HP-CPR Skill Check Sheet

(Seattle/King County Resuscitation Academy) (7/11/14 MH)

BLS 30:2

PRINT NAME   EMS #   Date: /   /

Objective: Given 2 or more providers, BLS/ALS equipment and manikin: demonstrate assessment and treatment for Cardiac Arrest as outlined in current: *HP-CPR* 30:2.

PPE / SAFETY

☐ Gloves	☐ Eye Protection	☐ AED Safety

COMPRESSION PERSON(S) (ON PT'S RIGHT SIDE, ADDITIONAL MANPOWER ENTERS AT RIGHT SIDE)

☐ FEMORAL PULSE CHECK WITH CPR
(MAY BE PERFORMED BY "NEXT-UP" COMPRESSOR, IF SUFFICIENT PERSONNEL IS AVAILABLE)

☐ Confirm: uncon./unresp.	☐ Pulse check *(no more than 10 sec.)*	☐ Verbally *counts* compressions	☐ Performs proper airway/breathing technique

☐ Remove patient to open area

☐ Remove clothing to start

☐ Immediately begins chest compressions with rate of 100-120 per minute

☐ Completes 2 minutes of CPR before first analysis OR (direction per MPD approval)

☐ Resume CC immediately after Analysis/ Shock

☐ Pulse check - after 2nd "No Shock Indicated"

☐ Switches w/o pause every 2 minutes

☐ Proper "HOVER" position

☐ **Proper hand placement

☐ **Compress chest at least 2 inches

☐ **Allow complete recoil between compressions

** (per feedback device)

DEFIB TECHNICIAN (COCKPIT POSITION WITH AED/MONITOR AT PT'S LEFT SHOULDER)

- ANALYZE AFTER (2) MINUTES of HP-CPR   ***(provides **HP-CPR** performance feedback as needed)***

Shock Advised
- ☐ Shock – (no pulse check)
- ☐ Changes compressor
- ☐ Analyze @ 2 mins. (post-shock)
- ☐ 2 Minutes of CPR

No Shock Advised
- ☐ 2 mins. of CPR
- ☐ Changes compressor
- ☐ Pulse Check < 10 sec. (after 2nd No Shock)
- ☐ 2 Minutes of CPR

VENTILATION PERSON (USES THE "C THREE" TO SEAL AND "3 FINGER" TECHNIQUE IN VENTILATE)

☐ Give 2-breaths/30 comp. **(unsecured airway)** **AND** ☐ About 1 second/breath **(300-400ml)**

☐ Give 1 breath/10th comp. **(secured airway)** **AND** ☐ Does so on "Recoil/Decompression" **(300-400ml)**

TIME KEEPER (OFFERS A "COUNTDOWN" APPROACH   30 SECS, 15 SECS, ROTATE, ETC.)

☐ **Tracks** 2 min. intervals   ☐ **Announces** time at **1:45**   ☐ **Eliminates** *ALL* unnecessary interruptions

CRITICAL FAIL CRITERIA	Must successfully perform *ALL ELEMENTS*

PASS	YES_____	NO_____	Evaluators name/signature:	Date: