

CSA 2: Basic & Advanced Airway Management (Adult)

Competency Statement: Demonstrate the knowledge and skills required to perform basic and advanced airway management
Instructional Strategies: Learning module, demonstration / observation, supervised practise on manikins

Name: _____

Date: _____

Organisation: _____

Work Unit: _____

This clinical assessment is to be completed following review of the Airway Management information.

Element One - Establishes a patent airway

Performance Criteria	Achieved	Learning Need Identified
1.1 Performs backward head tilt/chin lift or jaw thrust, avoiding neck hyperextension. 1.2 Demonstrates correct sizing and insertion technique for oropharyngeal airway. 1.2.1 Sizes from centre of mouth (incisors) to angle of the mandible 1.2.2 Inserts either inverted & rotates 180° or inserts on side & rotates 90° 1.3 Demonstrates correct sizing and insertion technique for nasopharyngeal airway. 1.3.1 Sized from tip of nose to tragus of the ear 1.3.2 Inserts airway using a twisting motion bevel end first along the base of the nostril until flange touches nare		

Element Two – Demonstrates use of airway adjuncts

Performance Criteria	Achieved	Learning Need Identified
2.1 Demonstrates correct use of bag-valve-mask to ventilate manikin. 2.1.1 Prepares equipment and checks operation 2.1.2 States O ₂ turned to 15 Lpm or full on 2.1.3 Performs effective ventilation 2.1.4 States amount of ventilation delivered is sufficient to make chest rise and fall 2.1.5 Identifies complications associated with hyperventilation (i.e. introduction of air into stomach, ↑ intrathoracic pressures, ↓ venous return) 2.2 Maintains effective seal around mask. 2.3 Maintains head tilt and jaw support.		

Element Three – Demonstrates insertion of LMA

Performance Criteria	Achieved	Learning Need Identified
3.1 Prepares equipment. <ul style="list-style-type: none"> ▪ Suction ▪ Appropriate sized laryngeal mask airway (LMA) ▪ Syringe ▪ Lubricant (<i>water-soluble</i>) ▪ Stethoscope – to confirm tube placement 3.2 Identifies usual size of LMA to be inserted (Female: size 4; Male: size 5). 3.3 Deflates cuff of LMA and lubricates upper surface. 3.4 Position manikin's head to facilitate airway. 3.5 Demonstrates correct insertion technique for LMA. 3.6 Recommences oxygenation of victim.		

Element Three - Demonstrates insertion of LMA (continued)

Performance Criteria	Achieved	Learning Need Identified
3.7 Assesses LMA placement. (i.e. observes for bilateral chest expansion; auscultates both lungs) 3.8 Demonstrates ventilation via LMA.		

Element Four - Intubation

Performance Criteria	Achieved	Learning Need Identified
4.1 Prepares suction and intubation equipment. <ul style="list-style-type: none"> ▪ Laryngoscope & approp. blade with light source ▪ Appropriate sized endotracheal tube (ETT) ▪ Syringe – 10 mL & Lubricant (<i>water-soluble</i>) ▪ Catheter mount connector ▪ Magill's forceps ▪ Stethoscope & tape to secure ▪ End Tidal CO₂ detection device (<i>if available</i>) 4.2 Identifies correct size of ETT to be inserted. <ul style="list-style-type: none"> ▪ Female: 7.0mm – 8.0mm id; Male: 8.0mm – 9.0mm id 4.3 Checks cuff of ETT for leaks and valve integrity; then lubricates tube. 4.4 Correctly passes laryngoscope to operator. 4.5 Discusses application of cricoid pressure. 4.6 States when cricoid pressure should not be performed. <ul style="list-style-type: none"> ▪ Response: If there is swelling of the front of the neck from recent trauma or if the victim is actively vomiting 4.7 Correctly passes ETT to operator (operator inserts ETT). 4.8 Inflates cuff using air-filled syringe on instruction from operator 4.9 Recommences oxygenation of victim. 4.10 Assesses ETT placement. <ul style="list-style-type: none"> ▪ Observes for bilateral chest expansion ▪ Auscultates both lungs over the bases and over epigastrium ▪ Attaches end-tidal carbon dioxide (CO₂) monitor (<i>if available</i>) 4.11 Determines insertion depth of ETT by reading centimetre markings on tube. 4.12 Secures ETT using tape available. 4.13 Demonstrates ventilation via ETT. 4.14 Documents depth of ETT insertion stating reading obtained at lips or at teeth. 4.15 States reasons for noting ETT position. <ul style="list-style-type: none"> ▪ To detect ETT movement/displacement 4.16 States chest x-ray is required for final verification of tube placement. 4.17 States time limit for interruption to compressions for intubation during cardiac arrest. <ul style="list-style-type: none"> ▪ Intubation attempt not to interrupt compressions for > 5 seconds (if at all) 4.18 Describes the complications associated with endotracheal intubation. (i.e. hypoxia; malposition; trauma; haemodynamic compromise)		

Reference: ANZCOR Guidelines (January 2016), ILCOR Guidelines (2015).

