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 si	gns	
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 epinephr and IV corticosteroid (for anaphylaxis)	ine	
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 suppo		
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 obstru		
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 receive remediation. Make a note here of which skills require remediation (refer to instructor r 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 Lower 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 vit	al 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 poss additional laboratory studies (for bronchiolitis)	ible		
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 ques "What are the indications for bag-mask ventilation and/or other airway or ventilation su			
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 ques "What are the indications for endotracheal intubation?"	tion:		
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 characteristic receive remediation. Make a note here of which skills require remediation (refer to instruct about remediation). 			
Test Results Check PASS or NR to indicate pass or needs remediation:	□ F	PASS	□ NR
Instructor Initials Instructor Number Date			

PALS Case Scenario Testing Checklist Respiratory Case Scenario Lung Tissue Disease





Student Name Date of Test	t		
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 v	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 sup	oport		
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 intubation	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 or 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:	□ P	PASS	□ NR
Instructor Initials Instructor Number Date			

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





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) and evaluates response		
Identifies indications for bag-mask ventilation and/or additional airway or ventilation suppor	t	
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 intubation a mechanical ventilation	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 questic "What are the indications for endotracheal intubation?"	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 receive remediation. Make a note here of which skills require remediation (refer to instructor 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 Hypovolemic Shock





Student Name Date of Tes	t		
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			
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 crystalloid; repeats as to treat signs of shock	needed		
Reassesses patient during and after each fluid bolus. Stops fluid bolus if signs of heart (worsening respiratory distress, development of hepatomegaly or rales/crackles) development			
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 following of "What are the therapeutic end points during shock management?"	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 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 Obstructive Shock





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 s	igns	
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 question "What mnemonic is helpful to recall when the intubated patient deteriorates? What does the		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, ventilator support, fluid bolus, and expert consultation for massive pulmonary embolus; prostaglandin infusion and expert consultation for neonate with ductal-dependent congenital heart diseas 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?"	า:	
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 receive remediation. Make a note here of which skills require remediation (refer to instructor 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 Distributive Shock





Student Name Date 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, including vital sig	yns	
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 questic "What are the therapeutic end points during shock management?"	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 receive remediation. Make a note here of which skills require remediation (refer to instructor mabout 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



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 sign	ıs	
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 over 10 to 20 minutes and reassesses patient during and after fluid bolus. Stops fluid bolus if signs of 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 following question: "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?"		
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) receive remediation. Make a note here of which skills require remediation (refer to instructor mabout 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 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 distinguish between ST and SVT	v to		
If the student does not verbalize the above, prompt the student with the following question "How do you distinguish between ST and SVT?"	on:		
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) or adenosine	f		
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 adenosine	-		
Directs or describes appropriate indications for and safe delivery of attempted cardioversic 0.5 to 1 J/kg (subsequent doses increased by 0.5 to 1 J/kg, not to exceed 2 J/kg)	on at		
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 questic "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 chec receive 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 Date			

PALS Case Scenario Testing Checklist Cardiac Case Scenario Bradycardia





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 sig	ns	
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		
If the student does not indicate the above, prompt the student with the following question: "What are the indications for high-quality CPR in a bradycardic patient?"		
Directs establishment of IV or IO access		
Directs or discusses preparation for and appropriate administration and dose (0.01 mg/kg IV/l0 [0.1 mL/kg of 0.1 mg/mL concentration]) of epinephrine	2	
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 statement "Tell me 3 potential causes of bradycardia in infants and children."	t:	
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 to receive remediation. Make a note here of which skills require remediation (refer to instructor mabout 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





udent 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 CP at all times	R	
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 checompressions	st	
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 statement. "Tell me at least 3 reversible causes of PEA or asystole."	nt:	
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 receive remediation. Make a note here of which skills require remediation (refer to instructor n about remediation). 		
Test Results Check PASS or NR to indicate pass or needs remediation:	□ PASS	□NR
Instructor Initials Date		

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





Student Name Da	te 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 hat all times	nigh-quality 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 compressions	y with chest		
Directs establishment of IO or IV access			
Directs preparation and administration of appropriate dose of epinephrine at a intervals	ppropriate		
Directs safe delivery of second shock at 4 J/kg (subsequent doses 4 to 10 J/k 10 J/kg or standard adult dose for that defibrillator)	g, not to exceed		
Directs preparation and administration of appropriate dose of antiarrhythmic (a lidocaine) at appropriate time	amiodarone or		
Case Conclusion/Debriefing			
Verbalizes possible need for additional doses of epinephrine and antiarrhythm lidocaine), and consideration of reversible causes of arrest (H's and T's)	ic (amiodarone or	-	
If the student does not verbalize the above, prompt the student with the following the student with the student with the following the student with			
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
Instructor Initials Instructor Number	Date		