



PALS Multi Student Checklist -Respiratory core case 1- Upper airway Obstruction

Student 1:		Student 6:	
Student 2:		Student 7:	
Student 3:		Student 8:	
Student 4:		Student 9:	
Student 5:		Student 10:	

Student number	1	2	3	4	5	6	7	8	9	10
Team Leader										
Assigns team member roles										
Uses Effective communication throughout scenario										
Patient Management										
Direct assessment of airway breathing, circulation, disability, and exposure, including vital signs										
Directs administration of 100% oxygen or supplementary oxygen as needed to support oxygenation										
Directs application of cardiac monitor and pulse oximetry										
Identifies signs and symptoms of upper airway obstruction										
Categorizes as respiratory distress or failure										
Directs administration of nebulized epinephrine and corticosteroid (for croup), or IM epinephrine and IV corticosteroid (for anaphylaxis)										
States indications for bag mask ventilation and/or other air or ventilation support										
If the student does not verbalize the above, prompt the student with the following questions: <i>“What are the indications for bag-mask ventilation and/or other airway or ventilation support”</i>										
Directs IV or IO access, if indicated										
Directs reassessment of patient in response to treatment										
Case Conclusion/Debriefing										
The following step is evaluated only if the student’s scope of practice applies										
Describes how to estimate correct endotracheal tube size for this patient										
If the student does not verbalize the above, prompt the student with the following question: <i>“how would you estimate the endotracheal tube size for this infant with upper airway obstruction”</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 GUDIELINES	
Instructor names:	Instructor Signature:
Date:	



PALS Multi Student Checklist-Respiratory core case 2- Lower airway Obstruction

Student number	1	2	3	4	5	6	7	8	9	10
Team Leader										
Assigns team member roles										
Uses Effective communication throughout scenario										
Patient Management										
Direct assessment of airway breathing, circulation, disability, and exposure, including vital signs										
Directs administration of 100% oxygen or supplementary oxygen as needed to support oxygenation										
Directs application of cardiac monitor and pulse oximetry										
Identifies signs and symptoms of lower airway obstruction										
Categorizes as respiratory distress or failure										
Directs administration of nebulized epinephrine and corticosteroid (for croup), or IM epinephrine and IV corticosteroid (for anaphylaxis)										
States indications for bag mask ventilation and/or other air or ventilation support										
If the student does not verbalize the above, prompt the student with the following questions: <i>“What are the indications for bag-mask ventilation and/or other airway or ventilation support”</i>										
Directs IV or IO access, if indicated										
Directs reassessment of patient in response to treatment										
Case Conclusion/Debriefing										
The following step is evaluated only if the student’s scope of practice applies										
Describes how to estimate correct endotracheal tube size for this patient										
If the student does not verbalize the above, prompt the student with the following question: <i>“how would you estimate the endotracheal tube size for this infant with upper airway obstruction”</i>										

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INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUDIELINES	
Instructor names:	Instructor Signature:
Date:	



PALS Multi Student Checklist- Shock core case 5- Hypovolemic Shock

Student 1:		Student 6:	
Student 2:		Student 7:	
Student 3:		Student 8:	
Student 4:		Student 9:	
Student 5:		Student 10:	

Insert P (pass) NR (Needed Remediation)

Student number	1	2	3	4	5	6	7	8	9	10
Team Leader										
Assigns team member roles										
Uses effective communication										
Patient Management										
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs										
Directs administration of 100% oxygen										
Directs application of cardiac monitor and pulse oximetry										
Identifies signs and symptoms of hypovolemic shock										
Categorizes as compensated or hypotensive shock										
Directs establishment IV or IO access										
Directs rapid administration of 20 ml/kg fluid bolus of isotonic crystalloid; repeats as needed to treat signs of shock										
Reassesses patient during and after each fluid bolus. Stops fluid bolus if signs of heart failure (worsening respiratory distress. Development of hepatomegaly or rales/crackles) develop										
Directs reassessment of patient in response to each treatment										
Case Conclusion/ Debriefing										
States therapeutic end points during shock management										
If the student does not verbalize the above, prompt the student with the follow question: "What are the therapeutic end points during shock management"										

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INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES	
Instructor names:	Instructor Signature:
Date:	