Competency Achieved: YES ☐ NO ☐

Comments _____

Assessor's Signature _____
 (Please print family name following signature)

Assessee's Signature _____

CSA 3: Defibrillation (Adult)

Competency Statement: Demonstrate the knowledge and skills required to perform defibrillation
Instructional Strategies: Learning module, demonstration / observation, supervised practise on manikins

Name: _____

Date: _____

Organisation: _____

Work Unit: _____

This clinical assessment is to be completed following review of the Defibrillation information.

Element One – Attach patient to monitor		
Performance Criteria	Achieved	Learning Need Identified
1.1 Places electrodes (multifunction pads/ECG electrodes) in correct anatomical positions.		
1.2 States considerations required when placing ECG electrodes on skin (positioned on clean, dry skin out of the field of placement for defibrillation pads).		
1.3 Turns on monitor.		
Element Two – Assess Rhythm		
Performance Criteria	Achieved	Learning Need Identified
2.1 Identifies monitored rhythm → VT or VF.		
2.2 Assesses patient is unresponsive, taking no longer than 5 seconds to do so, at the same time as analysing rhythm.		
2.3 States appropriate action to be taken according to rhythm → shockable rhythm identified and requires defibrillation.		
Element Three – Prepare for defibrillation		
Performance Criteria	Achieved	Learning Need Identified
3.1 Places defibrillation gel pads or multifunction pads in correct anatomical positions checking pads are moist. <i>(Sternal paddle is placed to the right of the sternum at the second intercostal space in the mid-clavicular line. Apex paddle is placed at the sixth intercostal space in the mid-axillary line on the left side (across from the xiphoid, left midaxillary line))</i>		
3.2 States considerations required when placing pads → avoid placing over ECG electrodes, drug patches, CVLs, implantable devices.		
3.3 Assesses environment for safety precautions.		
Element Four – Safe administration of defibrillation shock		
Performance Criteria	Achieved	Learning Need Identified
4.1 Selects correct number of joules → monophasic defib 360J; biphasic defib 200J or manufactures guidelines.		
4.2 If using paddles: charges defibrillator once paddles placed on patient's chest.		
4.3 States "Charging".		

Element Four – Safe administration of defibrillation shock (continued)

Performance Criteria	Achieved	Learning Need Identified
4.4 Ensure chest compressions continue until defibrillator is fully charged. 4.5 Asks for free flowing oxygen to be removed from the patient. 4.6 States “Stand Clear” and performs visual check of self and others in surrounding area prior to discharging. <i>(No one in direct or indirect contact with the patient, not standing in fluid, patient not contacting metal surfaces).</i> 4.7 If using paddles: applies appropriate pressure → 8 – 10kg of pressure on each paddle. 4.8 Discharges energy (delivers shock) effectively.		

Element Five – Safe completion of defibrillation procedure

Performance Criteria	Achieved	Learning Need Identified
Single Shock Protocol 5.1 Requests CPR to be immediately recommenced as soon as defibrillation/shock has been delivered and continued for 2 minutes (or 5 cycles of 30 compressions : 2 breaths). 5.2 Replaces discharged paddles into machine when procedure complete. 5.3 Reassesses need for defibrillation every 2 minutes by assessing rhythm on monitor. 5.4 States number of times defibrillator gel pads / multifunction pads may safely be used before being replaced: gel defibrillation pads = 3 shocks or manufacturer’s guidelines; Multifunction pads / Combipads = up to 50 defibrillation attempts for adult pads; up to 25 defibrillation attempts for paediatric pads; or manufacture’s guidelines.		

Reference: ANZCOR Guidelines (January 2016), ILCOR Guidelines (2015).

