

Rhythm Disturbances/ Electrical Therapy Skills Station Competency Checklist



American
Heart
Association.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	Check if done correctly
Applies 3 ECG leads correctly (or local equipment if >3 leads are used) <ul style="list-style-type: none"> Negative (white) lead: to right shoulder Positive (red) lead: to left lower ribs Ground (black, green, brown) lead: to left shoulder 	
Demonstrates correct operation of monitor <ul style="list-style-type: none"> Turns monitor on Adjusts device to manual mode (not AED mode) to display rhythm in standard limb leads (I, II, III) or paddles/electrode pads 	
Verbalizes correct electrical therapy for appropriate core rhythms <ul style="list-style-type: none"> Synchronized cardioversion for unstable SVT, VT with pulses Defibrillation for pulseless VT, VF 	
Selects correct paddle/electrode pad for infant or child; places paddles/electrode pads in correct position	
Demonstrates correct and safe synchronized cardioversion <ul style="list-style-type: none"> Places device in synchronized mode Selects appropriate energy (0.5 to 1 J/kg for initial shock) Charges, clears, delivers current 	
Demonstrates correct and safe manual defibrillation <ul style="list-style-type: none"> Places device in unsynchronized mode Selects energy (2 to 4 J/kg for initial shock) Charges, clears, delivers current 	

STOP TEST

Instructor Notes <ul style="list-style-type: none"> 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:	<input type="checkbox"/> PASS	<input type="checkbox"/> NR
Instructor Initials _____ Instructor Number _____ Date _____		