

Supplemental digital content 2 - Scenario-specific Performance Checklists	Yes/No
<b>Hyperkalemia Management</b>	
Assessed for Hyperkalemia	
Started IV fluid Bolus	
<b>Gave Calcium Chloride 10-20 mg/kg or Calcium Gluconate 30 MG/KG</b>	
Gave excessive dose of Calcium	
Gave inadequate dose of Calcium	
Gave Bicarbonate 1-2 meq/kg	
Gave excessive dose of Bicarbonate (>2 meq/kg)	
Gave inadequate dose of Bicarbonate (<1 meq/kg)	
Gave Insulin 0.1 unit/kg	
Gave excessive dose of Insulin (>0.5 units/kg)	
Administered Dextrose 0.5 gm/kg	
Administered excessive Dextrose	
Administered inadequate Dextrose	
Administered Albuterol (5-10 puffs)	
Considered Furosemide 0.5-1 mg/kg	
Gave excessive dose of Furosemide	
Gave inadequate dose of Furosemide	
<b>Mentions or Stops Potassium Containing Fluids</b>	
<b>Ventricular Fibrillation (Vfib) Management</b>	
States diagnosis of Vfib	
<b>Began CPR within 60 seconds of pulse loss</b>	
Began CPR > 60 seconds of pulse loss	
Review Reversible Causes	
Attached Defibrillator	
<b>1st Shock: Defibrillate at 2 J/KG</b>	
1st Shock: Defibrillate at less 2 J/KG	
1st Shock: Defibrillate at greater 2 J/KG	
1st cycle: 2 minutes CPR	
1st cycle: more than 2 minutes CPR	
1st cycle: less than 2 minutes CPR	
<b>2nd Shock: Defibrillate at 4 J/KG</b>	
2nd Shock: Defibrillate at less than 4 J/KG	
2nd Shock: Defibrillate at more than 4 J/KG	
2nd cycle: 2 minutes CPR	
2nd cycle: more than 2 minutes CPR	
2nd cycle: less than 2 minutes CPR	
3rd Shock: Defibrillate at 4 J/KG	

<b><i>Gave Epinephrine 10 mcg/kg</i></b>	
Gave less than 10 mcg/kg	
Gave more than 10 mcg/kg	
Gave Epinephrine prior to second shock	
Gave Amiodarone 5 mg/kg	
Gave Amiodarone prior to third shock	
Activated ECMO or CPB if VFIB after 2 shocks	
Acknowledges quality of CPR	
Resumed compressions for 2 min following ROSC	
<b>Errors</b>	
Gave insulin w/out glucose	
Failed to perform continuous compressions during pulselessness	
Gave Atropine	
<b>Supraventricular Tachycardia Management</b>	
<b><i>Palpate Pulse</i></b>	
Performed Vagal Maneuvers	
Confirmed IV access	
Fluid Bolus 10-20 cc/kg	
1st Adenosine dose: 0.1 mg/kg	
1st Adenosine: less than 0.1 mg/kg	
1st Adenosine: more than 0.1 mg/kg	
2nd Adenosine dose: 0.2-0.3 mg/kg	
2nd Adenosine: less than 0.2-0.3 mg/kg	
2nd Adenosine: more than 0.2-0.3 mg/kg	
1st Shock: Synced Cardioversion 0.5-1 J/KG	
1 <sup>st</sup> Shock - Performed cardioversion with more than 1 j/kg	
1 <sup>st</sup> Shock - Performed cardioversion with less than 1 j/kg	
2nd Shock: Synced Cardioversion 2 J/KG	
2 <sup>nd</sup> shock - Repeated synced cardioversion at <b>more than 2j/kg</b>	
2 <sup>nd</sup> shock - Repeated synced cardioversion at <b>less than 2j/kg</b>	
Called for expert consultation	
<b>Ventricular Tachycardia Management</b>	
<b><i>Began CPR within 60 seconds of pulse loss</i></b>	
Began CPR > 60 seconds of pulse loss	
Review Reversible Causes	
<b><i>1st Shock: Defibrillate at 2 J/KG</i></b>	
1st Shock: Defibrillate at less 2 J/KG	
1st Shock: Defibrillate at greater 2 J/KG	
<b><i>1st cycle: 2 minutes CPR</i></b>	

