

**ACLS**  
**St. David's Megacode**  
**Critical Actions Evaluation Checklists**

**BLS and AED Checklist**

Name \_\_\_\_\_

Critical Performance Steps	Completed	Comments
<b>Patient was talking while being assessed and now appears unresponsive.</b>		
1. Checks for response—shake and shout.		
2. Activates emergency response system/calls for AED		
3. Checks carotid pulse and looks for normal breathing—at least 5/less than 10 seconds		
4. Locates proper hand position—between nipples, center of sternum		
5. Delivers compressions ( $\geq 2$ inches) at least 100/min.—30 compressions in < 18 seconds		
6. Gives 2 breaths—1 second each—within 5-10 seconds.		
7. Continues compressions as above without interruption.		
8. Second rescuer arrives with AED, 1 <sup>st</sup> rescuer continues CPR while AED applied		
9. Second rescuer turns on AED.		
10. Second rescuer selects proper AED pads and places pads correctly		
11. When indicated, second rescuer clears victim to analyze—visible and verbal check		
12. Second rescuer clears victim to shock/ presses shock button (within 45 sec of AED arrival)		
13. Second rescuer immediately resumes chest compressions after 1 shock		
14. Second rescuer delivers cycle of compressions at correct rate of at least 100/min.		
15. First rescuer delivers 2 breaths using bag and mask at the end of each 30 compressions.		

Instructor Signature: \_\_\_\_\_ IP: \_\_\_\_\_ Pass: \_\_\_\_\_ Retest: \_\_\_\_\_

**Airway Management Checklist**

1. Insert oropharyngeal airway correctly		
2. Insert nasopharyngeal airway correctly		
3. Use Bag/Mask ventilator appropriately— 10 - 12/min (once every 5-6 seconds) for <b>basic</b> airway. ( <b>Advanced airways</b> – vent 8-10 ventilations/min or every 6-8 seconds)		

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**Critical Actions Evaluation Checklist**

**Megacode Case A: Bradycardia / VF / Asystole / ROSC**

Name \_\_\_\_\_ 3-4 ID# \_\_\_\_\_

Critical Performance Steps	Completed	Comments
I. <b>Patient presents c/o indigestion. Pt. is responsive, pale, diaphoretic; feels as if about to faint.</b>		
II. Leader directs team efforts – assigns team member roles (airway, IV, defib, compressions, recorder); ensures high quality CPR		
III. Immediate assessment		
VS, oxygen sat ( <b>BP 70/48; HR 38</b> )		
O2 if needed – IV – Monitor (with leads in proper position)		
Identify rhythm ( <b>Second degree Type II or Third degree</b> )		
IV. Recognize serious signs/symptoms due to bradycardia <b>(Hypotension, altered MS, signs of shock, ischemic CP, Acute heart failure)</b>		
Administer Atropine 0.5 mg IV while awaiting pacemaker		
Verbalize need for transcutaneous pacing Demonstrate pad placement Set rate at 60 Increase mA until capture Verify capture (spike followed by a wide QRS) <u>OR</u> Dopamine IV 2-10 mcg/kg/min <u>OR</u> Epinephrine IV 2-10 mcg/min		
III. Recognize change in rhythm ( <b>Change rhythm to VFib</b> )		
Charge to 200 J biphasic (or 360 monophasic)		
<b>Call clear and visually clear</b> before shock; delivers shock		
Immediately resume CPR after shock for 5 cycles		
Appropriate airway management (BVM or advanced airway acceptable)		
Epinephrine 1 mg IV/IO or Vasopressin 40 units IV/IO		
Stop CPR		
Check rhythm ( <b>Continues in VFib</b> )		
Call clear and visually clear patient		
Give 1 shock (200 or greater if biphasic; 360 for monophasic)		
Immediately resume CPR for 5 cycles		

