

High-Functioning CPR Team Evaluation

DRAFT
2/12/13

Date: _____

Location: _____

Scenario/Patient Background: _____

1. Patient Assessment and Teamwork

Y	Partial	N	N/A		Category
				Pertinent history obtained by team, including enough information to identify any conditions that require variation in care (e.g. pediatric patient, drowning/hypoxic arrest, hypothermia, trauma arrest)	BLS/ALS Care
				Team leader clearly identified and takes charge	Teamwork - Leadership
				Team leader assesses situation and resources and modifies accordingly	Teamwork- Leadership
				Team leader communicates accurately and concisely while listening and encouraging feedback	Teamwork- Communication
				Pit crew approach to roles without confusion	Teamwork- Situational Awareness
				Team members maintain situational awareness related to their roles (e.g. team member at head monitors capnography and notifies team leader of reading and significant changes)	Teamwork- Situational Awareness
				Team members use closed loop communication to acknowledge direction from team leader	Teamwork - Communication
				Team members report on progress on tasks	Teamwork- Communication
				Team members use appreciative inquiry and openly communicate any patient care or safety concerns	Teamwork- Mutual Respect

Comments:

Global rating: a.) Exceeds expectations b.) Meets expectations c.) Needs improvement

2a. First 4 Cycles - High Performance CPR: Actions

Y	Partial	N	N/A		Category
				Patient placed supine on firm surface	CPR Quality
				Initial 4 cycles of 200 uninterrupted compressions without interruption for ventilation (unless reason for ventilation pauses, e.g. pediatric patient, drowning, etc).	CPR Quality
				Continue compressions while AED /defibrillator is charging (but not when AED is analyzing rhythm)	BLS/ALS Care
				Switch to manual defibrillation ASAP, when ALS involved	ALS Care
				When indicated, defibrillate at 360 joules or maximum output allowed by device, in adult patient	BLS/ALS Care
				Compressions immediately after defibrillation with NO pulse check.	CPR Quality
				Place naso/oropharyngeal airway or Alternative Airway (King LT or Combitube) If alternative airway inserted, verify position with waveform capnography and auscultation at epigastrium and bilateral midaxillary line (Goal = verify waveform on fist ventilation)	Airway/Ventilation
				Apply oxygen	Airway/Ventilation
				Two-person BVM used (when 3-4 rescuers available) (2-thumbs-up technique)	Airway/Ventilation
				If ventilation via BVM or alternative airway, monitor perfusion with continuous capnography	ALS Care
				Either provide NO ventilation or deliver one ventilation every 15 compressions without interrupting compressions	Airway/Ventilation
				Establish IO or IV access and delivers EPINEPHrine (1mg 1:10,000, in adult) immediately after access obtained, then every 3-5 minutes	ALS Care
				Antidysrhythmic given if VF/VT persists after first shock (amiodarone 300 mg or lidocaine 1.5 mg/kg)	ALS Care
				Avoid endotracheal intubation during initial 10 minutes	Airway/Ventilation

Comments:

Global rating: a.) Exceeds expectations b.) Meets expectations c.) Needs improvement

2b. First 4 Cycles - High Performance CPR: Quality/Patient Safety

Y	Partial	N	N/A	
				All real time CPR feedback devices used when available (e.g. metronome, audio/verbal feedback)
				Fresh compressors tag team with each other frequently (at least every 200 compressions, but consider switching every 100 compressions)
				Compressor vocalizes CPR count at key times to communicate timing with team (e.g. vocalizes compression number at “50, 75, 90, 95, 96, 97, 98, 99, switch”)
				Team leader informs team of cardiac rhythm being treated (initially and with each rhythm check)
				Verbal acknowledgement at time of giving medication or treatment (drug name and dose)
				When available, second provider verifies each medication drawn up before it is given (drug name and dose)
				No time wasted on inappropriate testing like blood glucose
				No inappropriate medications given (no bicarbonate , atropine, calcium, naloxone, magnesium unless specific indication per protocol)
				Team leader ensures quality of CPR
				Team leader or designee runs CPR checklist as soon as time permits
Comments:				
Global rating: a.) Exceeds expectations b.) Meets expectations c.) Needs improvement				

3. After 4 Cycles of CPR (800 compressions)

Y	Partial	N	N/A		Category
				If not previously ventilating, begin ventilations at 1 every 15 compressions or 8-10 breaths / minute	CPR Quality
				Establish advanced airway (King LT or Combitube acceptable)	Airway/Ventilation
				Advanced airway confirmed by waveform ETCO ₂ immediately (Goal = with first breath)	Airway/Ventilation
				Contact medical command before moving patient if no ROSC	BLS/ALS Care
				Optional – Consider application of mechanical CPR device (not in initial 800 compressions for BLS crews)	BLS/ALS Care

4. Post-Resuscitation Care after ROSC

Y	Partial	N	N/A	
				After ROSC, promptly assess full vital signs, mental status, and breath sounds (Goal = within first minute)
				Provide NSS bolus if BP marginal (SBP <110)
				Prepare and start pressor drip (DOPamine or EPINEPHrine) if SBP <110
				Obtain 12-lead ECG
				Team leader or designee runs Post-ROSC checklist
				Package (cover for dignity, but do not bundle warmly), and consider not moving patient until initial ROSC sustained (Goal = ROSC for 10 minutes before moving patient)
				Contact Medical Command to consider cooling and diversion to PCI/Hypothermia center
Comments:				
Global rating: a.) Exceeds expectations b.) Meets expectations c.) Needs improvement				

Rescuer Names:

Evaluator Name:
