United Medical Education
Saving Lives Together

DIRECTIONS for Skills Testing:

The test administrator, examiner, will read the case scenarios to the student and follow the checklists, marking each step *Completed* as the student works through each scenario. In order to have a step marked complete the student must demonstrate a solid grasp of BLS/ACLS concepts and mechanics. The test administrator should not provide guidance to the student but may answer questions given the information provided in the scenario. Each scenario should take approximately 10 minutes to complete. In the event the administrator must guide the student through a step, the step must be counted as incomplete and the student should repeat the skills checklist. The student should receive feedback on areas needing improvement before retesting skills.

*DISCLAIMER: Only a current certified ACLS provider can administer test.

BLS SCENARIO
(Test administrator dialogue provided in italics)

You are at the gym running on the treadmill when you notice someone nearby yelling for help. Another gym goer has collapsed to the ground.

1. The examinee should secure the scene. (*Scene is safe*)
2. Assesses patient responsiveness. (*No pulse present, no breaths observed)*
3. Directs someone to call for help and get the AED. (B*ystanders have gone to call 911 and get the AED)*
4. Demonstrates correct CPR hand placement and body positioning over patient.
5. Demonstrates correct compression rate and depth, and allows for complete chest recoil.
6. Demonstrates opening the airway, gives effective breaths, and observes visible chest rise.
7. Have examinee perform a second round of CPR. *(AED has arrived, switch providers giving compressions)*
8. Demonstrates correct placement of AED, without interrupting CPR. (*AED analyzes rhythm)*
9. Examinee clears patient for rhythm check and shock. (*Shock delivered*)
10. Examinee immediately returns to CPR after shock delivered.

BLS Skills Verification Checklist

Skill Tested	Completed	
	Yes	No
Establish scene safety		
Assess patient responsiveness (check for pulse/breathing, no longer than 10 sec)		
Activates emergency response (calls for help/AED)		
Correct CPR hand placement and positioning		
Correct CPR rate (100-120/min.) and depth (2 inches)		
Allows for complete recoil of chest between compressions		
Airway opened appropriately (head tilt/chin lift, jaw thrust)		
Delivers 2 breaths (each over 1 second) with visible chest rise		
Correct AED placement without disrupting compressions		
Clear of patient for rhythm analysis and shock		
Compressions immediately resumed after shock		

AIRWAY MANAGEMENT SCENARIO
(Test administrator dialogue provided in italics)

You are a nurse in the ER examining a 20-year-old female patient who presents with shortness of breath. The patient states between breaths she has a history of asthma and feels like she can't breathe.

1. Examinee performs primary assessment: assessing airway, breathing, and circulation. (*Airway is patent*; *patient is breathing rapidly, 30 RR; wheezing heard bilaterally on auscultation; 88% O2 saturation; 115 HR; 130/84 BP*)

2. Activates emergency response. (*Respiratory therapist has been called and is on their way)*
3. Provides supplemental oxygen to patient. (*Ask examinee what is appropriate oxygenation level?)* Examinee states 94% or greater.

You administer supplemental oxygen to the patient but oxygen saturation is not improving. Respiratory therapy arrives and administers albuterol treatment. There is no marked improvement in patient's condition and vital signs begin to deteriorate. Patient is gasping for air.

4. Demonstrates effective ventilation using bag-mask. Ask examinee what is correct ventilation rate and speed? One breath every 6 seconds, over 1 second each.

5. Examinee recognizes the need for an advanced airway and places one.

ACLS Skills Verification Checklist - Airway Management

Skill Tested	Completed	
	Yes	No
Performs primary assessment: Assesses airway, breathing and circulation		
Activates emergency response (calls for help)		
Administers supplemental oxygen (maintains oxygen saturation 94% or higher)		
Performs effective bag-mask ventilation (once every 6 seconds, given over 1 sec)		
Recognizes need for an advanced airway		

TACHYARRHYTHMIA MEGACODE SCENARIO

(Test administrator dialogue provided in italics. Rhythm strips attached to document.)

You are an ER physician examining a 50-year-old male that presents to the ER complaining of light-headedness and shortness of breath.

1. Examinee assesses airway, breathing, and circulation. (*Airway is patent; 24 RR; 154 HR; 90% O2 Sat; 120/84 BP)*

2. Examinee initiates appropriate interventions: maintains open airway and oxygenation, places IV, places cardiac monitor, and monitors patient's BP.

