ACLS and PALS New Instructor Course Agenda

Prerequisites

- **The instructor candidates must have a current provider card.**
- **Instructors will need to have an instructor manual and an Essential Workbook.**
- **New instructors must register with the AHA https://atlas.heart.org/ but do not align until all paperwork has properly been completed, signed and emailed to Ric and Kelli.**
- **New Instructors go to the Hearcertcpr homepage https://heartcertcpr.com/ahatc/ , fill out instructor onboarding form, and print off the instructor profile forms at the bottom of the page. https://heartcertcpr.com/ahatc/**
- **New Instructor to take the online essentials https://shopcpr.heart.org/courses/instructor- essentials. You can Google AHA online essentials to find this link.**

1) For new instructors make sure they register with the AHA, but don't align with a Training Center.
2) They fill out all the paperwork, it is signed by all and legible.
3) Make sure the email address they use to sign into the AHA atlas account matches the one they give us on the profile form.
4) Send the completed paperwork to Kelli@heartcertcpr.com and ric@heartcertcpr.com. Please make sure that each PDF only has one instructor profile and labeled with the name of that person.
5) Once we receive the packets Ric will process them and Kelli will send a welcome letter via email.
6) Instructors then go into Atlas and open their notifications/profile so they can accept their instructor card.
7) Once the instructor receives an email from TwinCities Safety/ Heartcertcpr, the instructor must go into their AHA account and accept the invitation for alignment by clicking on the bell next to their name.

Use Instructor Essentials in conjunction with this outline. Follow link or look up on AHA Instructor Network.

Classroom Traininghttps://cpr.heart.org/course-materials/instructor-essentials

1. Introductions, discuss agenda, go over prerequisites to make sure they are done, and collect the essentials certificates. Go over the Instructor manual, Training Center information, TwinCities Safety/Hearcert website and the AHA Instructor Network. Go over blended learning/Heartcode. Requirements to renew a person's instructor status.
2. Hand out current profile packets. This will include skills sheets and course monitoring sheets. Discuss the sheets and help them start filling them out.
3. Show the Instructor essentials video. This is the practical portion of the videos. Demonstrate how the practical portion of class should go and pass along information that you may have.
4. Have Instructor candidates test one another out on their skills and utilize the skills sheets in the instructor packet. They can also use the instructor manual if needed.
5. Candidates take the instructor exam, and the provider exam is optional but a good idea. The instructor exam goes over the PAM and the provider exam is what instructors give out in their provider classes.
6. Review the tests together and answer any questions. Use the instructor manual to find the right answers.
7. **The TCF is responsible** for the profile forms being filled out completely, correctly, signed by all parties in the correct areas, sending all paperwork kelli@heartcertcpr.com and ric@heartcertcpr.com. When sending in the profile packets make sure they are in pdf form, a copy is sent to the candidates, and you save the paperwork for 3 years. Send all profile packet to kelli@heartcertcpr.com and ric@heartcertcpr.com.

ACLS and PALS Instructor Renewal Course Agenda

Prerequisites

- **All renewing instructors must have taught 4 classes.**
- **If the renewing instructor has been monitored before class, they should bring that paperwork to class.**

Classroom

1. Introductions, discuss agenda, go over prerequisites to make sure they were done. Go over the Instructor manual, Training Center information, Heartcertcpr website and the AHA Instructor Network.
2. Hand out current profile packets. This will include skills sheets and course monitoring sheets. Use the checklist on the cover sheet to help guide you.
3. Review any guidelines, changes or updates made by the AHA.
4. Have Instructor candidates test one another out on their skills and utilize the skills sheets in the instructor packet.
5. Candidates take the instructor exam, and the provider exam is optional but a good idea. The instructor exam goes over the PAM and the provider exam is what they will be giving out in their provider classes.
6. Review the tests and together and answer any questions. Use the instructor manual to find the right answers.
7. **The TCF is responsible** for the profile forms being filled out completely, correctly, signed by all parties in the correct areas, sending all paperwork kelli@heartcertcpr.com and ric@heartcertcpr.com. When sending in the profile packets make sure they are in pdf form, a copy is sent to the candidates, and you save the paperwork for 3 years. Send all profile packet to kelli@heartcertcpr.com and ric@heartcertcpr.com.

If you are teaching new instructors and renewing instructors in the same class, please use both agendas.

The American Heart Association (AHA)

- The AHA is in Dallas Texas and is a worldwide organization.
- The AHA Instructor Network has great information and is the central resource for all questions. You can call the AHA at 1-877-242-4277.
- Every Instructor **must** align with a Training Center and purchase their E-Cards from that Training Center.
- Use the Program Administration Manual (PAM) to guide you as an instructor.
- Online learning can be found at https://elearning.heart.org . HeartCode/Blended Learning.
- Make sure you follow and get the AHA ECC Beat. A monthly newsletter from the AHA.
- Look for any updates before class on the AHA Instructor Network. Updates usually occur every 5 years but the AHA does update disciplines periodically.
- Materials can be ordered at https://shopcpr.heart.org.
- **Course Materials** on the AHA Instructor Network is a great resource for class materials, course outlines and class handouts.

Basic Life Support Course Roster

Emergency Cardiovascular Care Programs

American Heart Association.

Course Information

- ☐ BLS Course
- ☐ BLS Renewal Course
- ☐ HeartCode® BLS
- ☐ BLS Instructor Course

Lead Instructor _____

Lead Instructor ID# _____

Card Expiration Date _____

Training Center _____

Training Center ID# _____

Training Site Name (if applicable) _____

Address _____

City, State ZIP _____

Course Location _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

No. of Cards Issued _____ Student-Manikin Ratio _____ Issue Date of Cards _____

Assisting Instructors

Name and Instructor ID#	*Card Exp. Date*	*Name and Instructor ID#*	*Card Exp. Date*
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

_____ _____

Signature of Lead Instructor Date

Course Participants

Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

Name and Email *Please PRINT as you wish your name to appear on your card.* *Please print email address legibly.*	*Mailing Address/Telephone*	*Complete/ Incomplete*	*Remediation/Date Completed (if applicable)*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

American Heart Association.

American Heart Association Emergency Cardiovascular Care Programs

Instructor Candidate Application

Instructions: *To be completed by the instructor candidate with appropriate signatures. Complete 1 application for each discipline.*

Application for Instructor Status: Select the discipline you are applying for (select only 1):

☐ Heartsaver® ☐ BLS ☐ ACLS ☐ ACLS EP ☐ PALS ☐ PEARS®

☐ ASLS

Renewal date of provider card: _____

Candidate's name: _____

Mailing address: _____

City: _____ State: _____ Zip code:_____

Phone: _____ Email: _____

Instructor Commitment: As an AHA Instructor, I agree to

- ☐ Teach at least 4 courses in 2 years in accordance with the guidelines of the AHA
- ☐ Maintain a current provider card
- ☐ Strengthen and support the Chain of Survival and the mission of the AHA in my community
- ☐ Conduct myself in accordance with the ECC Leadership Code of Conduct
- ☐ Avoid any perception of conflict of interest in accordance with the AHA Statement of Conflict of Interest

Signature of instructor candidate: _____ Date: _____

Verification of Instructor Potential: I verify that this instructor candidate has achieved a score of 84% or higher on the provider written examination in the discipline for which he or she is applying and has completed *at least 1* of the following options:

- ☐ Has been identified as having instructor potential during performance in a provider course
- ☐ Has demonstrated instructor potential during a screening evaluation
- ☐ Has demonstrated exemplary performance of provider skills under my direct observation

Signature of Training Center (TC) Faculty/Course Director: _____(circle appropriate title)

Date: _____

American Heart Association.

