

Learning Station Competency Checklists

Respiratory Learning Station Competency Checklists

Core Case 1

Upper Airway Obstruction

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	Team leader directs or performs assessment to determine responsiveness, breathing, and pulse	
Directs manual airway maneuver with administration of 100% oxygen	Team leader directs manual airway maneuver and administration of 100% oxygen	
Directs placement of pads/leads and pulse oximetry	Team leader directs that pads/leads be properly placed and that the monitor be turned on to an appropriate lead; requests use of pulse oximetry	
Recognizes signs and symptoms of upper airway obstruction	Team leader verbalizes features of history and exam that indicate upper airway obstruction	
Categorizes as respiratory distress or failure	Team leader verbalizes whether patient is in respiratory distress or failure	
Verbalizes indications for assisted ventilations or CPAP	Team leader verbalizes that for patient with ineffective ventilations or poor oxygenation, assisted ventilations are required	
Directs IV or IO access	Team leader directs team member to place IV (or IO) access, if appropriate; placement simulated properly	
Directs reassessment of patient in response to treatment	Team leader directs team member to reassess airway, breathing, and circulation	
Case Conclusion		
Summarizes specific treatments for upper airway obstruction	Team leader summarizes specific treatments for upper airway obstruction (eg, IM epinephrine, racemic epinephrine, CPAP)	
<i>If scope of practice applies:</i> Verbalizes indications for endotracheal intubation and special considerations when intubation is anticipated	<i>If scope of practice applies:</i> Verbalizes indications for endotracheal intubation (child unable to maintain adequate airway, oxygenation, or ventilation despite initial intervention). Notes need to anticipate use of an ET tube smaller than predicted for age, especially if subglottic narrowing is suspected.	

Core Case 2 Lower Airway Obstruction

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	Team leader directs or performs assessment to determine airway patency, adequacy of breathing and circulation, level of responsiveness, temperature, and vital signs	
Directs administration of 100% oxygen	Team leader instructs team member to provide 100% oxygen	
Directs placement of pads/leads and pulse oximetry	Team leader directs that pads/leads be properly placed and that the monitor be turned on to an appropriate lead; requests use of pulse oximetry	
Recognizes signs and symptoms of lower airway obstruction	Team leader verbalizes features of history and exam that indicate lower airway obstruction	
Categorizes as respiratory distress or failure	Team leader verbalizes whether patient has respiratory distress or failure	
Verbalizes indications for assisted ventilations	Team leader verbalizes that for patient with ineffective ventilations or poor oxygenation, assisted ventilations are required	
Directs IV or IO access	Team leader directs team member to place IV (or IO) access, if appropriate; placement simulated properly	
Directs reassessment of patient in response to treatment	Team leader directs team members to reassess airway, breathing, and circulation	
Case Conclusion		
Summarizes specific treatments for lower airway obstruction	Team leader summarizes specific treatments for lower airway obstruction (eg, nebulized albuterol)	
<i>If scope of practice applies:</i> Verbalizes indications for endotracheal intubation	<i>If scope of practice applies:</i> Verbalizes indications for endotracheal intubation (child unable to maintain adequate airway, oxygenation, or ventilation despite initial intervention)	

Core Case 3 Lung Tissue Disease

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	Team leader directs or performs assessment to determine airway patency, adequacy of breathing and circulation, level of responsiveness, temperature, and vital signs	
Directs assisted ventilations with administration of 100% oxygen	Team leader directs assisted ventilations with 100% oxygen	
Ensures that bag-mask ventilations are effective	Team leader observes or directs team member to observe for chest rise and breath sounds	
Directs placement of pads/leads and pulse oximetry	Team leader directs that pads/leads be properly placed and that the monitor be turned on to an appropriate lead; requests use of pulse oximetry	
Recognizes signs and symptoms of lung tissue disease	Team leader verbalizes features of history and exam that indicate lung tissue disease	
Categorizes as respiratory distress or failure	Team leader verbalizes whether patient has respiratory distress or failure	
Directs IV or IO access	Team leader directs team member to place IV (or IO) access, if appropriate; placement simulated properly	
Directs reassessment of patient in response to treatment	Team leader directs team members to reassess airway, breathing, and circulation	
Case Conclusion		
Summarizes specific treatments for lung tissue disease	Team leader summarizes specific treatments for lung tissue disease (eg, antibiotics for suspected pneumonia)	
<i>If scope of practice applies: Verbalizes indications for endotracheal intubation</i>	<i>If scope of practice applies: Verbalizes indications for endotracheal intubation (child unable to maintain adequate airway, oxygenation, or ventilation despite initial intervention)</i>	

