

HP-CPR Skill Check Sheet

(Seattle/King County Resuscitation Academy) (2/1/2019 MH)

BLS Continuous



PRINT NAME	EMS #	Date: / /
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Objective: Given 2 or more providers, BLS/ALS equipment and manikin: demonstrate assessment and treatment for Cardiac Arrest as outlined in current: **HP-CPR “BLS Continuous”**.

PPE / SAFETY

<input type="checkbox"/> Gloves	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> AED Safety
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COMPRESSION PERSON(S) AT PT'S RIGHT SIDE, ADDITIONAL MANPOWER ENTERS AT RIGHT SIDE

FEMORAL PULSE CHECK DURING CPR AND ANALYSIS
(PERFORMED BY AED/MONITOR OPERATOR OR OTHER PERSONNEL IF AVAILABLE)

<input type="checkbox"/> Confirm: uncon./unresp.	<input type="checkbox"/> Pulse check (no more than 10 sec.)	<input type="checkbox"/> Verbally counts compressions	<input type="checkbox"/> Performs proper airway/breathing technique
<input type="checkbox"/> Remove patient to open area <input type="checkbox"/> Remove clothing to start <input type="checkbox"/> Immediately begins chest compressions with rate of 100-120 per minute (use metronome) <input type="checkbox"/> Completes 2 minutes of CPR before first analysis OR (direction per MPD approval) <input type="checkbox"/> Resume CC immediately after shock	<input type="checkbox"/> Pulse check - after 2 nd “No Shock Indicated” <input type="checkbox"/> Switches every 2 minutes (< 5 seconds) <input type="checkbox"/> Proper “HOVER” Position <input type="checkbox"/> **Proper hand placement (center of chest) <input type="checkbox"/> **Compress chest 2-2.4 inches (50-60mm) <input type="checkbox"/> **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 <input type="checkbox"/> Shock – (no pulse check after) <input type="checkbox"/> 2 Minutes of CPR <input type="checkbox"/> Rotates in NEW compressor <input type="checkbox"/> Analyze @ 2 mins. (post-shock)	No Shock Advised <input type="checkbox"/> 2 Minutes of CPR <input type="checkbox"/> Rotates in NEW compressor <input type="checkbox"/> Pulse Check < 10 sec. (after 2 nd No Shock)
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VENTILATION PERSON (USES THE “C-3” TO SEAL AND “3-FINGER” TECHNIQUE IN VENTILATE)

<input type="checkbox"/> Give 1 breath/10 th comp. (unsecured airway) AND	<input type="checkbox"/> Does so on “Recoil/Decompression” *(350-500ml)
<input type="checkbox"/> Give 1 breath/10 th comp. (secured airway) AND	<input type="checkbox"/> Does so on “Recoil/Decompression” *(350-500ml)

*achieve chest rise

TIME KEEPER (OFFERS A “COUNTDOWN” APPROACH – 30 SECS, 15 SECS, ROTATE, ETC.)

<input type="checkbox"/> Tracks 2 min. intervals	<input type="checkbox"/> Announces time at 1:45	<input type="checkbox"/> Eliminates ALL unnecessary interruptions
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CRITICAL FAIL CRITERIA

Must successfully perform ALL ELEMENTS

PASS	YES _____	NO _____	Evaluators name/signature:	Date:
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