American Heart Association Emergency Cardiovascular Care Programs

Instructor Candidate Application

TC Alignment and Instructor Network Verification: TC Coordinator of aligning TC has verified the following:

- ☐ I approve this application and grant alignment with this TC for this applicant. I agree to all responsibilities for this instructor as outlined in the current *Program Administration Manual*.
- ☐ I verify that this instructor is registered on the Instructor Network and has been approved as an instructor in this discipline and is aligned with this TC.

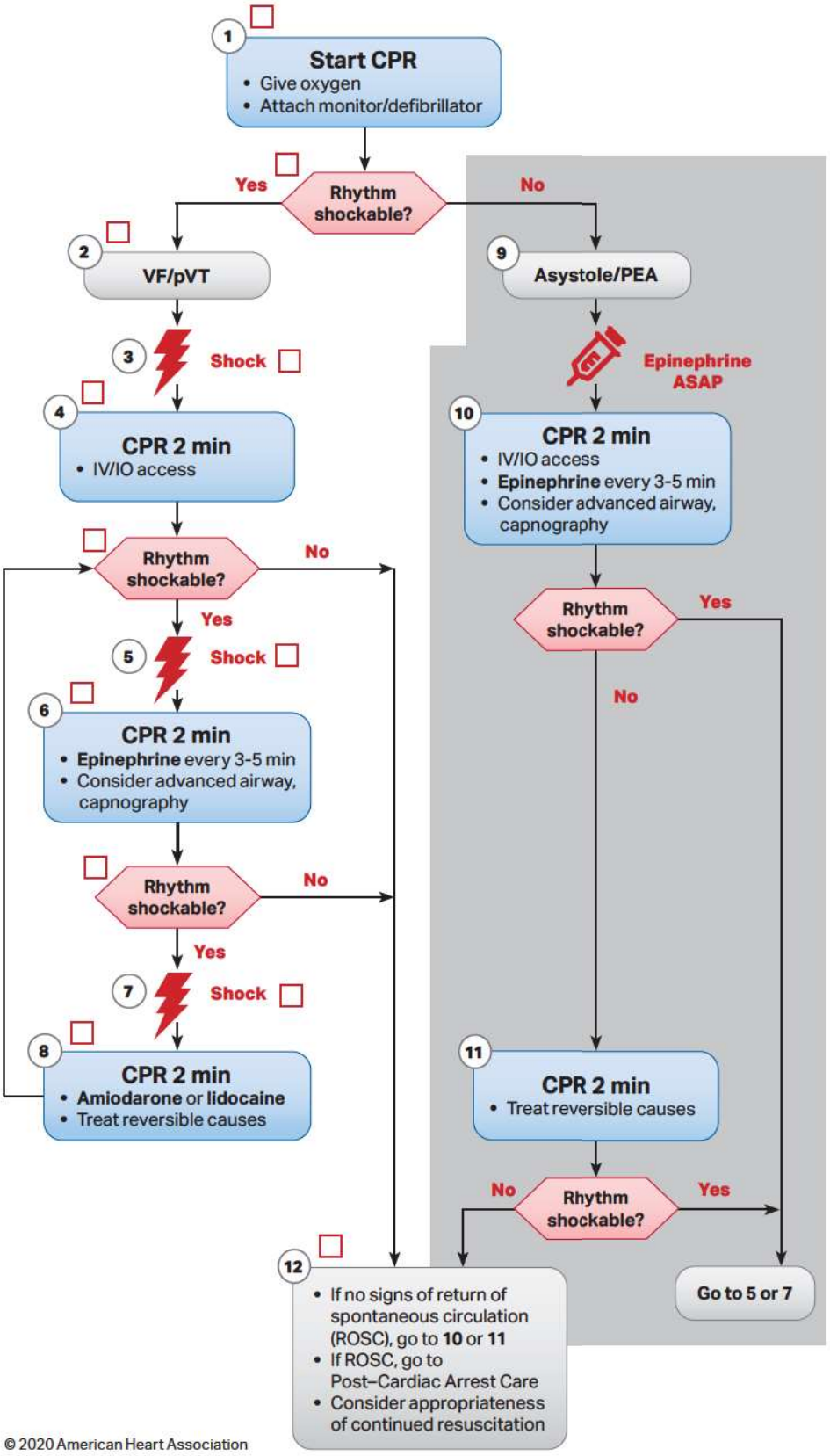
Instructor ID #: _____ Renewal Date: _____

TC Name: _____ TC ID #: _____

Signature of TC Coordinator: _____ Date: _____

Adult Cardiac Arrest Learning Station Checklist (VF/pVT)

Adult Cardiac Arrest Algorithm (VF/pVT)



CPR Quality

- Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Change compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ratio.
- Quantitative waveform capnography
  - If P_{ETCO_2} is low or decreasing, reassess CPR quality.

Shock Energy for Defibrillation

- **Biphasic**: Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered.
- **Monophasic**: 360 J

Drug Therapy

- **Epinephrine IV/IO dose:** 1 mg every 3-5 minutes
- **Amiodarone IV/IO dose:** First dose: 300 mg bolus. Second dose: 150 mg.
  or
  Lidocaine IV/IO dose: First dose: 1-1.5 mg/kg. Second dose: 0.5-0.75 mg/kg.

Advanced Airway

- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions

Return of Spontaneous Circulation (ROSC)

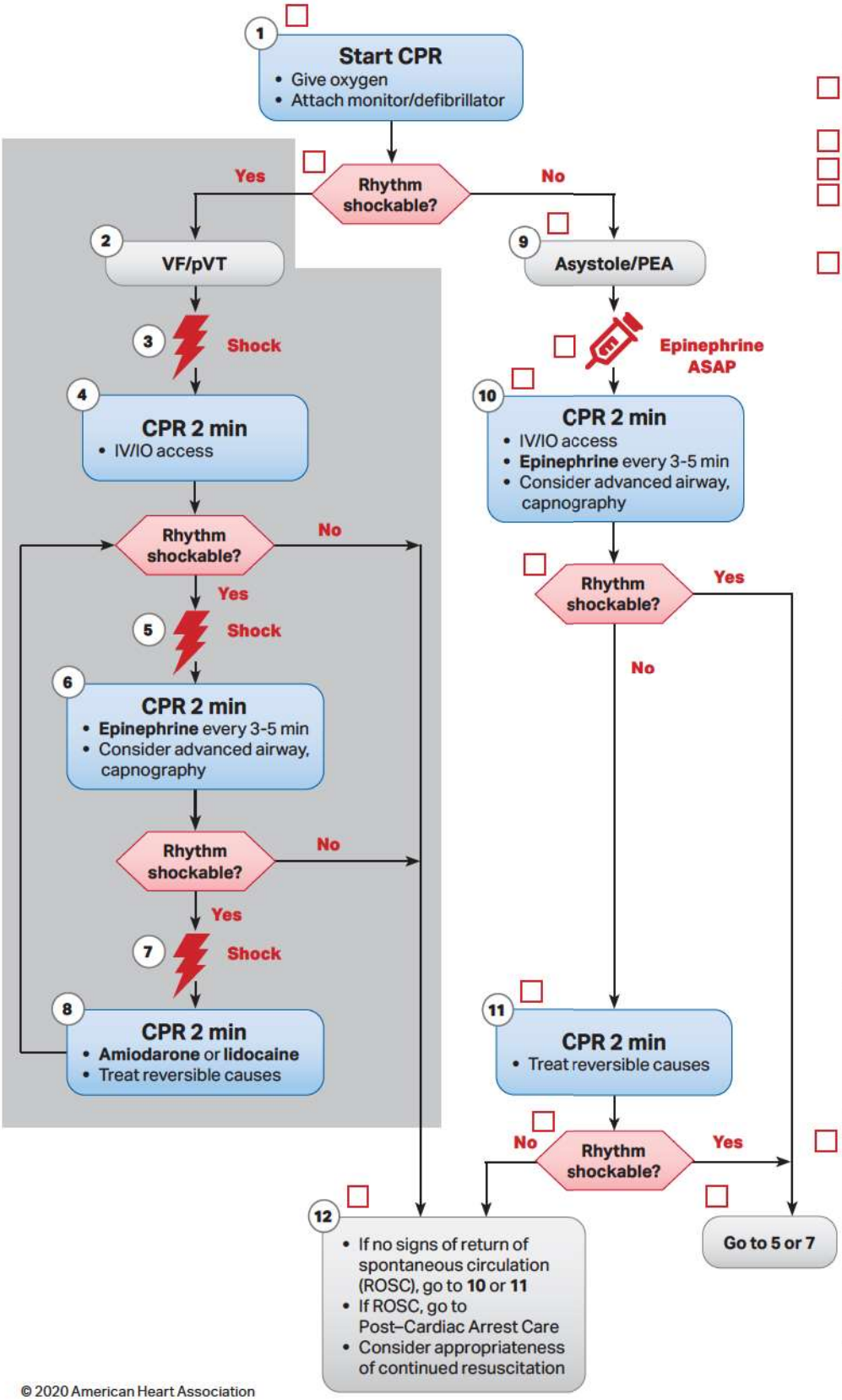
- Pulse and blood pressure
- Abrupt sustained increase in P_{ETCO_2} (typically ≥40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

