole or PEA								
Directs IV or IO access								
Directs preparation of appropriate dose of epinephrine								
Directs administration of epinephrine at appropriate intervals								
Directs checking rhythm on the monitor approximately every 2 minutes								
Case Conclusion								
Verbalizes consideration of at least 3 reversible causes of PEA or asystole								
If the student does not verbalize the above, prompt the student with the following question: <i>"Tell me at least 3 reversible causes of PEA or asystole."</i>								

A student specific sheet must be included in the class paperwork for any student that has a NR (Needed Remediation) for any section.

INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES	
Print Instructor Name: _____ Signature: _____	Date: _____

PALS Multi Student Checklist

Cardiac Core Case 12 – VF/Pulseless VT



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8
Team Leader								
Assigns team member roles								
Uses effective communication throughout								
Patient Management								
Recognizes cardiopulmonary arrest								
Directs initiation of CPR by using the C-A-B sequence and ensures performance of high-quality CPR at all times								
Directs placement of pads/leads and pulse oximetry								
Recognizes VF or pulseless VT								
Directs attempted defibrillation at 2 to 4 J/kg safely								
Directs immediate resumption of CPR by using the C-A-B sequence								
Directs IV or IO access								
Directs preparation of appropriate dose of epinephrine								
Directs attempted defibrillation at 4 J/kg or higher (not to exceed 10 J/kg or standard adult dose)								
Directs immediate resumption of CPR by using the C-A-B sequence								
Directs administration of epinephrine								
Case Conclusion								
Verbalizes consideration of antiarrhythmic (amiodarone or lidocaine), using appropriate dose								
If the student does not verbalize the above, prompt the student with the following question: "What other drugs would you consider here?"								

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INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES	
Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Check-off Multi Student Checklist

Child BLS with AED



Students

Student 1:		Student 5:	
Student 2:		Student 6:	
Student 3:		Student 7:	
Student 4:		Student 8:	

Insert P (Pass) NR (Needed Remediation).

Student Number	1	2	3	4	5	6	7	8	9
CRITICAL PERFORMANCE CRITERIA – ADULT BLS with AED									
1 Rescuer <u>Adult</u> BLS skills Evaluation									
During this 1 st phase, evaluate the first rescuer’s ability to initiate BLS and deliver high-quality CPR for 5 cycles									
Checks for responsiveness									
Yells for help, activates the emergency response system, and sends for an AED									
Checks breathing and pulse (breathing and pulse check can be performed simultaneously) for at least 5 seconds and no more than 10 seconds									
GIVES HIGH-QUALITY CPR (30:2):									
<ul style="list-style-type: none"> Correct compression HAND PLACEMENT 									
<ul style="list-style-type: none"> ADEQUATE RATE: 100 to 120/min (ie, delivers each set of 30 chest compressions in no less than 15 seconds and no more than 18 seconds), using 1 or 2 hands 	Cycle 1								
	Cycle 2								
	Cycle 3								
	Cycle 4								
	Cycle 5								
<ul style="list-style-type: none"> ADEQUATE DEPTH: Delivers compressions at least one third the depth of the chest (approximately 2 inches [5 cm]) (at least 23 out of 30) 									
<ul style="list-style-type: none"> ALLOWS COMPLETE CHEST RECOIL (at least 23 out of 30) 									
<ul style="list-style-type: none"> MINIMIZES INTERRUPTIONS: Gives 2 breaths with pocket mask in less than 10 seconds 									
2nd Rescuer CPR and Switch									
During this next phase, evaluate 2 nd rescuer’s ability to use the AED and both rescuer’s abilities to switch roles.									
DURING 5 TH SET OF COMPRESSIONS: second rescuer arrives with AED & bag-mask device, turns on AED, and applies pads									
First rescuer continues compressions while second rescuer turns on AED and applies pads									
Second rescuer clears victim, allowing AED to analyze – RESCUERS SWITCH									
If AED indicates a shockable rhythm, second rescuer clears victim again and delivers shock									
First Rescuer Bag-Mask Ventilation									
During this next phase, evaluate the 1st rescuer’s ability to give breaths with a bag-mask									
Both rescuers RESUME HIGH-QUALITY CPR immediately after shock delivery									
2 nd RESCUER gives 15 compressions in no less than 7 seconds and no more than 9 seconds (for 2 cycles)									
FIRST RESCUER successfully delivers 2 breaths with bag-mask (for 2 cycles)									
AFTER 2 CYCLES STOP THE EVALUATION									

