PALS Case Scenario Testing Checklist Respiratory Case Scenario Upper Airway Obstruction

Student Name



Date of Test

Critical Performance Steps		k if done rectly
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 supplemental 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 airway or ventilation support		
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?"		
Directs establishment of 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: "How would you estimate the endotracheal tube size for this infant with upper airway obstruction	on?"	
STOP TEST		
Instructor Notes		
 Place a check 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) receive remediation. Make a note here of which skills require remediation (refer to instructor manuabout remediation). 		
Test Results Check PASS or NR to indicate pass or needs remediation:	PASS	□NR
Instructor Initials Instructor Number Date		

PALS Case Scenario Testing Checklist Respiratory Case Scenario Lower Airway Obstruction



tudent Name Date of Test			
Critical Performance Steps			k if done rectly
Team Leader			
Assigns team member roles			
Uses effective communication throughout			
Patient Management			
Directs assessment of airway, breathing, circulation, disability, and exposure, including vita	l signs		
Directs administration of 100% oxygen or supplemental 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)	ole		
States indications for bag-mask ventilation and/or other airway or ventilation support			
If the student does not verbalize the above, prompt the student with the following quest "What are the indications for bag-mask ventilation and/or other airway or ventilation sup			
Directs establishment of IV or IO access, if appropriate			
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			
States indications for endotracheal intubation			
If the student does not verbalize the above, prompt the student with the following quest "What are the indications for endotracheal intubation?"	ion:		
STOP TEST			
Instructor Notes			
 Place a check 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 che receive remediation. Make a note here of which skills require remediation (refer to instructe about remediation). 			
Test Results Check PASS or NR to indicate pass or needs remediation:		PASS	□NR
Instructor Initials Instructor Number Date			

PALS Case Scenario Testing Checklist Respiratory Case Scenario Lung Tissue Disease





Student Name Date of Te	est
Critical Performance Steps	Check 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	g vital signs
Directs administration of 100% oxygen (or supplemental oxygen as needed to suppo oxygenation) and evaluates response	rt
Identifies indications for bag-mask ventilation and/or additional airway or ventilation s	support
Describes methods to verify that bag-mask ventilation is effective	
Directs application of cardiac monitor and pulse oximetry	
Identifies signs and symptoms of lung tissue disease	
Categorizes as respiratory distress or failure	
Directs establishment of IV or IO access	
Directs reassessment of patient in response to treatment	
Identifies need for involvement of advanced provider with expertise in pediatric intuber mechanical ventilation	ation and
Case Conclusion/Debriefing	
The following step is evaluated only if the student's scope of practice applies	
States indications for endotracheal intubation	
If the student does not verbalize the above, prompt the student with the following q "What are the indications for endotracheal intubation?"	uestion:
STOP TEST	
Instructor Notes	
 Place a check 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 blan receive remediation. Make a note here of which skills require remediation (refer to instabout remediation). 	
Test Results Check PASS or NR to indicate pass or needs remediation:	□ PASS □ NR
Instructor Initials Instructor Number Date	

PALS Case Scenario Testing Checklist Respiratory Case Scenario Disordered Control of Breathing





Student Name Date of Tes	nt Name Date of Test	
Critical Performance Steps	Check 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 supplemental oxygen as needed to support oxygenation) and evaluates response		
Identifies indications for bag-mask ventilation and/or additional airway or ventilation su	pport	
Describes methods to verify that bag-mask ventilation is effective		
Directs application of cardiac monitor and pulse oximetry		
Identifies signs of disordered control of breathing		
Categorizes as respiratory distress or failure		
Directs establishment of IV or IO access		
Directs reassessment of patient in response to treatment		
Identifies need for involvement of advanced provider with expertise in pediatric intubat mechanical ventilation	ion and	
Case Conclusion/Debriefing		
The following step is evaluated only if the student's scope of practice applies		
States indications for endotracheal intubation		
If the student does not verbalize the above, prompt the student with the following que "What are the indications for endotracheal intubation?"	estion:	
STOP TEST		
Instructor Notes		
 Place a check 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 receive remediation. Make a note here of which skills require remediation (refer to instruabout remediation). 		
Test Results Check PASS or NR to indicate pass or needs remediation:	□ PASS □ NR	
Instructor Initials Instructor Number Date		

