PALS Case Scenario
Testing Checklist
Respiratory Case Scenario
Upper Airway Obstruction

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Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Team Leader	
Assigns team member roles	
Uses effective communication throughout	
Patient Management	
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	
Directs application of cardiac monitor and pulse oximetry	
Identifies signs and symptoms of upper airway obstruction	
Categorizes as respiratory distress or failure	
Directs administration of nebulized epinephrine and corticosteroid (for croup), or IM epinephrine and IV corticosteroid (for anaphylaxis)	
States indications for bag-mask ventilation and/or other airway or ventilation support	
If the student does not verbalize the above, prompt the student with the following question: "What are the indications for bag-mask ventilation and/or other airway or ventilation support?"	
Directs establishment of IV or IO access, if indicated	
Directs reassessment of patient in response to treatment	
Case Conclusion/Debriefing	
The following step is evaluated only if the student's scope of practice applies	
Describes how to estimate correct endotracheal tube size for this patient	
If the student does not verbalize the above, prompt the student with the following question: "How would you estimate the endotracheal tube size for this infant with upper airway obstruction?"	

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 _____