Critical Performance Steps	Completed	Comments
Give Amiodarone 300 mg IV		
Pause CPR for rhythm check		
IV. Recognize change in rhythm ( <b>Change rhythm to Asystole</b> )		
Resume CPR		
Verbalize potentially reversible causes of PEA/Asystole (H's and T's) – Must be able to name all 10: Hypovolemia                      Tablets (drug overdose) Hypoxia                              Tamponade, cardiac Hydrogen ion (acidosis)        Tension pneumothorax Hyper/ hypokalemia            Thrombosis, coronary Hypothermia                        Thrombosis, pulmonary		
Administer Epinephrine 1 mg or Vasopressin 40 units IV/IO		
V. Recognize change in rhythm ( <b>Change rhythm to NSR with a pulse</b> )		
Identify <b>Return Of Spontaneous Circulation (ROSC)</b>		
Assess BP, O2 sat, 12 lead ECG		
Verbalize need for endotracheal intubation and waveform capnography to optimize ventilation and oxygenation		
Treat hypotension (SBP < 90)		
Assess LOC: Patient follows commands? If no, consider induced hypothermia		
Assess 12 lead ECG: STEMI? If yes, to cath lab for coronary reperfusion		
Transfer to ICU		

Instructor Signature: \_\_\_\_\_ IP: \_\_\_\_\_ Pass: \_\_\_\_\_ Retest: \_\_\_\_\_

Second Attempt Signature: \_\_\_\_\_ Pass: \_\_\_\_\_ Unsuccessful: \_\_\_\_\_

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**Critical Actions Evaluation Checklist**

**Megacode Case B: Narrow Tachycardia / VF or VT / PEA / ROSC**

Name \_\_\_\_\_ 3-4 ID# \_\_\_\_\_

Critical Performance Steps	Completed	Comments
I. <b>Patient presents c/o palpitations. Pt. is in no distress.</b>		
II. Leader assigns team member roles (airway, IV, defib, compressions, recorder); ensures high quality CPR		
III. Immediate assessment		
VS, oxygen sat ( <b>BP 110/70; HR 170</b> )		
O2 if needed – IV – Monitor (with leads in proper position)		
Identify rhythm ( <b>Regular narrow complex tachycardia; SVT</b> )		
IV. Recognize stable tachycardia <b>(No serious signs and symptoms due to tachycardia)</b>		
Attempt vagal maneuvers (cough, gag, valsalva; carotid massage by MDs only)		
Give Adenosine 6 mg IV push; may give 12 mg dose after 2 minutes; may repeat		
V. Recognize change in rhythm ( <b>wide complex VT without pulse or VF</b> )		
Charge to 200 biphasic (or 360 J monophasic)		
<b>Call clear and visually clear</b> before shock; deliver shock		
Immediately begin CPR after shock for 5 cycles		
Epinephrine 1 mg IV/IO or Vasopressin 40 units IV/IO		
Appropriate airway management (BMV or advanced airway acceptable)		
Stop CPR		
Check rhythm ( <b>Continues in same pulseless rhythm</b> )		
<b>Call clear and visually clears</b> patient		
Give 1 shock (200 or greater if biphasic; 360 for monophasic)		
Immediately resume CPR for 5 cycles		
Give Amiodarone 300 mg IV		
Pause CPR for rhythm check		

Critical Performance Steps	Completed	Comments
IV. Recognize change in rhythm ( <b>Change rhythm to PEA rate &gt; 60</b> )		
Resume CPR		
Verbalizes potentially reversible causes of PEA/Asystole (H's and T's) – Must be able to name all 10: Hypovolemia                      Tablets (drug overdose) Hypoxia                              Tamponade, cardiac Hydrogen ion (acidosis)        Tension pneumothorax Hyper/ hypokalemia            Thrombosis, coronary Hypothermia                        Thrombosis, pulmonary		
Administer Epinephrine 1 mg or Vasopressin 40 units IV/IO		
V. Recognize change in rhythm ( <b>Change rhythm to NSR with a pulse</b> )		
Identify <b>Return Of Spontaneous Circulation</b> (ROSC)		
Assess BP, O2 sat, 12 lead ECG		
Verbalize need for endotracheal intubation and waveform capnography to optimize ventilation and oxygenation		
Treat hypotension (SBP < 90)		
Assess LOC: Patient follows commands? If no, consider induced hypothermia		
Assess 12 lead ECG: STEMI? If yes, to cath lab for coronary reperfusion		
Transfer to ICU		