PALS Case Scenario Testing Checklist Shock Case Scenario Hypovolemic Shock



Student Name Date of Test		
Critical Performance Steps		Check if done correctly
Team Leader		
Assigns team member roles		
Uses effective communication throughout		
Patient Management		
Directs assessment of airway, breathing, circulation, disability, and expos	ure, 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 of IV or IO access		
Directs rapid administration of a 20 mL/kg fluid bolus of isotonic crystallo to treat signs of shock	oid; repeats as needed	
Reassesses patient during and after each fluid bolus. Stops fluid bolus if (worsening respiratory distress, development of hepatomegaly or rales/c	•	
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 to "What are the therapeutic end points during shock management?"	he following question:	
STOP TEST		
Instructor Notes		
 Place a check in the box next to each step the student completes succes If the student does not complete all steps successfully (as indicated by a receive remediation. Make a note here of which skills require remediation about remediation). 	t least 1 blank check box)	
Test Results Check PASS or NR to indicate pass or needs remediation	: 🗆	PASS NR
Instructor Initials Instructor Number	Date	•

PALS Case Scenario Testing Checklist Shock Case Scenario Obstructive Shock





Student Name Date of Test		
Critical Performance Steps		cif done rectly
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 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: "What mnemonic is helpful to recall when the intubated patient deteriorates? What does this m	nemonic	mean?"
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: "Tell me at least 2 causes of obstructive shock."		
Categorizes as compensated or hypotensive shock		
Directs establishment of IV or IO access, if needed		
Directs rapid administration of a fluid bolus of isotonic crystalloid, if needed (ie, 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 and expert consultation for neonate with ductal-dependent congenital heart disease and constriction/closure of the ductus arteriosus)		
Directs reassessment of patient in response to treatment		
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?"		
STOP TEST		
 Instructor Notes Place a check 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 receive remediation. Make a note here of which skills require remediation (refer to instructor manuabout remediation). 		
Test Results Check PASS or NR to indicate pass or needs remediation:	PASS	□NR
Instructor Initials Instructor Number Date		

PALS Case Scenario Testing Checklist Shock Case Scenario Distributive Shock





Student Name Date of Test	
Critical Performance Steps	Check 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	
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 10-20 mL/kg fluid bolus of isotonic crystalloid for septic shock and 20 mL/kg fluid bolus of isotonic crystalloid for anaphylactic shock; repeats as needed (with careful reassessment) to treat 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 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?"	
STOP TEST	
Instructor Notes	
 Place a check 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) receive remediation. Make a note here of which skills require remediation (refer to instructor manu about remediation). 	
Test Results Check PASS or NR to indicate pass or needs remediation:	PASS NR
Instructor Initials Instructor Number Date	· · · · · · · · · · · · · · · · · · ·

PALS Case Scenario Testing Checklist Shock Case Scenario Cardiogenic Shock



Student Name Da	ate of Test		
Critical Performance Steps			k if done rrectly
Team Leader			
Assigns team member roles			
Uses effective communication throughout			
Patient Management			
Directs assessment of airway, breathing, circulation, disability, and exposure, inc	cluding 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 slow administration of a 5 to 10 mL/kg fluid bolus of isotonic crystalloid 20 minutes and reassesses patient during and after fluid bolus. Stops fluid bol heart failure worsen			
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 indicate the above, prompt the student with the follow "What are the indications for inotropic/vasoactive drugs during cardiogenic			
Case Conclusion/Debriefing			
States therapeutic end points during shock management			
If the student does not verbalize the above, prompt the student with the followwhat are the therapeutic end points during shock management?"	owing question:		
STOP TEST			
Instructor Notes			
 Place a check in the box next to each step the student completes successfully If the student does not complete all steps successfully (as indicated by at leas receive remediation. Make a note here of which skills require remediation (refe about remediation). 	t 1 blank check bo		
Test Results Check PASS or NR to indicate pass or needs remediation:]	□ PASS	□NR

_____ Date _

Instructor Initials _____ Instructor Number __

PALS Case Scenario Testing Checklist Cardiac Case Scenario Supraventricular Tachycardia