Reversible Causes

- **H**ypovolemia
- **H**ypoxia
- **H**ydrogen ion (acidosis)
- **H**ypo-/hyperkalemia
- **H**ypothermia
- **T**ension pneumothorax
- **T**amponade, cardiac
- **T**oxins
- **T**hrombosis, pulmonary
- **T**hrombosis, coronary

Adult Cardiac Arrest Learning Station Checklist (Asystole/PEA)

Adult Cardiac Arrest Algorithm (Asystole/PEA)



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  - If $PETCO_2$ is low or decreasing, reassess CPR quality.

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- **Monophasic:** 360 J

Drug Therapy

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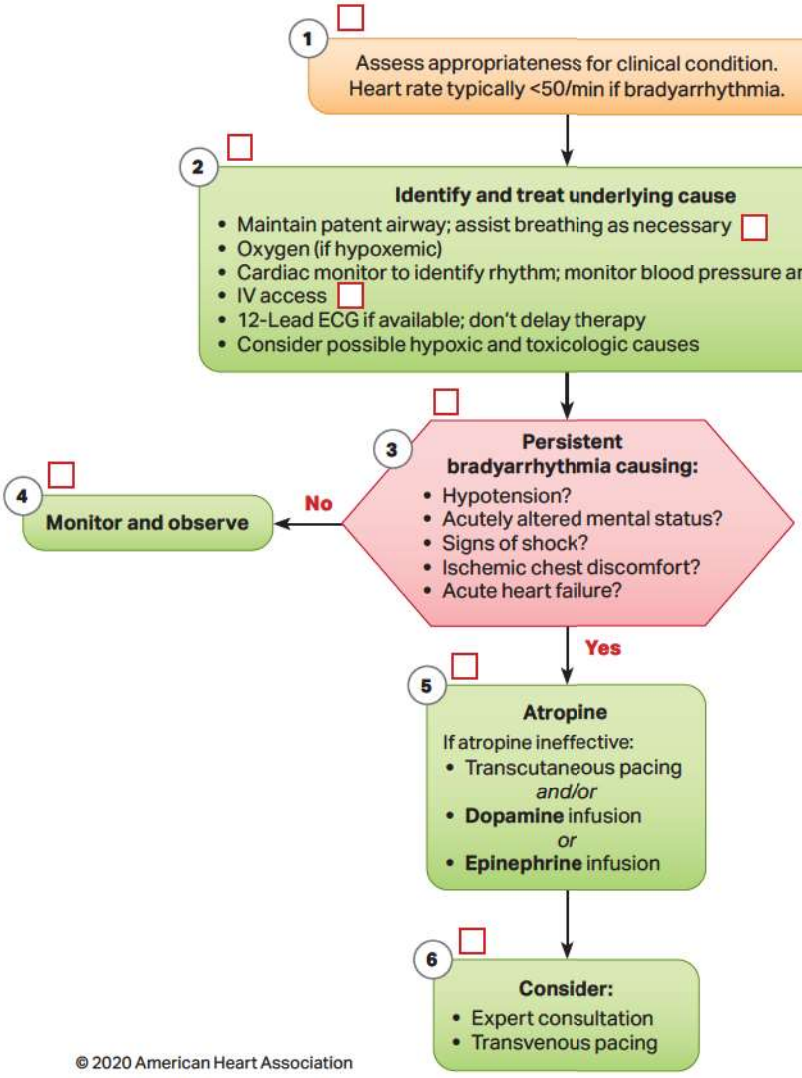
- **H**ypo-/hyperkalemia
- **H**ypothermia
- **T**ension pneumothorax
- **T**amponade, cardiac
- **T**oxins
- **T**hrombosis, pulmonary
- **T**hrombosis, coronary

Adult Bradycardia Learning Station Checklist

Adult Bradycardia Algorithm



Doses/Details

Atropine IV dose:
First dose: 1 mg bolus.
Repeat every 3-5 minutes.
Maximum: 3 mg.

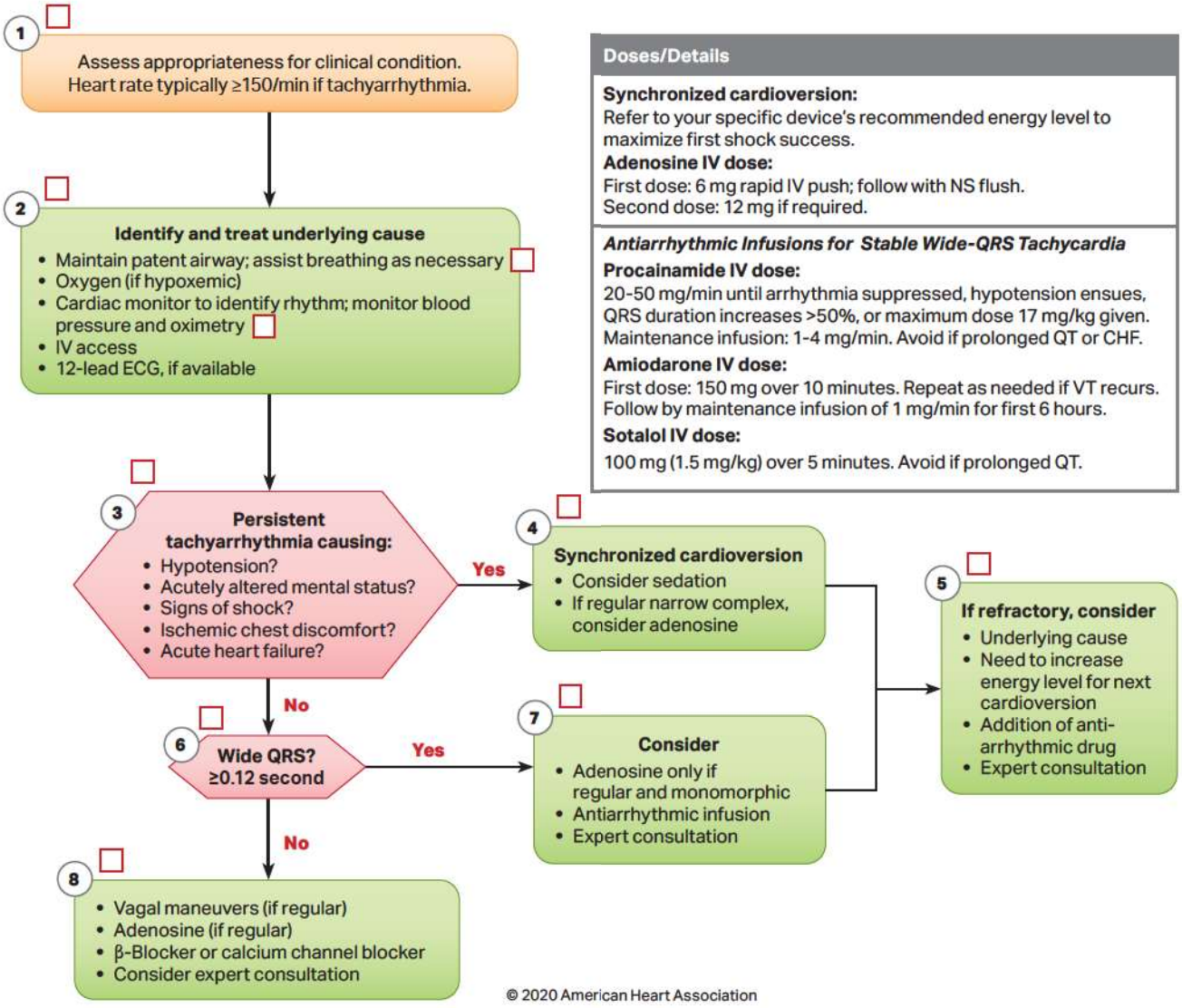
Dopamine IV infusion:
Usual infusion rate is
5-20 mcg/kg per minute.
Titrate to patient response;
taper slowly.