Core Case 4 Disordered Control of Breathing

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	Team leader directs or performs assessment to determine airway patency, adequacy of breathing and circulation, level of responsiveness, temperature, and vital signs	
Directs assisted ventilations with administration of 100% oxygen	Team leader directs assisted ventilations with 100% oxygen	
Ensures that bag-mask ventilations are effective	Team leader ensures that there is chest rise with assisted ventilations	
Directs placement of pads/leads and pulse oximetry	Team leader directs that pads/leads be properly placed and that the monitor be turned on to an appropriate lead; requests use of pulse oximetry	
Recognizes signs and symptoms of disordered control of breathing	Team leader verbalizes features of history and exam that indicate disordered control of breathing	
Categorizes as respiratory distress or failure	Team leader verbalizes whether patient is in respiratory distress or failure (note that respiratory failure can occur without distress in this setting)	
Directs IV or IO access	Team leader directs team member to place IV (or IO) access, if appropriate; placement simulated properly	
Directs reassessment of patient in response to treatment	Team leader observes or directs team members to reassess airway, breathing, and circulation	
Case Conclusion		
Summarizes specific treatments for disordered control of breathing	Team leader summarizes specific treatments for disordered control of breathing (eg, sedation reversal agents)	
<i>If scope of practice applies:</i> Verbalizes indications for endotracheal intubation	<i>If scope of practice applies:</i> Verbalizes indications for endotracheal intubation (child unable to maintain adequate airway, oxygenation, or ventilation despite initial intervention)	

Shock Learning Station Competency Checklists

Core Case 5 Hypovolemic Shock

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	Team leader directs or performs assessment to determine airway patency, adequacy of breathing and circulation, level of responsiveness, temperature, and vital signs	
Directs administration of 100% oxygen	Team leader directs administration of 100% oxygen	
Directs placement of pads/leads and pulse oximetry	Team leader directs that pads/leads be properly placed and that the monitor be turned on to an appropriate lead; requests use of pulse oximetry	
Recognizes signs and symptoms of hypovolemic shock	Team leader verbalizes features of history and exam that indicate hypovolemic shock	
Categorizes as compensated or hypotensive shock	Team leader verbalizes whether patient is compensated or hypotensive	
Directs IV or IO access	Team leader directs team member to place IV (or IO) access; placement simulated properly	
Directs rapid administration of a fluid bolus of isotonic crystalloid	Team leader directs administration of isotonic crystalloid, 20 mL/kg rapidly (over 5 to 20 minutes) IV or IO	
Directs reassessment of patient in response to treatment	Team leader directs team members to reassess airway, breathing, and circulation	
Case Conclusion		
Verbalizes therapeutic end points during shock management	Team leader identifies parameters that indicate response to therapy (heart rate, blood pressure, distal pulses and capillary refill, urine output, mental status)	