Student Name



Date of Test



Critical Performance Steps		k if done rectly
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 application of cardiac monitor and pulse oximetry		
Directs administration of supplemental oxygen		
Identifies narrow-complex tachycardia (ie, 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 question: "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 if the stable child with SVT fails to respond to vagal maneuvers and adenosine		
Directs or describes appropriate indications for and safe delivery of attempted cardioversion at 0.5 to 1 J/kg (subsequent doses increased by 0.5 to 1 J/kg, not to exceed 2 J/kg)		
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?"		
STOP TEST		
 Instructor Notes Place a check 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), receive remediation. Make a note here of which skills require remediation (refer to instructor manual about remediation). 		
Test Results Check PASS or NR to indicate pass or needs remediation:	PASS	□NR
Instructor Initials Instructor Number Date		

PALS Case Scenario Testing Checklist Cardiac Case Scenario Bradycardia





Student Name Date of Test	
Critical Performance Steps	Check 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	g 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 indications for high-quality CPR (chest compressions plus ventilation) in a bradycardic patient	a
If the student does not indicate the above, prompt the student with the following qu "What are the indications for high-quality CPR in a bradycardic patient?"	uestion:
Directs establishment of IV or IO access	
Directs or discusses preparation for and appropriate administration and dose (0.01 m [0.1 mL/kg of 0.1 mg/mL concentration]) of epinephrine	ng/kg IV/IO
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 st "Tell me 3 potential causes of bradycardia in infants and children."	tatement:
STOP TEST	
Instructor Notes	
 Place a check 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 blan receive remediation. Make a note here of which skills require remediation (refer to instabout remediation). 	
Test Results Check PASS or NR to indicate pass or needs remediation:	□ PASS □ NR
Instructor Initials Instructor Number Date _	

PALS Case Scenario Testing Checklist Cardiac Case Scenario Asystole/PEA





tudent Name Date of Test			
Critical Performance Steps			k if done rectly
Team Leader			
Assigns team member roles			
Uses effective communication throughout			
Patient Management			
Identifies cardiac arrest			
Directs immediate initiation of high-quality CPR, and ensures performance of high-quality Cat all times)PR		
Directs placement of pads/leads and activation of monitor/defibrillator			
Identifies asystole or PEA			
Directs establishment of IO or IV access			
Directs preparation and administration of appropriate dose of epinephrine at appropriate intervals			
Directs checking rhythm approximately every 2 minutes while minimizing interruptions in checking compressions	nest		
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 statem "Tell me at least 3 reversible causes of PEA or asystole."	ent:		
STOP TEST			
 Instructor Notes Place a check 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 chereceive remediation. Make a note here of which skills require remediation (refer to instructo about remediation). 			
Test Results Check PASS or NR to indicate pass or needs remediation:		PASS	□NR
Instructor Initials Instructor Number Date			

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PALS Case Scenario Testing Checklist Cardiac Case Scenario VF/Pulseless VT





tudent Name Date of Test			
Critical Performance Steps			k if done rectly
Team Leader			
Assigns team member roles			
Uses effective communication throughout			
Patient Management			
Identifies cardiac arrest			
Directs immediate initiation of high-quality CPR, and ensures performance of high-q at all times	uality CPR		
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 compressions	chest		
Directs establishment of IO or IV access			
Directs preparation and administration of appropriate dose of epinephrine at appropintervals	oriate		
Directs safe delivery of second shock at 4 J/kg (subsequent doses 4 to 10 J/kg, not 10 J/kg or standard adult dose for that defibrillator)	to exceed		
Directs preparation and administration of appropriate dose of antiarrhythmic (amiod lidocaine) at appropriate time	arone or		
Case Conclusion/Debriefing			
Verbalizes possible need for additional doses of epinephrine and antiarrhythmic (am lidocaine), and consideration of reversible causes of arrest (H's and T's)	iodarone or		
If the student does not verbalize the above, prompt the student with the following of "If VF persists despite the therapies provided, what else should you administer or of the student with the following of the student with the	•		
STOP TEST			
 Instructor Notes Place a check 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 bla receive remediation. Make a note here of which skills require remediation (refer to ins about remediation). 			
Test Results Check PASS or NR to indicate pass or needs remediation:		PASS	□NR
Instructor Initials Instructor Number Date			·