

Advanced Cardiovascular Life Support
**Adult High-Quality BLS
 Skills Testing Checklist**



Student Name _____ Date of Test _____

Hospital Scenario: "You are working in a hospital or clinic, and you see a person who has suddenly collapsed in the hallway. You check that the scene is safe and then approach the patient. Demonstrate what you would do next."

Prehospital Scenario: "You arrive on the scene for a suspected cardiac arrest. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

Assessment and Activation

- Checks responsiveness Shouts for help/Activates emergency response system/Sends for AED
- Checks breathing Checks pulse

Once student shouts for help, instructor says, "I am going to get the AED."

Compressions Audio/visual feedback device required for accuracy

- Hand placement on lower half of sternum
- Perform continuous compressions for 1 minute (100-120/min) _____ (number of compressions)
- Compresses at least 2 inches (5 cm)
- Complete chest recoil. (Check if using a feedback device that measures chest recoil)

Rescuer 2 says, "Here is the AED. I'll take over compressions, and you use the AED."

AED (follows prompts of AED)

- Powers on AED Correctly attaches pads Clears for analysis Clears to safely deliver a shock
- Safely delivers a shock Shocks within 45 seconds of AED arrival

Resumes Compressions

- Ensures compressions are resumed immediately after shock delivery
 - Student directs instructor to resume compressions *or*
 - Second student resumes compressions

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Circle **PASS** or **NR** to indicate pass or needs remediation:

PASS

NR

Instructor Initials _____ Instructor Number _____ Date _____