Epinephrine IV infusion:
2-10 mcg per minute infusion.
Titrate to patient response.

Causes:
- Myocardial ischemia/ infarction
- Drugs/toxicologic (eg, calcium-channel blockers, beta blockers, digoxin)
- Hypoxia
- Electrolyte abnormality (eg, hyperkalemia)

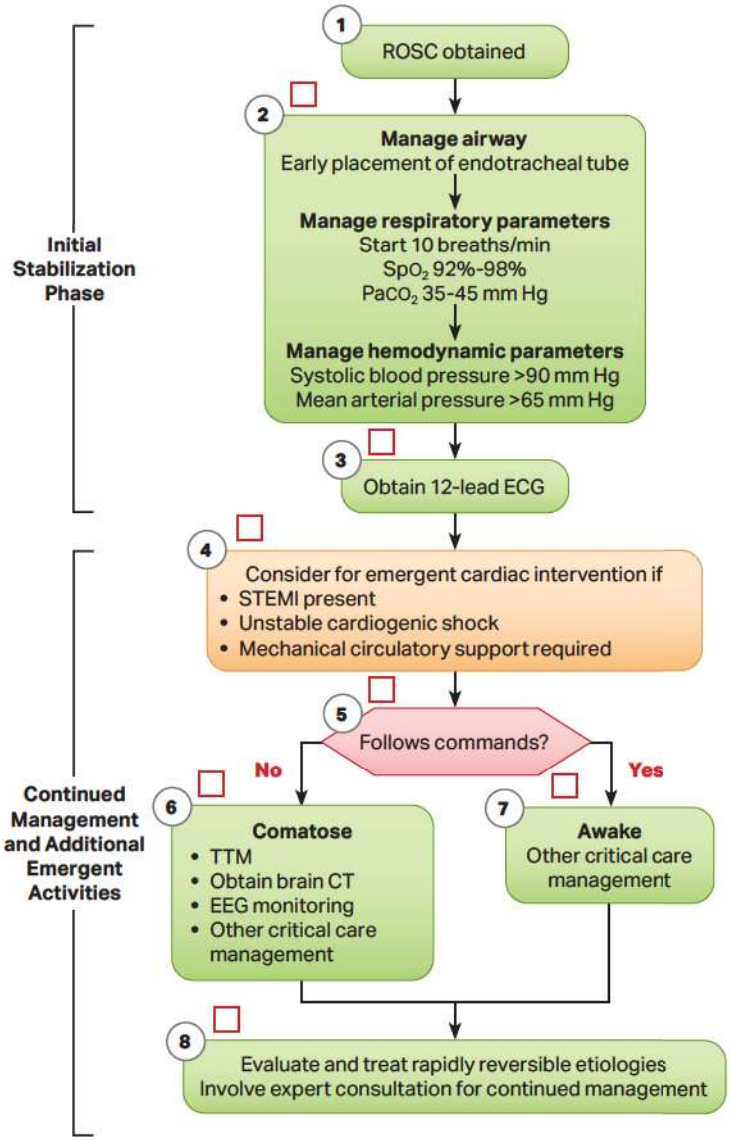
Adult Tachycardia With a Pulse Learning Station Checklist

Adult Tachycardia With a Pulse Algorithm



Adult Post–Cardiac Arrest Care Learning Station Checklist

Adult Post–Cardiac Arrest Care Algorithm



Initial Stabilization Phase

Resuscitation is ongoing during the post-ROSC phase, and many of these activities can occur concurrently. However, if prioritization is necessary, follow these steps:

- Airway management: Waveform capnography or capnometry to confirm and monitor endotracheal tube placement
- Manage respiratory parameters: Titrate FiO_2 for SpO_2 92%-98%; start at 10 breaths/min; titrate to $PaCO_2$ of 35-45 mm Hg
- Manage hemodynamic parameters: Administer crystalloid and/or vasopressor or inotrope for goal systolic blood pressure >90 mm Hg or mean arterial pressure >65 mm Hg

Continued Management and Additional Emergent Activities

These evaluations should be done concurrently so that decisions on targeted temperature management (TTM) receive high priority as cardiac interventions.