3. Show examinee rhythm strip for SVT. Examinee correctly identifies rhythm.

4. Examinee performs vagal maneuvers. (*No change in patient condition.)*

5. Examinee administers Adenosine, initial dose 6 mg. (*No change after initial dose of Adenosine. Patient remains in SVT.)*

6. Examinee administers second dose of Adenosine, dose 12 mg. (*Patient's condition has not improved. Patient remains in SVT)*

7. Examinee should move on to cardioversion. Have examinee state dose, 100 J. (*After synchronized cardioversion patient goes unconscious.)*

8. Examinee assesses for pulse, breathing. (*Patient does not have a pulse. The monitor shows the following rhythm)* Show examinee rhythm strip for VT; have them identify.

9. Examinee recognizes VT as a shockable rhythm. Defibrillates patient. Commences CPR.

10. At rhythm check (2 min mark) show examinee rhythm strip for PEA; have them identify.

11. Examinee should continue CPR. Administer 1 mg epinephrine. Consider H&T's.

Patient has ROSC.

12. Examinee should identify post-cardiac arrest care measures.

ACLS Skills Verification Checklist- Tachyarrhythmia Megacode

Skill Tested	Completed	
	Yes	No
Performs primary assessment: Assesses airway, breathing and circulation		
Implements appropriate initial interventions for tachyarrhythmia: Maintain airway, supplemental oxygen, cardiac monitor, BP, place IV		
Correctly identifies cardiac rhythm		
a.) Performs vagal maneuvers b.) Administers adenosine and identifies correct doses c.) Performs cardioversion		
Performs BLS assessment: Circulation, airway, breathing		
Correctly identifies cardiac rhythm as shockable. Delivers shock.		
Continues CPR immediately after shock delivered.		
Identifies cardiac rhythm as unshockable. Continues CPR.		
Administers 1 mg epinephrine.		
Identifies ROSC post-arrest care: Optimize ventilation/oxygenation (maintain O2 Sat >94%), treat hypotension (fluids), STEMI / MI considerations (coronary perfusion), Temperature management (Neuro), transfer to ICU		

BRADYARRHYTHMIA MEGACODE SCENARIO

(Test administrator dialogue provided in italics. Rhythm strips attached to document.)

67 year-old male presents to the ER for altered mental status. Patient reports feeling tired and his wife states he has had some confusion.

1. Examinee assesses airway, breathing, and circulation. (*No airway compromise; 18 RR breath sounds clear; 42 HR; 90% O2 Sat; 80/56 BP)*

2. Examinee initiates appropriate interventions: maintain airway and oxygenation, places IV, places cardiac monitor, monitors patient's BP and ECG.

3. Show examinee rhythm strip for sinus bradycardia; have them identify.
4. Examinee recognizes need to administer atropine, initial dose 0.5 mg bolus. (*Three minutes later you administer a second dose as well with no change in patient condition.)*

5. Examinee should move on to transcutaneous pacing. (T*he patient suddenly goes unconscious.)*

6. Examinee assesses for pulse and breathing. (*Patient does not have a pulse. The monitor shows the following rhythm)* Show examinee rhythm strip for VT; have them identify.

7. Examinee recognizes VT as shockable rhythm. Defibrillates patient. Commences CPR.
8. At rhythm check (2 min mark) show examinee rhythm strip for PEA; have them identify.
9. Examinee should continue CPR. Administer 1 mg epinephrine. Consider H&T's.

Patient has ROSC.

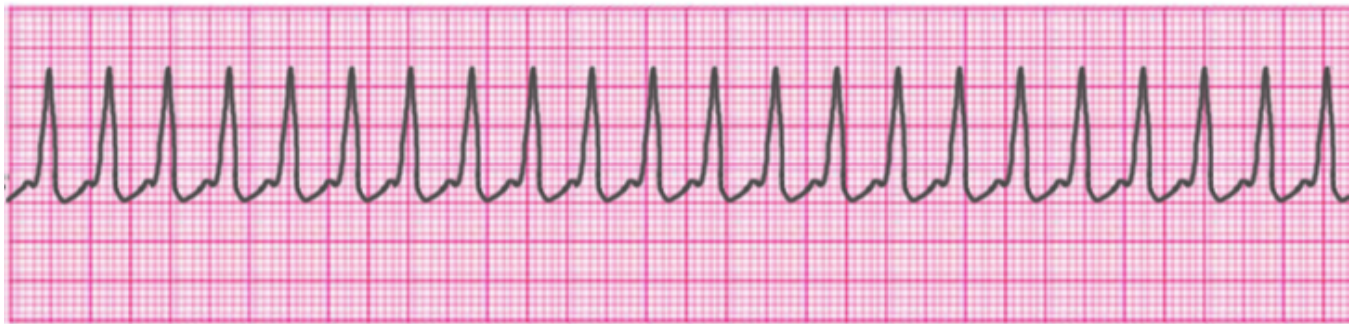
10. Examinee should identify post-cardiac arrest care measures.

