

PALS Case Scenario Testing Checklist Shock Case Scenario Cardiogenic Shock



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Student Name _____ Date of Test _____

Critical Performance Steps	✓ 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	
Directs application of cardiac monitor and pulse oximetry	
Identifies signs and symptoms of cardiogenic shock	
Categorizes as compensated or hypotensive shock	
Directs establishment of IV or IO access	
Directs slow administration of a 5 to 10 mL/kg fluid bolus of isotonic crystalloid over 10 to 20 minutes and reassesses patient during and after fluid bolus. Stops fluid bolus if signs of heart failure worsen	
Directs reassessment of patient in response to treatment	
Recognizes the need to obtain expert consultation from pediatric cardiologist	
Identifies need for inotropic/vasoactive drugs during treatment of cardiogenic shock	
<i>If the student does not indicate the above, prompt the student with the following question: "What are the indications for inotropic/vasoactive drugs during cardiogenic shock?"</i>	
Case Conclusion/Debriefing	
States therapeutic end points during shock management	
<i>If the student does not verbalize the above, prompt the student with the following question: "What are the therapeutic end points during shock management?"</i>	

STOP TEST

Instructor Notes <ul style="list-style-type: none"> Place a ✓ 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 _____	