Core Case 6 Obstructive Shock

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	Team leader directs or performs assessment to determine airway patency, adequacy of breathing and circulation, level of responsiveness, temperature, and vital signs	
Directs placement of pads/leads and pulse oximetry	Team leader directs that pads/leads be properly placed and that the monitor be turned on to an appropriate lead; requests use of pulse oximetry	
Verbalizes DOPE mnemonic for intubated patient who deteriorates	Team leader reviews elements of DOPE mnemonic (displacement, obstruction, pneumothorax, equipment failure)	
Recognizes signs and symptoms of obstructive shock	Team leader verbalizes features of history and exam that indicate obstructive shock	
States at least 2 causes of obstructive shock	Team leader states at least 2 common causes of obstructive shock (tension pneumothorax, cardiac tamponade, pulmonary embolus)	
Categorizes as compensated or hypotensive shock	Team leader verbalizes whether patient is compensated or hypotensive	
Directs IV or IO access	Team leader directs team member to place IV (or IO) access; placement simulated properly	
Directs rapid administration of a fluid bolus of isotonic crystalloid	Team leader directs administration of isotonic crystalloid, 10 to 20 mL/kg rapidly (over 5 to 20 minutes) IV or IO	
Directs reassessment of patient in response to treatment	Team leader directs team member to reassess airway, breathing, and circulation	
Case Conclusion		
Summarizes the treatment for a tension pneumothorax	Team leader describes use of emergency pleural decompression (second intercostal space, midclavicular line)	
Verbalizes therapeutic end points during shock management	Team leader identifies parameters that indicate response to therapy (heart rate, blood pressure, perfusion, urine output, mental status)	

Core Case 7 Distributive Shock

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	Team leader directs or performs assessment to determine airway patency, adequacy of breathing and circulation, level of responsiveness, temperature, and vital signs	
Directs administration of 100% oxygen	Team leader directs team member to provide 100% oxygen	
Directs placement of pads/leads and pulse oximetry	Team leader directs that pads/leads be properly placed and that the monitor be turned on to an appropriate lead; requests use of pulse oximetry	
Recognizes signs and symptoms of distributive (septic) shock	Team leader verbalizes features of history and exam that indicate distributive shock	
Categorizes as compensated or hypotensive shock	Team leader verbalizes whether patient is compensated or hypotensive	
Directs IV or IO access	Team leader directs team member to place IV (or IO) access; placement simulated properly	
Directs rapid administration of a fluid bolus of isotonic crystalloid	Team leader directs administration of isotonic crystalloid, 20 mL/kg rapidly (over 5 to 20 minutes) IV or IO	
Directs reassessment of patient in response to treatment	Team leader directs team member to reassess airway, breathing, and circulation	
<i>If scope of practice applies:</i> Recalls that early administration of antibiotics is essential in septic shock	<i>If scope of practice applies:</i> Team leader directs administration of antibiotics	
Case Conclusion		
Summarizes indications for vasoactive drug support	Team leader verbalizes that vasoactive medications are indicated for fluid-refractory septic shock	
Verbalizes therapeutic end points during shock management	Team leader identifies parameters that indicate response to therapy (heart rate, blood pressure, perfusion, urine output, mental status)	

Core Case 8 Cardiogenic Shock

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	Team leader directs or performs assessment to determine responsiveness, breathing, and pulse	
Directs administration of 100% oxygen	Team leader directs administration of 100% oxygen by high-flow device	
Directs placement of pads/leads and pulse oximetry	Team leader directs that pads/leads be properly placed and that the monitor be turned on to an appropriate lead; requests use of pulse oximetry	
Recognizes signs and symptoms of cardiogenic shock	Team leader verbalizes features of history and exam that indicate cardiogenic shock	
Categorizes as compensated or hypotensive shock	Team leader verbalizes whether patient's shock is compensated or hypotensive	
Directs IV or IO access	Team leader directs team member to place IV (or IO) access; placement simulated properly	
Directs slow administration of 5 to 10 mL/kg fluid bolus of isotonic crystalloid	Team leader directs administration of isotonic crystalloid, 5 to 10 mL/kg IV or IO (over 10 to 20 minutes), while carefully monitoring patient for signs of pulmonary edema or worsening heart failure	
Directs reassessment of the patient in response to treatment	Team leader directs team member to reassess airway, breathing, and circulation	
Recalls indications for use of vasoactive drugs during cardiogenic shock	Team leader verbalizes indications for initiation of vasoactive drugs (persistent signs of shock despite fluid therapy)	
Case Conclusion		
Verbalizes therapeutic end points during shock management	Team leader identifies parameters that indicate response to therapy (heart rate, blood pressure, perfusion, urine output, mental status). In cardiogenic shock, team leader recognizes importance of reducing metabolic demand by reducing work of breathing and temperature.	