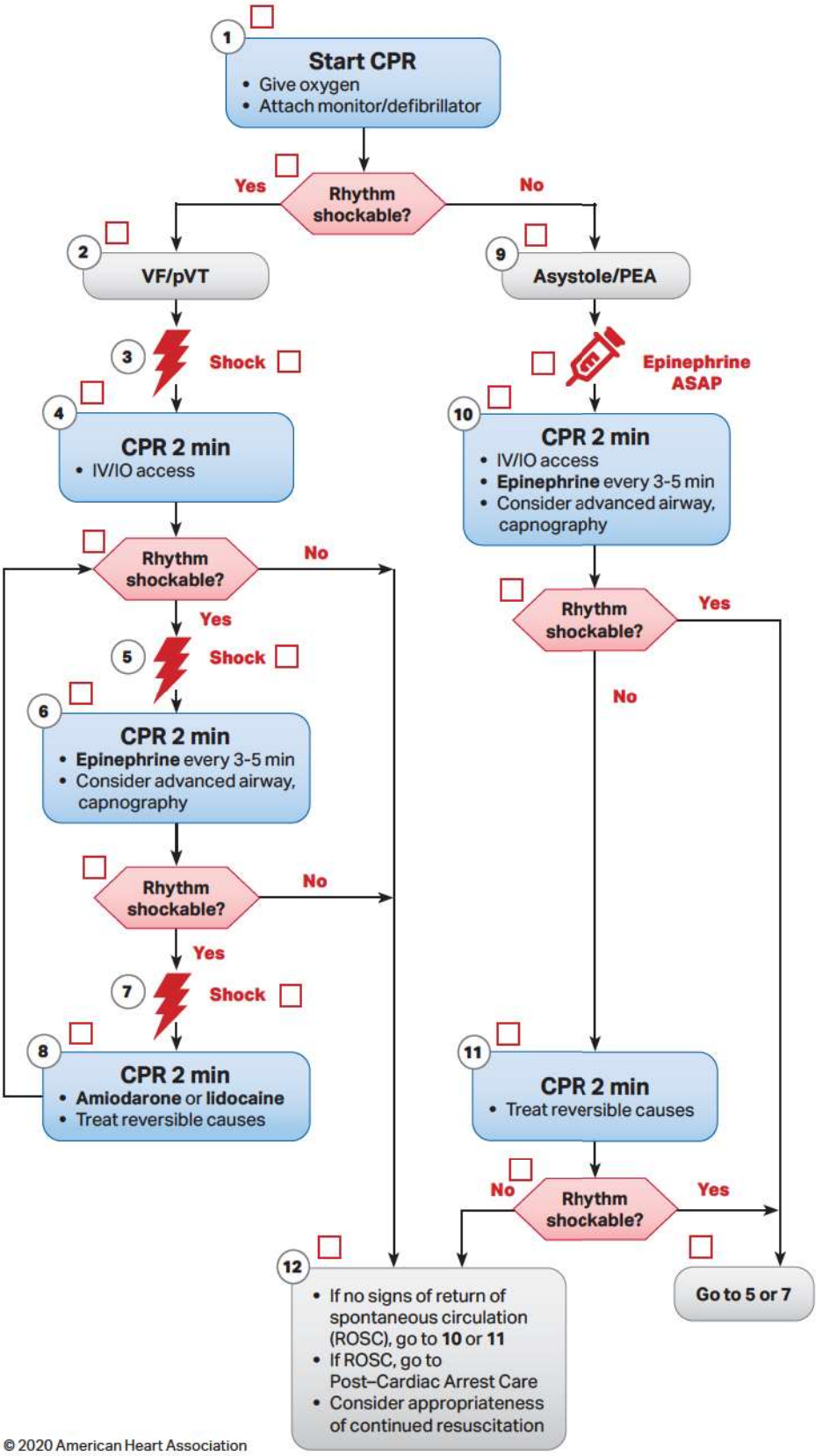
- Emergent cardiac intervention: Early evaluation of 12-lead electrocardiogram (ECG); consider hemodynamics for decision on cardiac intervention
- TTM: If patient is not following commands, start TTM as soon as possible; begin at 32-36°C for 24 hours by using a cooling device with feedback loop
- Other critical care management
  - Continuously monitor core temperature (esophageal, rectal, bladder)
  - Maintain normoxia, normocapnia, euglycemia
  - Provide continuous or intermittent electroencephalogram (EEG) monitoring
  - Provide lung-protective ventilation

H's and T's

Hypovolemia
Hypoxia
Hydrogen ion (acidosis)
Hypokalemia/**h**yperkalemia
Hypothermia
Tension pneumothorax
Tamponade, cardiac
Toxins
Thrombosis, pulmonary
Thrombosis, coronary

Adult Cardiac Arrest Learning Station Checklist (VF/pVT/Asystole/PEA)

Adult Cardiac Arrest Algorithm (VF/pVT/Asystole/PEA)



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- Avoid excessive ventilation.
- Change compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ratio.
- Quantitative waveform capnography
  - If $PETCO_2$ is low or decreasing, reassess CPR quality.

Shock Energy for Defibrillation

- **Biphasic:** Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered.
- **Monophasic:** 360 J

Drug Therapy

- **Epinephrine IV/IO dose:** 1 mg every 3-5 minutes
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  or
  Lidocaine IV/IO dose: First dose: 1-1.5 mg/kg. Second dose: 0.5-0.75 mg/kg.

Advanced Airway

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- Waveform capnography or capnometry to confirm and monitor ET tube placement
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- Pulse and blood pressure
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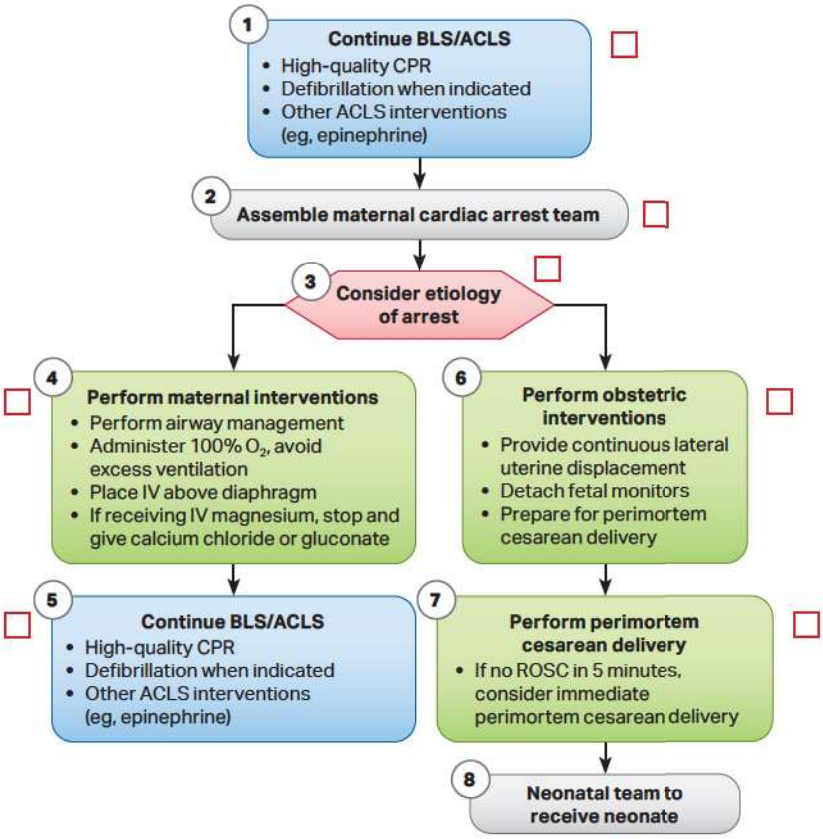
Reversible Causes

- **H**ypovolemia
- **H**ypoxia
- **H**ydrogen ion (acidosis)
- **H**ypo-/hyperkalemia
- **H**ypothermia
- **T**ension pneumothorax
- **T**amponade, cardiac
- **T**oxins
- **T**hrombosis, pulmonary
- **T**hrombosis, coronary

Cardiac Arrest in Pregnancy In-Hospital ACLS Learning Station Checklist

Cardiac Arrest in Pregnancy In-Hospital ACLS Algorithm



Maternal Cardiac Arrest

- Team planning should be done in collaboration with the obstetric, neonatal, emergency, anesthesiology, intensive care, and cardiac arrest services.
- Priorities for pregnant women in cardiac arrest should include provision of high-quality CPR and relief of aortocaval compression with lateral uterine displacement.
- The goal of perimortem cesarean delivery is to improve maternal and fetal outcomes.
- Ideally, perform perimortem cesarean delivery in 5 minutes, depending on provider resources and skill sets.