ACLS Skills Verification Checklist- Bradyarrhythmia Megacode

Skill Tested	Completed	
	Yes	No
Performs primary assessment: Assess airway, breathing and circulation		
Implements appropriate initial interventions for bradyarrhythmia: Maintain airway, oxygen, cardiac monitor, BP, IV, ECG		
Correctly identifies cardiac rhythm.		
Administers correct dose of atropine 0.5 mg.		
Performs transcutaneous pacing.		
Performs BLS assessment: Circulation, airway, breathing		
Correctly Identifies cardiac rhythm as shockable. Delivers shock.		
Continues CPR immediately after shock delivery.		
Identifies cardiac rhythm as unshockable. Continues CPR.		
Administers 1 mg epinephrine.		
Identifies ROSC post-arrest care: Optimize ventilation/oxygenation (maintain O2 Sat >94%), treat hypotension (fluids), STEMI/ MI considerations (coronary perfusion), Temperature management (Neuro), transfer to ICU		

MEGACODE RHYTHM STRIPS
(Key is on the next page.)

1.



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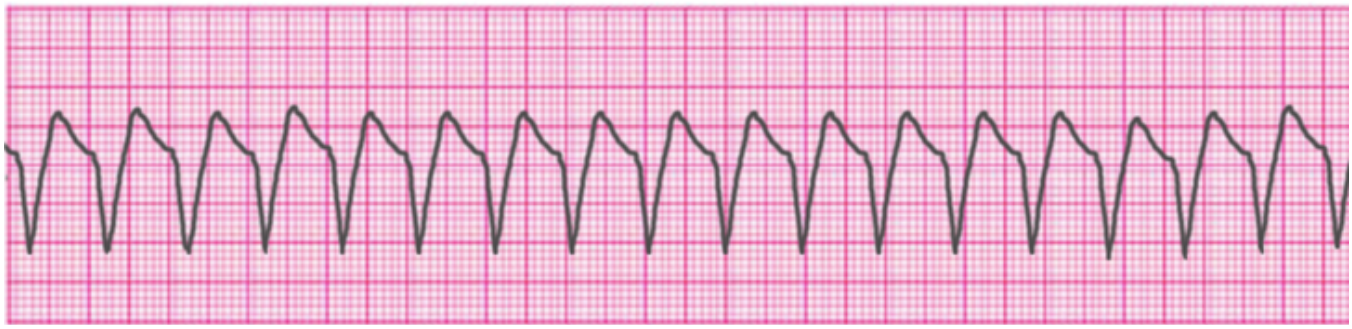

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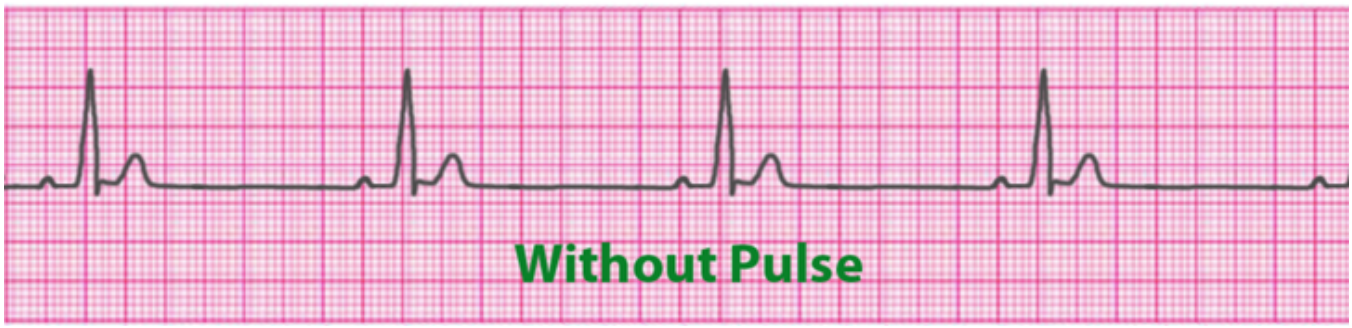

4.

MEGACODE RHYTHM STRIPS KEY:

1. Supraventricular Tachycardia (SVT)
2. Ventricular Tachycardia – Monomorphic (VT)
3. Pulseless Electrical Activity (PEA)
4. Sinus Bradycardia

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I, _____, the examiner, attest that I am currently certified in Advanced Cardiovascular Life support (ACLS), and that the examinee has successfully completed all aspects of the ACLS live skills test as provided by United Medical Education, in accordance with the current international CPR and ECC guidelines.

Examinee Name: _____ Examinee Signature: _____

Date Signed: _____

Examiner Name: _____ Examiner Signature: _____

Date Signed: _____

Corresponding Provider Card Verification Number (VN): _____

This sheet is to be kept with the corresponding ACLS provider card of the examinee.