PALS Multi Student Checklist- Shock Core Case 6- Obstructive Shock

Student number	1	2	3	4	5	6	7	8	9	10
Team Leader										
Assigns team member roles										
Uses effective communication										
Patient Management										
Directs assessment of airway, breathing, circulation, disability and exposure, including vital signs										
Directs application of cardiac monitor 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 questions: <i>“what mnemonic is helpful to recall when the intubated patient deteriorates? What does this mnemonic mean?”</i>										
Identifies signs and symptoms of obstructive shock										
States at least 2 causes of obstructive shock										
If the student does not state the above, prompt the student with the following statement: <i>“Tell me at least 2 causes of obstructive shock”</i>										
Categorizes as compensated or hypotensive shock										
Directs establishment of IV or IO access, if needed										
Directs rapid administration of fluid bolus of isotonic crystalloid, if needed (1.e.for cardiac tamponade, massive pulmonary embolus)										
Directs appropriate treatment for obstructive shock (needle decompression for tension pneumothorax; fluid bolus and pericardiocentesis for cardiac tamponade; oxygen, ventilatory support, fluid bolus and expert consultation for massive pulmonary embolus; prostaglandin infusion expert consultation for neonate with ductal-dependent congenital heart disease and constriction/closure of the ductus arteriosus)										
Directs reassessment of patient in response to each treatment										
Case Conclusion/ Debriefing										
States therapeutic end points during shock management										
If the student does not verbalize the above, prompt the student with the follow 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	
Instructor names:	Instructor Signature:
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PALS Multi Student Checklist- Shock core case 7- Distributive Shock

Student 1:		Student 6:	
Student 2:		Student 7:	
Student 3:		Student 8:	
Student 4:		Student 9:	
Student 5:		Student 10:	

Insert P (pass) NR (Needed Remediation)

Student number	1	2	3	4	5	6	7	8	9	10
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 application of cardiac monitor and pulse oximetry										
Identifies signs and symptoms of distributive (septic) shock										
Categorizes as compensated or hypotensive shock										
Directs establishment of IV or IO access										
Directs rapid administration of a 20 ml/kg fluid bolus. Stops fluid bolus if signs of heart failure (worsening respiratory distress, development of hepatomegaly or rales/crackles develop)										
Directs initiation of vasoactive drug therapy within first hour of care for fluid-refractory shock										
Directs reassessment of patient in response to treatment										
Directs Early administration of antibiotics (within first hour after shock is identified)										
Case Conclusion/ Debriefing										
States 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?"										

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INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES	
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PALS Multi student checklist- Shock Core Case 8- cardiogenic shock

Student number	1	2	3	4	5	6	7	8	9	10
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 application of cardiac monitor and pulse oximetry										
Identifies signs and symptoms of cardiogenic shock										
Categorizes as compensated or hypotensive shock										
Directs establishment of IV or IO access										
Directs rapid administration of a 20 ml/kg fluid bolus. Stops fluid bolus if signs of heart failure (worsening respiratory distress, development of hepatomegaly or rales/crackles develop)										
Directs reassessment of patient in response to treatment										
Recognizes the need to obtain expert consultation from pediatric cardiologist										
Identifies need for inotropic/vasoactive drugs during treatment of cardiogenic shock										
If the student does not verbalize the above, prompt the student with the following questions: "What are the indications for inotropic/vasoactive drugs during cardiogenic shock?"										
Case Conclusion/ Debriefing										
States 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?"										

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INSTRUCTOR SIGNATURE AFFIRMS THAT TESTING WAS DONE ACCORDING TO AHA GUIDELINES	
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PALS Multi Student Checklist- Cardiac core case 9- Supraventricular Tachycardia

Student 1:		Student 6:	
Student 2:		Student 7:	
Student 3:		Student 8:	
Student 4:		Student 9:	
Student 5:		Student 10:	

Insert P (Pass) or NR (Needs Remediation)

Student number	1	2	3	4	5	6	7	8	9	10
Team Leader										
Assigns team member roles										
Uses Effective communication throughout scenario										
Patient Management										
Direct assessment of airway breathing, circulation, disability, and exposure, including vital signs										
Directs application of cardiac monitor and pulse oximetry										
Directs administration of supplemental oxygen										
Identifies narrow-complex tachycardia (i.e., SVT with adequate perfusion) and verbalizes how to distinguish between ST and SVT										
If the student does not verbalize the above, prompt the student with the following questions: : "how do you distinguish between ST and SVT?"										
Directs performance of appropriate vagal maneuvers										
Directs establishment of IV or IO access										
Directs preparation and administration of appropriate doses (first and, if needed, second) of adenosine										
States the rationale for the strong recommendation for expert consultation before providing synchronized cardioversion is the stable child with SVT fails to respond to vagal maneuvers and adenosine										
Performs reassessment of patient in response to treatment										
Case Conclusion/Debriefing										
Discusses indications and appropriate energy doses for synchronized cardioversion										
If the student does not verbalize the above, prompt the student with the following question: "What are the indications and appropriate energy doses for synchronized cardioversion"										

