

Critical Skill	Yes	No
ASYMPTOMATIC TACHYCARDIA		
TEAM LEADER (or provider) correctly identifies asymptomatic tachycardia?		
Patient placed on supplemental oxygen?		
Is a cardiac monitor placed?		
Provider checks that IV is present and functional? (Or places IV)		
Vagal maneuvers attempted?		
Is adenosine 6 mg attempted?		
Is adenosine 12 mg attempted?		
SYMPTOMATIC TACHYCARDIA		
TEAM LEADER (or provider) correctly identifies symptomatic tachycardia?		
Is the defibrillator obtained and properly placed?		
TEAM LEADER announces that synchronized cardioversion is appropriate?		
TEAM LEADER announces all clear before synchronized cardioversion?		
PULSELESS ELECTRICAL ACTIVITY		
TEAM LEADER (or provider) correctly identifies PEA?		
Are shocks stopped in favor of drug administration?		
Is the correct dose of epinephrine (1 mg) or Vasopressin (40 units) given?		
CPR is started immediately epinephrine is given?		
TEAM LEADER (or provider) asks if waveform capnography is available		
Ask TEAM LEADER to verbalize three reversible causes of PEA/asystole	1 2 3	
<ul style="list-style-type: none"> • Hypovolemia • Hypoxia • Hydrogen Ion Excess (Acidosis) • Hypoglycemia • Hypokalemia • Hyperkalemia • Hypothermia 	<ul style="list-style-type: none"> • Tension Pneumothorax • Tamponade - Cardiac • Toxins • Thrombosis (pulmonary embolus) • Thrombosis (myocardial infarction) 	
RETURN OF SPONTANEOUS CIRCULATION		
TEAM LEADER (or provider) correctly identifies ROSC?		
Assesses blood pressure?		
Obtains 12-Lead ECG?		
TEAM LEADER (or provider) considers therapeutic hypothermia?		