

# PALS Case Scenario Testing Checklist Respiratory Case Scenario Lung Tissue Disease



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Student Name \_\_\_\_\_ Date of Test \_\_\_\_\_

Critical Performance Steps	Check if done correctly
<b>Team Leader</b>	
Assigns team member roles	
Uses effective communication throughout	
<b>Patient Management</b>	
Directs assessment of airway, breathing, circulation, disability, and exposure, including vital signs	
Directs administration of 100% oxygen (or supplemental oxygen as needed to support oxygenation) and evaluates response	
Identifies indications for bag-mask ventilation and/or additional airway or ventilation support	
Describes methods to verify that bag-mask ventilation is effective	
Directs application of cardiac monitor and pulse oximetry	
Identifies signs and symptoms of lung tissue disease	
Categorizes as respiratory distress or failure	
Directs establishment of IV or IO access	
Directs reassessment of patient in response to treatment	
Identifies need for involvement of advanced provider with expertise in pediatric intubation and mechanical ventilation	
<b>Case Conclusion/Debriefing</b>	
<i>The following step is evaluated only if the student's scope of practice applies</i>	
States indications for endotracheal intubation	
<i>If the student does not verbalize the above, prompt the student with the following question: "What are the indications for endotracheal intubation?"</i>	

## STOP TEST

<b>Instructor Notes</b>		
<ul style="list-style-type: none"> <li>Place a check in the box next to each step the student completes successfully.</li> <li>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).</li> </ul>		
<b>Test Results</b>	Check <b>PASS</b> or <b>NR</b> to indicate pass or needs remediation:	<input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>NR</b>
Instructor Initials _____	Instructor Number _____	Date _____