Cardiac Learning Station Competency Checklists

Core Case 9 Supraventricular Tachycardia

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	Team leader directs or performs assessment to determine airway patency, adequacy of breathing and circulation, level of responsiveness, temperature, and vital signs	
Directs administration of supplementary oxygen	Team leader directs administration of supplementary oxygen by high-flow device	
Directs placement of pads/leads and pulse oximetry	Team leader directs that pads/leads be properly placed and that the monitor be turned on to an appropriate lead; requests use of pulse oximetry	
Recognizes narrow-complex tachycardia and verbalizes how to distinguish between ST and SVT	Team leader recognizes narrow-complex tachycardia and verbalizes reasons for identification as SVT versus ST	
Categorizes as compensated or hypotensive	Team leader verbalizes whether patient is compensated or hypotensive	
Directs performance of appropriate vagal maneuvers	Team leader directs team member to perform appropriate vagal maneuvers (eg, Valsalva, blowing through straw, ice to face)	
Directs IV or IO access	Team leader directs team member to place IV (or IO) access; placement simulated properly	
Directs preparation and administration of appropriate dose of adenosine	Team leader directs team member to prepare correct dose of adenosine (first dose: 0.1 mg/kg, maximum: 6 mg; second dose: 0.2 mg/kg, maximum: 12 mg), uses drug dose resource if needed; states need for rapid administration with use of saline flush	
Directs reassessment of patient in response to treatment	Team leader directs team member to reassess airway, breathing, and circulation	
Case Conclusion		
Verbalizes indications and appropriate energy doses for synchronized cardioversion	Team leader verbalizes indications and correct energy dose for synchronized cardioversion (0.5 to 1 J/kg for initial dose)	

Core Case 10 Bradycardia

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	Team leader directs or performs assessment to determine airway patency, adequacy of breathing and circulation, level of responsiveness, temperature, and vital signs	
Directs initiation of assisted ventilations with 100% oxygen	Team leader instructs team member to provide assisted ventilations with 100% oxygen	
Directs placement of pads/leads and activation of monitor and requests pulse oximetry	Team leader directs that pads/leads be properly placed and that monitor be turned on to an appropriate lead; requests use of pulse oximetry	
Recognizes bradycardia with cardiorespiratory compromise	Team leader recognizes rhythm and verbalizes presence of bradycardia to team members	
Characterizes as compensated or hypotensive	Team leader communicates that patient has cardiorespiratory compromise and is hypotensive	
Recalls indications for chest compressions in a bradycardic patient	Team leader verbalizes indications for chest compressions (may or may not perform)	
Directs IV or IO access	Team leader directs team member to place IV (or IO) access; placement simulated properly	
Directs preparation and administration of appropriate dose of epinephrine	Team leader directs team member to prepare initial dose of epinephrine (0.01 mg/kg or 0.1 mL/kg of 1:10 000 dilution IV/IO), uses drug dose resource if needed; directs team member to administer epinephrine dose and saline flush	
Directs reassessment of patient in response to treatment	Team leader directs team members to reassess airway, breathing, and circulation	
Case Conclusion		
Verbalizes consideration of at least 3 underlying causes of bradycardia	Team leader verbalizes potentially reversible causes of bradycardia (eg, toxins, hypothermia, increased ICP)	

Core Case 11 Asystole/PEA

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Recognizes cardiopulmonary arrest	Team leader directs or performs assessment to determine absence of responsiveness, breathing, and pulse	
Directs initiation of CPR by using the C-A-B sequence and ensures performance of high-quality CPR at all times	Team leader monitors quality of CPR (eg, adequate rate, adequate depth, chest recoil) and provides feedback to team member providing compressions; directs resuscitation so as to minimize interruptions in CPR; directs team members to rotate role of chest compressor approximately every 2 minutes	
Directs placement of pads/leads and activation of monitor	Team leader directs that pads/leads be properly placed and that the monitor be turned on to an appropriate lead	
Recognizes asystole or PEA	Team leader recognizes rhythm and verbalizes presence of asystole or PEA to team members	
Directs IO or IV access	Team leader directs team member to place IO (or IV) access; placement simulated properly	
Directs preparation of appropriate dose of epinephrine	Team leader directs team member to prepare initial dose of epinephrine (0.01 mg/kg or 0.1 mL/kg of 1:10 000 dilution IO/IV), uses drug dose resource if needed	
Directs administration of epinephrine at appropriate intervals	Team leader directs team member to administer epinephrine dose with saline flush and prepare to administer again every 3 to 5 minutes	
Directs checking rhythm on the monitor approximately every 2 minutes	Team leader directs team members to stop compressions and checks rhythm on monitor approximately every 2 minutes	
Case Conclusion		
Verbalizes consideration of at least 3 reversible causes of PEA or asystole	Team leader verbalizes at least 3 potentially reversible causes of PEA or asystole (eg, hypovolemia, tamponade)	

Core Case 12

VF/Pulseless VT

Use this checklist during the PALS core case simulations and tests to check off the performance of the team leader.

Critical Performance Steps	Details	✓ if done correctly
Team Leader		
Assigns team member roles	Team leader identifies self and assigns team roles	
Uses effective communication throughout	Closed-loop communication Clear messages Clear roles and responsibilities Knowing limitations Knowledge sharing Constructive intervention Reevaluation and summarizing Mutual respect	
Patient Management		
Recognizes cardiopulmonary arrest	Team leader directs or performs assessment to determine absence of responsiveness, breathing, and pulse	
Directs initiation of CPR by using the C-A-B sequence and ensures performance of high-quality CPR at all times	Team leader monitors quality of CPR (eg, adequate rate, adequate depth, chest recoil) and provides feedback to team member providing compressions; directs resuscitation so as to minimize interruptions in CPR; directs team members to rotate role of chest compressor approximately every 2 minutes	
Directs placement of pads/leads and activation of monitor	Team leader directs that the pads/leads be properly placed and that the monitor be turned on to an appropriate lead	
Recognizes VF or pulseless VT	Team leader recognizes rhythm and verbalizes presence of VF/VT to team members	
Directs attempted defibrillation at 2 to 4 J/kg safely	Team leader directs team member to set proper energy and attempt defibrillation; observes for safe performance	
Directs immediate resumption of CPR by using the C-A-B sequence	Team leader directs team member to resume CPR immediately after shock (no pulse or rhythm check)	
Directs IO or IV access	Team leader directs team member to place IO (or IV) access; placement simulated properly	
Directs preparation of appropriate dose of epinephrine	Team leader directs team member to prepare initial dose of epinephrine (0.01 mg/kg or 0.1 mL/kg of 1:10 000 dilution IO/IV), uses drug dose resource if needed	
Directs attempted defibrillation at 4 J/kg or higher (not to exceed 10 J/kg or standard adult dose) safely	Team leader directs team member to set proper energy and attempt defibrillation; observes for safe performance	
Directs immediate resumption of CPR by using the C-A-B sequence	Team leader directs team member to resume CPR immediately after shock (no pulse or rhythm check)	
Directs administration of epinephrine	Team leader directs team member to administer epinephrine dose followed by saline flush	
Case Conclusion		
Verbalizes consideration of anti-arrhythmic (amiodarone or lidocaine), using appropriate dose	Team leader indicates consideration of appropriate antiarrhythmic in proper dose	