Competency Achieved: YES ☐ NO ☐

Comments _____

Assessor’s Signature _____

Assessor’s Name _____

(Please Print)

Assessee’s Signature _____

CSA 4: Clinical Scenario: Cardiac Arrest Management (Adult)

Competency Statement: Demonstrate the knowledge and skills required to manage a cardiac arrest clinical scenario

Instructional Strategies: Learning module, demonstration / observation, supervised practise on manikins

Name: _____

Date: _____

Organisation: _____

Work Unit: _____

This clinical assessment is to be completed following review of the Cardiac Arrest Clinical Management information.

Element One – Team member role identification

Performance Criteria	Achieved	Learning Need Identified
1.1 Clearly identifies team leader's role. 1.1.1 Undertakes clinical management of the resuscitation 1.1.2 States name on arrival and identifies from ALS response team 1.2 Directs team in correct sequence of events. 1.2.1 Gives clear directions 1.2.2 Co-ordinates personnel and delegates duties 1.2.3 Projects a calm, positive manner 1.3 Maintains safety specific to the arrest procedure. 1.3.1 Maintains electrical safety 1.3.2 Disposes of sharps appropriately 1.3.3 Uses standard precautions → personal protective equipment (PPE) appropriately 1.4 Outlines implementation of appropriate biohazard procedures as appropriate → face masks/duck-bill masks to prevent airborne disease transmission as required.		

Element Two – Recognition of required algorithm for specific scenario

Performance Criteria	Achieved	Learning Need Identified
2.1 Recognises and demonstrates appropriate management for the selected scenario (see over): 2.1.1 Ventricular Fibrillation 2.1.2 Pulseless Ventricular Tachycardia 2.1.3 Asystole 2.1.4 PEA 2.2 Recognises additional common rhythms and demonstrates appropriate management (e.g. SR, SB, ST, JR, AF). 2.3 For each rhythm change and identification, performs patient assessment prior to instigating treatment. 2.3.1 Asystole → checks leads, monitoring mode selection 2.3.2 PEA → systematic patient assessment		

Element Three – Management of Arrest procedure

Performance Criteria	Achieved	Learning Need Identified
3.1 Identifies correct joules required for defibrillation. 3.1.1 Monophasic defibrillator 360J Biphasic defibrillator 200J (or manufacturer's guidelines) 3.2 Assesses rhythm (& pulse taking no longer than 5 seconds) prior to defibrillation. 3.3 Ensures continuation of CPR between all procedures with minimal interruption.		

Element Three – Management of Arrest procedure (continued)

Performance Criteria	Achieved	Learning Need Identified
3.4 Ensures appropriate basic and advanced airway management is implemented correctly. 3.5 Identifies the correct dose, route, actions and indications for the following drugs: 3.5.1 Adrenaline 3.5.3 Calcium, Magnesium, Potassium 3.5.2 Amiodarone, Lignocaine 3.5.4 Sodium Bicarbonate 3.6 States a 'flush' is required after each drug given. 3.7 States maintenance of CPR required to obtain circulation of drug.		

Element Four – Post Resuscitation Care

Performance Criteria	Achieved	Learning Need Identified
4.1 Ensures adequate airway maintenance and oxygenation. 4.2 Identifies appropriate observations → pulse, respirations, BP, body T°, SpO₂, neuro. 4.3 Identifies appropriate investigations and procedures → CXR, 12-lead ECG, FBC, Electrolytes, BGL, Cardiac Enzymes, Troponin T, ABGs. 4.4 States the required post-resuscitation care measures to be instigated for the patient. 4.4.1 Airway management & ventilation 4.4.2 Perfusion → ongoing monitoring of rhythm & BP 4.4.3 Seizure Control → monitor for seizure activity 4.4.4 Blood Glucose Control → avoid hyperglycaemia and hypoglycaemia 4.4.5 Targeted Temperature Management 4.5 States care required for family → support family members, answer questions, clarify information and offer comfort. 4.6 States components of Critical Incident debriefing for staff. 4.6.1 Promotes positive aspects of the response system, the team and the resuscitation 4.6.2 Allow team members to discuss the arrest 4.6.3 Encourage team members to share feelings or anxieties 4.6.4 Inform team members they can contact the team leader with questions or seek clarification of any points		

Reference: ANZCOR Guidelines (January 2016), ILCOR Guidelines (2015).

Clinical Scenario...as selected from "Clinical Scenario History & Assessment" set:

Scenario 1: _____

Scenario 2: _____

Competency Achieved: YES ☐ NO ☐

Comments _____

Assessor's Signature _____

 Assessor's Name _____
 (Please Print)

Assessee's Signature _____