Advanced Airway

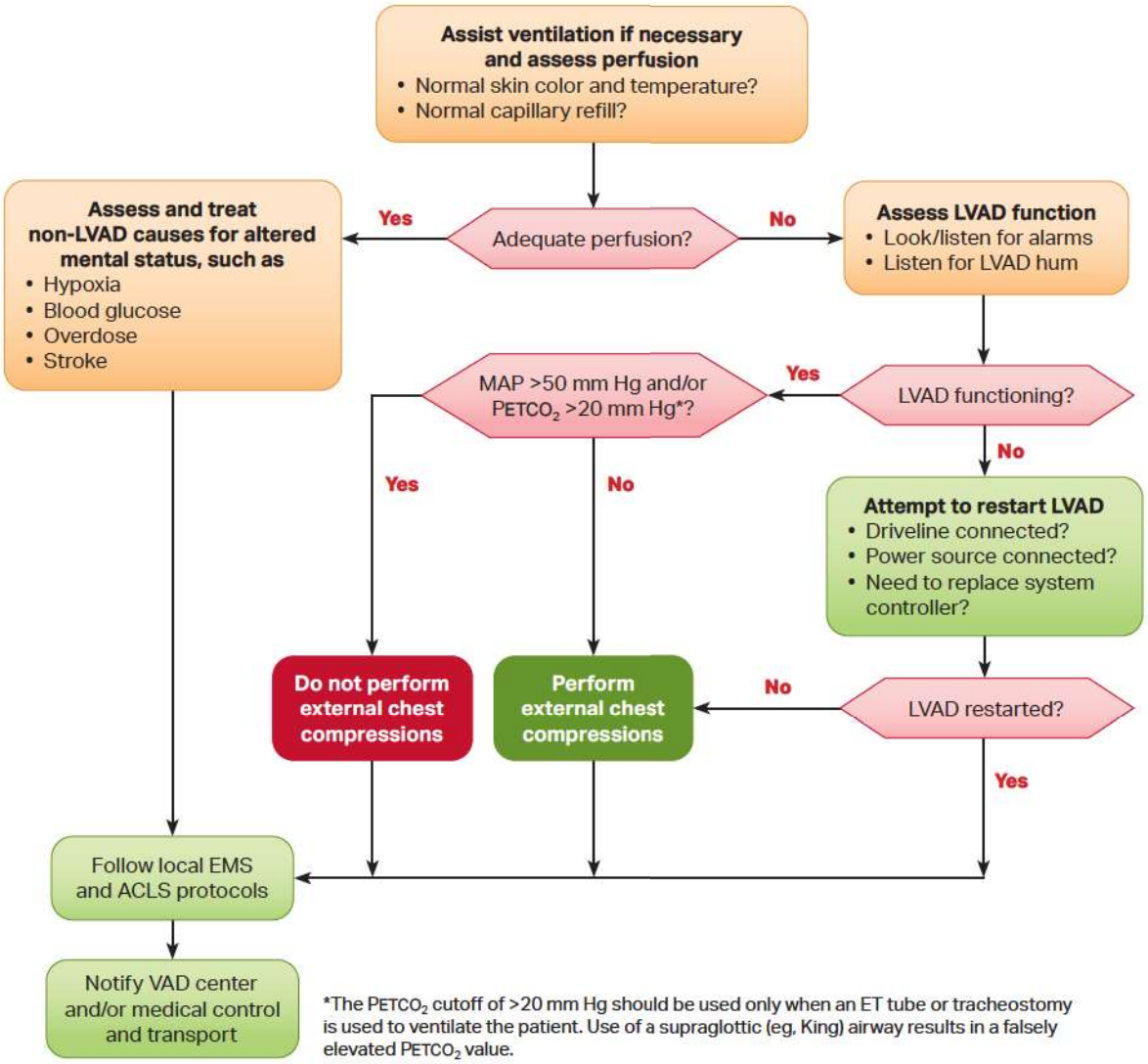
- In pregnancy, a difficult airway is common. Use the most experienced provider.
- Provide endotracheal intubation or supraglottic advanced airway.
- Perform waveform capnography or capnometry to confirm and monitor ET tube placement.
- Once advanced airway is in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions.

Potential Etiology of Maternal Cardiac Arrest

A Anesthetic complications
B Bleeding
C Cardiovascular
D Drugs
E Embolic
F Fever
G General nonobstetric causes of cardiac arrest (H's and T's)
H Hypertension

Adult Ventricular Assist Device Learning Station Checklist

Adult Ventricular Assist Device Algorithm



*The $PETCO_2$ cutoff of >20 mm Hg should be used only when an ET tube or tracheostomy is used to ventilate the patient. Use of a supraglottic (eg, King) airway results in a falsely elevated $PETCO_2$ value.

Megacode Practice Learning Station Checklist: Case 48
Tachycardia → VF → Asystole → PCAC

Student Name _____ Date of Test _____

Critical Performance Steps						Check if done correctly
Team Leader						
Assigns team member roles						
Ensures high-quality CPR at all times	Compression rate 100-120/min ☐	Compression depth of ≥2 inches ☐	Chest compression fraction >80% ☐	Chest recoil (optional) ☐	Ventilation (optional) ☐	
Ensures that team members communicate well						
Tachycardia Management						
Starts oxygen if needed, places monitor, starts IV						
Places monitor leads in proper position						
Recognizes unstable tachycardia						
Recognizes symptoms due to respiratory arrest (choking)						
VF Management						
Recognizes VF						
Clears before analyze and shock						
Immediately resumes CPR after shocks						
Appropriate airway management						
Appropriate cycles of drug–rhythm check/shock–CPR						
Administers appropriate drug(s) and doses						
Asystole Management						
Recognizes asystole						
Verbalizes potential reversible causes of asystole (H's and T's)						
Administers appropriate drug(s) and doses						
Immediately resumes CPR after rhythm and pulse checks						
Post–Cardiac Arrest Care						
Identifies ROSC						
Ensures BP and 12-lead ECG are performed, O_2 saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests						
Considers targeted temperature management						

STOP TEST

Test Results Circle **PASS** or **NR** to indicate pass or needs remediation:	**PASS**	**NR**
Instructor Initials _____ Instructor Number _____ Date _____		
Learning Station Competency ☐ Bradycardia ☐ Tachycardia ☐ Cardiac Arrest/Post–Cardiac Arrest Care ☐ Megacode Practice		

Megacode Practice Learning Station Checklist: Case 49/52/57/60/62
Tachycardia → VF → PEA → PCAC

Student Name _____ Date of Test _____

Critical Performance Steps						Check if done correctly
Team Leader						
Assigns team member roles						
Ensures high-quality CPR at all times	Compression rate 100-120/min ☐	Compression depth of ≥2 inches ☐	Chest compression fraction >80% ☐	Chest recoil (optional) ☐	Ventilation (optional) ☐	
Ensures that team members communicate well						
Tachycardia Management						
Starts oxygen if needed, places monitor, starts IV						
Places monitor leads in proper position						
Recognizes unstable tachycardia						
Performs immediate synchronized cardioversion						
VF Management						
Recognizes VF						
Clears before analyze and shock						
Immediately resumes CPR after shocks						
Appropriate airway management						
Appropriate cycles of drug–rhythm check/shock–CPR						
Administers appropriate drug(s) and doses						
PEA Management						
Recognizes PEA						
Verbalizes potential reversible causes of PEA (H's and T's)						
Administers appropriate drug(s) and doses						
Immediately resumes CPR after rhythm and pulse checks						
Post–Cardiac Arrest Care						
Identifies ROSC						
Ensures BP and 12-lead ECG are performed, O_2 saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests						
Considers targeted temperature management						

STOP TEST

Test Results Circle **PASS** or **NR** to indicate pass or needs remediation:	**PASS**	**NR**
Instructor Initials _____ Instructor Number _____ Date _____		
Learning Station Competency ☐ Bradycardia ☐ Tachycardia ☐ Cardiac Arrest/Post–Cardiac Arrest Care ☐ Megacode Practice		

Megacode Practice Learning Station Checklist: Case 50
Bradycardia → Pulseless VT → Asystole → PCAC