1st cycle: more than 2 minutes CPR	
1st cycle: less than 2 minutes CPR	
<b>2nd Shock: Defibrillate at 4 J/KG</b>	
2nd Shock: Defibrillate at less than 4 J/KG	
2nd Shock: Defibrillate at more than 4 J/KG	
2nd cycle: 2 minutes CPR	
2nd cycle: more than 2 minutes CPR	
2nd cycle: less than 2 minutes CPR	
<b>Gave Epinephrine 10 mcg/kg</b>	
Gave less than 10 mcg/kg	
Gave more than 10 mcg/kg	
Gave other anti-arrhythmic (Amiodarone, procainamide) after third shock	
<b>Performs continuous chest compressions with minimal interruptions</b>	
Acknowledges quality of CPR	
Resumed compressions for 2 min following ROSC	
<b>Errors</b>	
Performed "unsynced" cardioversion	
Failed to perform continuous compressions during pulselessness	
Gave Epinephrine Before Second shock	
Gave other anti-arrhythmic prior to third shock	
<b>Local Anesthetic Systemic Toxicity Management</b>	
Assess for possible LAST	
Call for LAST Kit or intralipids	
<b>Stop Local Anesthetic Infusion if present</b>	
<b>Bolus Intralipid (20%) 1.5 ML/KG</b>	
Gives unspecified bolus dose of Intralipid	
Gives excessive dose of Intralipid	
Give inadequate amount of Intralipid	
<b>Start Continuous infusion of intralipid at 0.25 ml/kg/min</b>	
Gives unspecified dose of Intralipid infusion	
Gives excessive dose of Intralipid infusion	
Give inadequate amount of Intralipid infusion	
Repeat Intralipid Bolus and/or double infusion rate	
Gives Epinephrine 1 mcg/kg	
Gives excessive dose Epinephrine	
Gives inadequate amount of Epinephrine	
Provides Seizure Prophylaxis	
Plans to continue intralipid dosing	
Call for CPB or ECMO	
<b>Asystole Management</b>	

<b><i>Began CPR within 60 seconds of pulse loss</i></b>	
Began CPR > 60 seconds of pulse loss	
Review Reversible Causes	
1st cycle: 2 minutes CPR	
1st cycle: more than 2 minutes CPR	
1st cycle: less than 2 minutes CPR	
Attached Defibrillator	
Performs rhythm analysis with defibrillator attached	
<b><i>Administered PALS Dose Epinephrine 10 mcg/kg IV/IO</i></b>	
Administered more than 10 mcg/kg of Epinephrine	
Administered less than 10 mcg/kg	
2nd cycle: 2 minutes CPR	
2nd cycle: more than 2 minutes CPR	
2nd cycle: less than 2 minutes CPR	
Performs continuous chest compressions with minimal interruptions	
Acknowledges quality of CPR	
Resumed compressions for 2 min following ROSC	
<b>Errors</b>	
Failed to perform continuous compressions during pulselessness	
Gave lidocaine	
Gave beta blocker	
Gave calcium channel blocker	
Gave vasopressin	
Attempted to shock non-shockable rhythm	
<b>Anaphylaxis Management</b>	
Checked Drug allergies	
State problem as anaphylaxis	
<b><i>Mentions or removes triggering agent</i></b>	
<b><i>Gave Epi Bolus of at least 1 mcg/kg IV or 10 mcg/kg IM</i></b>	
Gave less than 1 mcg/kg of Epinephrine for anaphylaxis	
Obtain additional IV access	
Administered IV fluid bolus	
Gave > 5 puffs from inhaled Beta-2 agonist	
Gave H1 Blocker	
Gave H2 Blocker	
Gave Corticosteroids	
Order confirmation tests	
Starts Epinephrine infusion (0.02-0.1 mcg/kg/min)	

Pulseless Electric Arrest Management	
States diagnosis of PEA	
<b><i>Began CPR within 60 seconds of pulse loss</i></b>	
Review Reversible Causes	
Attached Defibrillator	
Performs rhythm analysis	
<b><i>Administered PALS dose of Epinephrine 10 mcg/kg IO/IV</i></b>	
Administered more than 10 mcg/kg of Epinephrine	
Administered less than 10 mcg/kg of Epinephrine	
1st cycle: 2 minutes CPR	
1st cycle: more than 2 minutes CPR	
1st cycle: less than 2 minutes CPR	
2nd cycle: 2 minutes CPR	
2nd cycle: more than 2 minutes CPR	
2nd cycle: less than 2 minutes CPR	
Acknowledges quality of CPR	
Resumed compressions for 2 min following ROSC	
Errors	
Failed to mention or remove triggering agent	
Inadequate fluid resuscitation	
Began CPR > 60 seconds of pulse loss	
Failed to perform continuous compressions during pulselessness	
Gave Atropine	
Gave Vasopressin	
Attempted to shock non-shockable rhythm	
General Assessment	
Review case including anesthetic record, PMH, Labs	
Check Vitals	
Check Pulse	
Assessed and verbalized anesthesia machine settings	
Performed Physical Exam	
Performed Timeout	
Crisis Specific	

Announce Problem	
Called for help	
Call for code cart/defibrillator	
Decrease Volatile Anesthetic	
Increase FiO2	
Review recent medications or fluids administered	
Send Labs	
<b>Return of Spontaneous Circulation Management</b>	
Discussed Disposition e.g. cancel case, admit to intensive care	
Titrate O2 to avoid hyperoxemia	
Avoids excessive ventilation/hyperventilation	
Considers Hypothermia if comatose	
Avoids Hyperthermia	
meq: milliequivalents; mg: milligrams; kg:kilograms; CPR:cardiopulmonary resuscitation; ROSC: return of spontaneous circulation	