

PALS Case Scenario Testing Checklist Respiratory Case Scenario 2 Lower Airway Obstruction



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	✓ if done correctly
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 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 albuterol and corticosteroids (for asthma) or suctioning or possible additional laboratory studies (for bronchiolitis)	
States indications for bag-mask ventilation and/or other airway or ventilation support	
<i>If the student does not verbalize the above, prompt the student with the following question: "What are the indications for bag-mask ventilation and/or other airway or ventilation support?"</i>	
Directs establishment of IV or IO access, if appropriate	
Directs reassessment of patient in response to treatment	
Case Conclusion/Debriefing	
<i>The following step is evaluated only if the student's scope of practice applies</i>	
States indications for endotracheal intubation	
<i>If the student does not verbalize the above, prompt the student with the following question: "What are the indications for endotracheal intubation?"</i>	

STOP TEST

Instructor Notes <ul style="list-style-type: none"> Place a ✓ in the box next to each step the student completes successfully. If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to Instructor Manual for information about remediation). 	
Test Results Check PASS or NR to indicate pass or needs remediation:	PASS NR
Instructor Initials _____ Instructor Number _____ Date _____	