Student Name _____ Date of Test _____

Critical Performance Steps						Check if done correctly
Team Leader						
Assigns team member roles						
Ensures high-quality CPR at all times	Compression rate 100-120/min ☐	Compression depth of ≥2 inches ☐	Chest compression fraction >80% ☐	Chest recoil (optional) ☐	Ventilation (optional) ☐	
Ensures that team members communicate well						
Bradycardia Management						
Starts oxygen if needed, places monitor, starts IV						
Places monitor leads in proper position						
Recognizes symptomatic bradycardia						
Administers correct dose of atropine						
Prepares for second-line treatment						
Pulseless VT Management						
Recognizes pVT						
Clears before analyze and shock						
Immediately resumes CPR after shocks						
Appropriate airway management						
Appropriate cycles of drug–rhythm check/shock–CPR						
Administers appropriate drug(s) and doses						
Asystole Management						
Recognizes asystole						
Verbalizes potential reversible causes of asystole (H's and T's)						
Administers appropriate drug(s) and doses						
Immediately resumes CPR after rhythm and pulse checks						
Post–Cardiac Arrest Care						
Identifies ROSC						
Ensures BP and 12-lead ECG are performed, O_2 saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests						
Considers targeted temperature management						

STOP TEST

Test Results Circle **PASS** or **NR** to indicate pass or needs remediation:	**PASS**	**NR**
Instructor Initials _____ Instructor Number _____ Date _____		
Learning Station Competency ☐ Bradycardia ☐ Tachycardia ☐ Cardiac Arrest/Post–Cardiac Arrest Care ☐ Megacode Practice		

Megacode Practice Learning Station Checklist: Case 51/54
Bradycardia → Pulseless VT → PEA → PCAC

Student Name _____ Date of Test _____

Critical Performance Steps						Check if done correctly
Team Leader						
Assigns team member roles						
Ensures high-quality CPR at all times	Compression rate 100-120/min ☐	Compression depth of ≥2 inches ☐	Chest compression fraction >80% ☐	Chest recoil (optional) ☐	Ventilation (optional) ☐	
Ensures that team members communicate well						
Bradycardia Management						
Starts oxygen if needed, places monitor, starts IV						
Places monitor leads in proper position						
Recognizes symptomatic bradycardia						
Administers correct dose of atropine						
Prepares for second-line treatment						
Pulseless VT Management						
Recognizes pVT						
Clears before analyze and shock						
Immediately resumes CPR after shocks						
Appropriate airway management						
Appropriate cycles of drug–rhythm check/shock–CPR						
Administers appropriate drug(s) and doses						
PEA Management						
Recognizes PEA						
Verbalizes potential reversible causes of PEA (H's and T's)						
Administers appropriate drug(s) and doses						
Immediately resumes CPR after rhythm and pulse checks						
Post–Cardiac Arrest Care						
Identifies ROSC						
Ensures BP and 12-lead ECG are performed, O_2 saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests						
Considers targeted temperature management						

STOP TEST

Test Results Circle **PASS** or **NR** to indicate pass or needs remediation:	**PASS**	**NR**
Instructor Initials _____ Instructor Number _____ Date _____		
Learning Station Competency ☐ Bradycardia ☐ Tachycardia ☐ Cardiac Arrest/Post–Cardiac Arrest Care ☐ Megacode Practice		

Megacode Practice Learning Station Checklist: Case 53
Tachycardia → VF → Asystole → PCAC

Student Name _____ Date of Test _____

Critical Performance Steps						Check if done correctly
Team Leader						
Assigns team member roles						
Ensures high-quality CPR at all times	Compression rate 100-120/min ☐	Compression depth of ≥2 inches ☐	Chest compression fraction >80% ☐	Chest recoil (optional) ☐	Ventilation (optional) ☐	
Ensures that team members communicate well						
Tachycardia Management						
Starts oxygen if needed, places monitor, starts IV						
Places monitor leads in proper position						
Recognizes unstable tachycardia						
Recognizes symptoms due to tachycardia						
Performs immediate synchronized cardioversion						
VF Management						
Recognizes VF						
Clears before analyze and shock						
Immediately resumes CPR after shocks						
Appropriate airway management						
Appropriate cycles of drug–rhythm check/shock–CPR						
Administers appropriate drug(s) and doses						
Asystole Management						
Recognizes asystole						
Verbalizes potential reversible causes of asystole (H's and T's)						
Administers appropriate drug(s) and doses						
Immediately resumes CPR after rhythm and pulse checks						
Post–Cardiac Arrest Care						
Identifies ROSC						
Ensures BP and 12-lead ECG are performed, O_2 saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests						
Considers targeted temperature management						

STOP TEST

Test Results Circle **PASS** or **NR** to indicate pass or needs remediation:	**PASS**	**NR**
Instructor Initials _____ Instructor Number _____ Date _____		
Learning Station Competency ☐ Bradycardia ☐ Tachycardia ☐ Cardiac Arrest/Post–Cardiac Arrest Care ☐ Megacode Practice		

Megacode Practice Learning Station Checklist: Case 55/58
Tachycardia → Pulseless VT → PEA → PCAC

Student Name _____ Date of Test _____

Critical Performance Steps						Check if done correctly
Team Leader						
Assigns team member roles						
Ensures high-quality CPR at all times	Compression rate 100-120/min ☐	Compression depth of ≥2 inches ☐	Chest compression fraction >80% ☐	Chest recoil (optional) ☐	Ventilation (optional) ☐	
Ensures that team members communicate well						
Tachycardia Management						
Starts oxygen if needed, places monitor, starts IV						
Places monitor leads in proper position						
Recognizes unstable tachycardia						
Recognizes symptoms due to tachycardia						
Performs immediate synchronized cardioversion						
Pulseless VT Management						
Recognizes pulseless VT						
Clears before analyze and shock						
Immediately resumes CPR after shocks						
Appropriate airway management						
Appropriate cycles of drug–rhythm check/shock–CPR						
Administers appropriate drug(s) and doses						
PEA Management						
Recognizes PEA						
Verbalizes potential reversible causes of PEA (H's and T's)						
Administers appropriate drug(s) and doses						
Immediately resumes CPR after rhythm and pulse checks						
Post–Cardiac Arrest Care						
Identifies ROSC						
Ensures BP and 12-lead ECG are performed, O_2 saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests						
Considers targeted temperature management						

STOP TEST

Test Results Circle **PASS** or **NR** to indicate pass or needs remediation:	**PASS**	**NR**
Instructor Initials _____ Instructor Number _____ Date _____		
Learning Station Competency ☐ Bradycardia ☐ Tachycardia ☐ Cardiac Arrest/Post–Cardiac Arrest Care ☐ Megacode Practice		

Megacode Practice Learning Station Checklist: Case 56/59
Bradycardia → VF → Asystole → PCAC

Student Name _____ Date of Test _____

Critical Performance Steps						Check if done correctly
Team Leader						
Assigns team member roles						
Ensures high-quality CPR at all times	Compression rate 100-120/min ☐	Compression depth of ≥2 inches ☐	Chest compression fraction >80% ☐	Chest recoil (optional) ☐	Ventilation (optional) ☐	
Ensures that team members communicate well						
Bradycardia Management						
Starts oxygen if needed, places monitor, starts IV						
Places monitor leads in proper position						
Recognizes symptomatic bradycardia						
Administers correct dose of atropine						
Prepares for second-line treatment						
VF Management						
Recognizes VF						
Clears before analyze and shock						
Immediately resumes CPR after shocks						
Appropriate airway management						
Appropriate cycles of drug–rhythm check/shock–CPR						
Administers appropriate drug(s) and doses						
Asystole Management						
Recognizes asystole						
Verbalizes potential reversible causes of asystole (H's and T's)						
Administers appropriate drug(s) and doses						
Immediately resumes CPR after rhythm and pulse checks						
Post–Cardiac Arrest Care						
Identifies ROSC						
Ensures BP and 12-lead ECG are performed, O_2 saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests						
Considers targeted temperature management						

