

Megacode Testing Checklist: Scenarios 6/11

Bradycardia → VF → PEA → PCAC



Student Name _____ Date of Test _____

| Critical Performance Steps | | | | | | Check if done correctly |
|--|--|--|---|---|--|-------------------------|
| Team Leader | | | | | | |
| Assigns team member roles | | | | | | |
| Ensures high-quality CPR at all times | Compression rate 100-120/min <input type="checkbox"/> | Compression depth of ≥2 inches <input type="checkbox"/> | Chest compression fraction >80% <input type="checkbox"/> | Chest recoil (optional) <input type="checkbox"/> | Ventilation (optional) <input type="checkbox"/> | |
| Ensures that team members communicate well | | | | | | |
| Bradycardia Management | | | | | | |
| Starts oxygen if needed, places monitor, starts IV | | | | | | |
| Places monitor leads in proper position | | | | | | |
| Recognizes symptomatic bradycardia | | | | | | |
| Administers correct dose of atropine | | | | | | |
| Prepares for second-line treatment | | | | | | |
| VF Management | | | | | | |
| Recognizes VF | | | | | | |
| Clears before analyze and shock | | | | | | |
| Immediately resumes CPR after shocks | | | | | | |
| Appropriate airway management | | | | | | |
| Appropriate cycles of drug–rhythm check/shock–CPR | | | | | | |
| Administers appropriate drug(s) and doses | | | | | | |
| PEA Management | | | | | | |
| Recognizes PEA | | | | | | |
| Verbalizes potential reversible causes of PEA (H's and T's) | | | | | | |
| Administers appropriate drug(s) and doses | | | | | | |
| Immediately resumes CPR after rhythm checks | | | | | | |
| Post-Cardiac Arrest Care | | | | | | |
| Identifies ROSC | | | | | | |
| Ensures BP and 12-lead ECG are performed and O ₂ saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests | | | | | | |
| Considers targeted temperature management | | | | | | |

STOP TEST

| | | | |
|--|---|--------------------------------------|------------------------------------|
| 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 _____ | | | |

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| Learning Station Competency <input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia <input type="checkbox"/> Cardiac Arrest/Post-Cardiac Arrest Care <input type="checkbox"/> Megacode Practice |
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