

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 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 _____