STOP TEST

Test Results Circle **PASS** or **NR** to indicate pass or needs remediation:	**PASS**	**NR**
Instructor Initials _____ Instructor Number _____ Date _____		
Learning Station Competency ☐ Bradycardia ☐ Tachycardia ☐ Cardiac Arrest/Post–Cardiac Arrest Care ☐ Megacode Practice		

Megacode Practice Learning Station Checklist: Case 61
Tachycardia → VF → PEA → PCAC

Student Name _____ Date of Test _____

Critical Performance Steps						Check if done correctly
Team Leader						
Assigns team member roles						
Ensures high-quality CPR at all times	Compression rate 100-120/min ☐	Compression depth of ≥2 inches ☐	Chest compression fraction >80% ☐	Chest recoil (optional) ☐	Ventilation (optional) ☐	
Ensures that team members communicate well						
Tachycardia Management						
Starts oxygen if needed, places monitor, starts IV						
Places monitor leads in proper position						
Recognizes unstable tachycardia						
Recognizes symptoms due to gunshot wound						
VF Management						
Recognizes VF						
Clears before analyze and shock						
Immediately resumes CPR after shocks						
Appropriate airway management						
Appropriate cycles of drug–rhythm check/shock–CPR						
Administers appropriate drug(s) and doses						
PEA Management						
Recognizes PEA						
Verbalizes potential reversible causes of PEA (H's and T's)						
Administers appropriate drug(s) and doses						
Immediately resumes CPR after rhythm and pulse checks						
Post–Cardiac Arrest Care						
Identifies ROSC						
Ensures BP and 12-lead ECG are performed, O_2 saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests						
Considers targeted temperature management						

STOP TEST

Test Results Circle **PASS** or **NR** to indicate pass or needs remediation:	**PASS**	**NR**
Instructor Initials _____ Instructor Number _____ Date _____		
Learning Station Competency ☐ Bradycardia ☐ Tachycardia ☐ Cardiac Arrest/Post–Cardiac Arrest Care ☐ Megacode Practice		

Advanced Cardiovascular Life Support

Adult High-Quality BLS Skills Testing Checklist

American Heart Association.

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 2 minutes (100-120/min)
- ☐ Compresses at least 2 inches (5 cm)
- ☐ Complete chest recoil. (Optional, 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 Check **PASS** or **NR** to indicate pass or needs remediation:	☐ **PASS**	☐ **NR**

Instructor Initials _____ Instructor Number _____ Date _____

Airway Management
Skills Testing Checklist

American Heart Association.

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
BLS Assessment and Interventions	
Checks for responsiveness • Taps and shouts, "Are you OK?"	
Activates the emergency response system • Shouts for nearby help/Activates the emergency response system and gets the AED *or* • Directs second rescuer to activate the emergency response system and get the AED	
Checks breathing • Scans chest for movement (5-10 seconds)	
Checks pulse (5-10 seconds) **Breathing and pulse check can be done simultaneously** Notes that pulse is present and does not initiate chest compressions or attach AED	
Inserts oropharyngeal or nasopharyngeal airway	
Administers oxygen	
Performs effective bag-mask ventilation for 1 minute • Gives proper ventilation rate (once every 6 seconds) • Gives proper ventilation speed (over 1 second) • Gives proper ventilation volume (about half a bag)	

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	Check **PASS** or **NR** to indicate pass or needs remediation:	☐ **PASS**	☐ **NR**

Instructor Initials _____ Instructor Number _____ Date _____

American Heart Association Emergency Cardiovascular Care Program

Instructor Monitor Tool

Instructions*: Training Faculty (TF) should use this form to assess the competencies of instructor candidates and renewing instructors. For each competency, there are several indicators or behaviors that the instructor may exhibit to demonstrate competency.*

To be used in conjunction with the Instructor/TF Renewal Checklist.

Role of the TF Observer:

The role of the TF observer for this monitoring is to observe only. Debriefing or correcting the instructor during the course should be avoided. If critical components are not being completed, contact the TC Coordinator or Course Director outside the classroom setting immediately.

Evaluating the Critical Actions:

The following questions are critical actions required for a successful course. Each item is written to maximize the objectivity and minimize the subjectivity of the evaluator. For each item, mark one of the following:

Yes	for items present or completed if there are no required changes for improvement. There may be recommendations for improvement and comments but no required changes.
Yes with req.	(Yes with requirements) for items that were completed but changes are required for full compliance. Fill in the comment box with the required change and rationale.
No	if the required action was not done or was done incorrectly.
Not Observed	for items the observer did not witness during monitoring.

SECTION 1: General information for the individual and course being observed.

Instructor or instructor candidate name: _____

Instructor ID #: _____ Instructor card expiration date: _____

Course reviewed: ☐ Heartsaver® ☐ BLS ☐ ACLS ☐ ACLS EP ☐ PALS ☐ PEARS®

☐ ASLS

Purpose of review: ☐ Initial application ☐ Instructor renewal ☐ Remediation

Instructor Monitor Tool

SECTION 2: Instructor competencies and indicators. Observed by TF in a class setting.

***Course Delivery*:** Presents AHA course content as intended by using AHA course curricula and materials

2.1 Delivers all core content consistent with AHA published guidelines, Instructor Manual, Lesson Plans, and agenda

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.2 Uses videos, checklists, equipment, and other tools as directed in the Instructor Manual

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.3 Allows adequate time for content delivery, skills practice, and debriefing

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

Instructor Monitor Tool

2.4 Promotes retention by reinforcing key points

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.5 Delivers course in a safe and nonthreatening manner

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.6 Relates course material to audience (prehospital or in-facility)

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

Instructor Monitor Tool

2.7 Effectively operates technology used in the course

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.8 Adapts terminology appropriate to location, audience, and culture

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.9 Accommodates students who have disabilities and other special needs

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

Instructor Monitor Tool

2.10 Provides timely and appropriate feedback to students

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.11 Uses principles of effective team dynamics during small group activities

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.12 Facilitates debriefings after scenarios to improve individual and team performance

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

Instructor Monitor Tool

Testing and Remediation: Measures students' skills and knowledge against performance guidelines and provides remediation when needed to consolidate learning

2.13 Tests students by using AHA course materials according to instructions in the Instructor Manual

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.14 Provides feedback to students in a private and confidential manner

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.15 Provides remediation by directing students to reference material and by providing additional practice opportunities

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

Instructor Monitor Tool

2.16 Retests students when indicated

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

Professionalism: Maintains a high standard of ethics and professionalism when representing the AHA

2.17 Demonstrates professional behavior in physical presentation and teaching, including enthusiasm, honesty, integrity, commitment, compassion, and respect

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.18 Follows HIPAA, FERPA, and/or local guidelines maintaining confidentiality

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

Instructor Monitor Tool

2.19 Recognizes and appropriately responds to ethical issues encountered in training

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

2.20 Maintains student confidentiality when appropriate

Yes	Yes with req	No	Not observed
☐	☐	☐	☐

Reviewer's comments:

Overall comments from TF observer:

Review completed:

☐ Successful

Comment:

Instructor Monitor Tool

☐ Remediation needed

Comment:

☐ Unsuccessful

Comment:

TF name: _____

TF signature: _____ Date: _____

Instructor Monitor Tool

SECTION 3: Review of candidate or instructor. To be completed by TC Coordinator.

I have reviewed the Instructor Monitor Tool with my TC Coordinator, and my instructor status has been reviewed with me. Overall comments from monitored candidate or instructor:

Candidate or instructor name: _____

Candidate or instructor signature: _____ Date: _____

TC Coordinator name: _____

TC Coordinator signature: _____ Date: _____