### Assessment Instrument to guide assessment of ACLS skills during initial resuscitation steps

### *Pulseless Electrical Activity*

**A = Done Correctly B = Done Incorrectly/Not Done**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Correct** | **Not correct** |
| Check responsiveness/breathing |  | A | B |
|  Check for a pulse (can be done simultaneously with above) | <10 sec | A | B |
| Call for AED/defibrillator |  | A | B |
| Start CPR  | (compressions 30:2) | A | B |
| Ensure CPR quality  | (hard (5-6 cm), fast (100-120/min), recoil) | A | B |
| Open airway  |  (oral airway inserted) | A | B |
| Apply oxygen | (100% FiO2) | A | B |
| Attach defibrillator |  | A | B |
| Check rhythm/identify potentially perfusing rhythm  | <10 sec | A | B |
| Check pulse (can be done simultaneously with above) | <10 sec | A | B |
| Immediately Resume CPR  | (5 cycles, 30:2) | A | B |
| Ensure CPR quality  | (hard (5-6 cm), fast, recoil) | A | B |
| Establish IV access |  | A | B |
| Search for reversible causes: Hs and Ts1 |  | A | B |
| Treat any identified reversible causes |  | A | B |
| Check rhythm/identify perfusing rhythm  | <10 sec | A | B |
| Check pulse (can be done simultaneously with above) | < 10 sec | A | B |
| Consider/insert advanced airway | (if airway inserted, confirm placement) | A | B |

1 Hs: Hypovolemia, Hypoxia, Hydrogen ion,Hypo/Hyperkalemia, Hypothermia

Ts: Tension Pneumothorax, Tamponade, Toxins, Thrombosis (pulmonary, coronary)

2 Once advanced airway inserted switch to 10 breaths/min with continuous compressions at 100-120 per minute

### *Asystole*

**A = Done Correctly B = Done Incorrectly/Not Done**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Correct** | **Not correct** |
| Ensure CPR quality  | (hard (5-6 cm), fast, recoil) | A | B |
| Check rhythm/identify asystole  | <10 sec | A | B |
| Immediately Resume CPR  | (5 cycles, 30:2 if no advanced airway)2 | A | B |
| Change compressor every 2 minutes |  | A | B |
| Ensure CPR quality  | (hard (5-6 cm), fast, recoil) | A | B |
| Epinephrine 1 mg IV/IO push  | (repeat every 3-5 minutes) | A | B |
| Search for reversible causes: Hs and Ts1 |  | A | B |
| Treat any identified reversible causes |  | A | B |
| Check rhythm/identify asystole  | <10 sec | A | B |
| Immediately resume CPR  | (5 cycles, 30:2)2 | A | B |
| Ensure CPR quality  |  | A | B |
| Consider/insert advanced airway | (if airway inserted, confirm placement) | A | B |
| Check rhythm/identify asystole  | <10 sec | A | B |
| Confirm true asystole | Leads attached, etc. | A | B |
| Stop resuscitation  |  | A | B |

1 Hs: Hypovolemia, Hypoxia, Hydrogen ion,Hypo/Hyperkalemia, Hypothermia

Ts: Tension Pneumothorax, Tamponade, Toxins, Thrombosis (pulmonary, coronary)

2 Once advanced airway inserted, switch to 100-120 compressions/minute and10 breaths/min

In addition to the above ACLS checklists, the Ottawa Crisis Resource Management Global Rating Of Trainee scale can be also used to assess the learner’s performance3.

3Kim J, Neilipovitz D, Cardinal C, et al: A pilot study using high-fidelity simulation to formally evaluation performance in the resuscitation of critically ill patients: The University of Ottawa critical care medicine, high-fidelity simulation, and crisis resource management I study. Crit Care Med 2006; 34:2167-73