Instructor Signature: \_\_\_\_\_ IP: \_\_\_\_\_ Pass: \_\_\_\_\_ Retest: \_\_\_\_\_

Second Attempt Signature: \_\_\_\_\_ Pass: \_\_\_\_\_ Unsuccessful: \_\_\_\_\_

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**Megacode Case C: Wide Tachycardia / VF or VT / PEA / ROSC**

Name \_\_\_\_\_ 3-4 ID# \_\_\_\_\_

Critical Performance Steps	Completed	Comments
I. <b>Patient presents c/o palpitations and chest discomfort. He is cold and diaphoretic.</b>		
II. Leader assigns team member roles (airway, IV, defib, compressions, recorder); ensures high quality CPR		
III. Immediate assessment		
VS, oxygen sat ( <b>BP 70/40; HR 160</b> )		
O2 if needed – IV – Monitor (with leads in proper position)		
Identify rhythm ( <b>Wide complex regular tachycardia; VT</b> )		
Consider Adenosine 6 mg IV for regular, monomorphic VT		
IV. <b>Recognize unstable tachycardia</b> <b>Serious signs and symptoms related to tachycardia: Hypotension, altered MS, signs of shock, ischemic CP, Acute heart failure</b>		
Perform immediate synchronized cardioversion Place pads correctly (R upper chest; L lateral chest or Ant-Posterior placement) Select 100 Joules Synchronize defib Consider sedation if patient conscious Deliver shock(s) – 100, (200, 300, 360 for subsequent synchronized shocks)		
V. <b>Recognizes change in rhythm (V Fib)</b>		
Charge to 200 biphasic (or 360 J monophasic)		
<b>Call clear and visually clear</b> before shock; delivers shock		
Immediately begin CPR after shock for 5 cycles		
Epinephrine 1 mg IV/IO or Vasopressin 40 units IV/IO		
Manage airway (BMV or advanced airway acceptable)		
Stop CPR		

Critical Performance Steps	Completed	Comments
IV. Recognize change in rhythm ( <b>Change rhythm to PEA rate &gt; 60</b> )		
Check pulse ( <b>no pulse</b> )		
Resume CPR		
Verbalize potentially reversible causes of PEA/Asystole (H's and T's) – Must be able to name all 10: Hypovolemia                      Tablets (drug overdose) Hypoxia                              Tamponade, cardiac Hydrogen ion (acidosis)        Tension pneumothorax Hyper/ hypokalemia            Thrombosis, coronary Hypothermia                        Thrombosis, pulmonary		
Administer Epinephrine 1 mg or Vasopressin 40 units IV/IO		
V. Recognize change in rhythm ( <b>Change rhythm to NSR with a pulse</b> )		
Identify <b>Return Of Spontaneous Circulation</b> (ROSC)		
Assess BP, O2 sat, 12 lead ECG		
Verbalize need for endotracheal intubation and waveform capnography to optimize ventilation and oxygenation		
Treat hypotension (SBP < 90)		
Assess LOC: Patient follows commands? If no, consider induced hypothermia		
Assess 12 lead ECG: STEMI? If yes, to cath lab for coronary reperfusion		
Transfer to ICU		

Instructor Signature: \_\_\_\_\_ IP: \_\_\_\_\_ Pass: \_\_\_\_\_ Retest: \_\_\_\_\_

Second Attempt Signature: \_\_\_\_\_ Pass: \_\_\_\_\_ Unsuccessful: \_\_\_\_\_