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Date:	



PALS Multi Student Checklist- Cardiac core case 11- Asystole/PEA

Student 1:		Student 6:	
Student 2:		Student 7:	
Student 3:		Student 8:	
Student 4:		Student 9:	
Student 5:		Student 10:	

Insert P (Pass) or NR (Needs Remediation)

Student number	1	2	3	4	5	6	7	8	9	10
Team Leader										
Assigns team member roles										
Uses Effective communication throughout scenario										
Patient Management										
Identifies cardiac arrest										
Directs immediate initiation of high-quality CPR, and ensures performance of high-quality CPR at all time										
Directs placement of pads/leads and activation of monitor/ defibrillator										
Identifies asystole or PEA										
Directs establishment of IV or IO access										
Directs preparation and administration of appropriate doses of epinephrine at appropriate intervals										
Directs checking rhythm approximately every 2 minutes while minimizing interruptions in chest compressions										
Case Conclusion/Debriefing										
Verbalizes 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>										

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Instructor names:	Instructor Signature:
Date:	



PALS Multi Student Checklist- Cardiac Core case 12- VF/Pulseless VT

Student number	1	2	3	4	5	6	7	8	9	10
Team Leader										
Assigns team member roles										
Uses Effective communication throughout scenario										
Patient Management										
Identifies cardiac arrest										
Directs immediate initiation of high-quality CPR and ensures performance of high-quality CPR at all times										
Directs placement of pads/leads and activation of monitor/defibrillator										
Identifies VF or pulseless VT cardiopulmonary arrest										
Directs safe performance of attempted defibrillation at 2 J/kg										
After delivery of every, shock directs immediate resumption of CPR, beginning with chest compressions.										
Directs establishment of IV or IO access										
Directs preparation and administration of appropriate dose of epinephrine at appropriate intervals										
Directs safe delivery of second shock at 4 J/kg (subsequent doses 4 to 10 J/kg, not to exceed 10 J/kg or standard adult dose for that defibrillator)										
Directs preparation and administration of appropriate dose of antiarrhythmic (amiodarone or lidocaine), at appropriate time.										
Case Conclusion/Debriefing										
Verbalizes possible need for additional doses of epinephrine and antiarrhythmic (amiodarone or lidocaine), and consideration of reversible causes of arrest (H's and T's)										
If the student does not verbalize the above, prompt the student with the following question: <i>"If VF persists despite the therapies, what else should you administer or consider?"</i>										

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Date:	



PALS Multi Student Checklist- Cardiac Core case 10- Bradycardia

Student number	1	2	3	4	5	6	7	8	9	10
Team Leader										
Assigns team member roles										
Uses Effective communication throughout scenario										
Patient Management										
Direct assessment of airway breathing, circulation, disability, and exposure, including vital signs										
Identifies bradycardia associated with cardiopulmonary compromise/failure										
Directs initiation of bag-mask ventilation with 100% oxygen										
Directs application of cardiac monitor and pulse oximetry										
Reassesses heart rate and systemic perfusion after initiation of bag-mask ventilation										
Recognizes indication for high-quality CPR (chest compressions and ventilation) in a bradycardic patient										
If the student does not verbalize the above, prompt the student with the following questions: <i>“What are the indications for high quality CPR in a bradycardic patient?”</i>										
Directs establishment of IV or IO access										
Directs or discusses preparation for an appropriate administration and dose (0.1 mg/kg) of Epinephrine										
Performs Reassessment of patient in response to treatment										
Case Conclusion/Debriefing										
Verbalizes consideration of 3 potential causes of bradycardia in infants and children										
If the student does not verbalize the above, prompt the student with the following question: <i>“Tell me at least 3 potential causes of bradycardia in infants or children?”</i>										

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Instructor names:	Instructor Signature:
Date:	