A student specific sheet must be included in the class paperwork for any student that has a NR (Needed Remediation) for any section.

INSTRUCTOR SIGNATURE AFFIRMS THAT ALL SKILLS TESTS WERE DONE ACCORDING TO AHA GUIDELINES	
Print Instructor Name: _____	Date: _____
Signature: _____	

PALS Check-off Multi Student Checklist

Infant BLS



Student Number	1	2	3	4	5	6	7	8	9
1 Rescuer <i>Infant</i> BLS skills Evaluation									
During this 1 st phase, evaluate the first rescuer's ability to initiate BLS and deliver high-quality CPR for 5 cycles									
Checks for responsiveness									
Yells for help, activates the emergency response system, and sends for an AED									
Checks breathing and pulse (breathing and pulse check can be performed simultaneously) for at least 5 seconds and no more than 10 seconds									
GIVES HIGH-QUALITY CPR:									
<ul style="list-style-type: none"> Correct compression FINGER PLACEMENT 									
<ul style="list-style-type: none"> ADEQUATE RATE: 100 to 120/min (ie, delivers each set of 30 chest compressions in no less than 15 seconds and no more than 18 seconds) 	Cycle 1								
	Cycle 2								
	Cycle 3								
	Cycle 4								
	Cycle 5								
<ul style="list-style-type: none"> ADEQUATE DEPTH: Delivers compressions at least one third the depth of the chest (approximately 1 ½ inches [4 cm]) (at least 23 out of 30) 									
<ul style="list-style-type: none"> ALLOWS COMPLETE CHEST RECOIL (at least 23 out of 30) 									
<ul style="list-style-type: none"> MINIMIZES INTERRUPTIONS: Gives 2 breaths with pocket mask in less than 10 seconds 									
2 Rescuer CPR and Switch									
During this next phase, evaluate FIRST RESCUER'S ability to use to give breaths with a bag-mask device and give compressions by using the 2 thumb-encircling hands technique. Also evaluate both rescuers' abilities to switch roles.									
DURING 5 TH SET OF COMPRESSIONS: Second rescuer arrives with bag-mask device. RESCUERS SWITCH ROLES									
Both rescuers RESUME HIGH-QUALITY CPR									
SECOND RESCUER gives 15 compressions in no less than 7 second and no more than 9 seconds by using 2 thumb-encircling hands technique (for 2 cycles)									
FIRST RESCUER successfully delivers 2 breaths with bag-mask (for 2 cycles)									
AFTER 2 CYCLES PROMPT RESCUERS TO SWITCH ROLES									
Both rescuers RESUME HIGH-QUALITY CPR:									
FIRST RESCUER gives 15 compressions in no less than 7 seconds and no more than 9 seconds by using 2 thumb-encircling hands technique (for 2 cycles)									
SECOND RESCUER successfully delivers 2 breaths with bag-mask (for 2 cycles)									
AFTER 2 CYCLES STOP THE EVALUATION									

A student specific sheet must be included in the class paperwork for any student that has a NR (Needed Remediation) for any section.

INSTRUCTOR SIGNATURE AFFIRMS THAT ALL SKILLS TESTS WERE DONE ACCORDING TO AHA GUIDELINES	
Print Instructor Name: _____	Date: _____
Signature: _____	