



Pacific Medical Training
 3103 Philmont Ave, Suite 308
 Huntingdon Valley, PA 19006
 1-484-464-2882

PALS PROVIDER SKILLS VERIFICATION FORM

After completing Pacific Medical Training’s online PALS course, email this completed form with your instructor’s PALS instructor credential to support@pacificmedicaltraining.com. The instructor must hold a valid American Heart Association instructor credential. They will initial each area that has been successfully completed. Please note that the instructor does NOT issue you a new card. Your Pacific Medical Training PALS card is issued directly from Pacific Medical Training.

Basic cardiac life support

| SKILL | PASS | Requires remediation |
|---|------|----------------------|
| Perform primary survey <ul style="list-style-type: none"> • Recognize absence of normal breathing and/or pulse • Activate the EMS or internal system • If a second person is available, send them to retrieve a defibrillator (or AED if outside the hospital) • If a second person is not available; perform CPR for 2 minutes prior to attempting to get the AED or defibrillator | | |
| Initiate compressions at a rate of 100–120/min <ul style="list-style-type: none"> • Compress the chest 1/3 depth of the chest wall using one hand for a child and two fingers for an infant • Allow the chest to recoil completely • Change compressors every 2 minutes | | |
| Open the airway using the head tilt/chin lift <ul style="list-style-type: none"> • Ventilate successfully using a ratio of 30 compressions to 2 breaths • If two rescuers, ventilate successfully using a ratio of 15 compressions to 2 breaths | | |
| Once the AED arrives (skip this section if utilizing a defibrillator) <ul style="list-style-type: none"> • Continue compressions throughout placement of the pads • Stop compressions for analysis • If the AED advises a shock, continue compressions while it charges • Clear the patient to deliver the shock and immediately resume compressions | | |
| If utilizing a defibrillator <ul style="list-style-type: none"> • Attach combination pads to the patient, in a position appropriate to the size of the child/infant • Identify ventricular fibrillation/pulseless ventricular tachycardia | | |

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|---|--|--|
| <ul style="list-style-type: none"> • Deliver a shock at 2 joules/kg, then 4 joules/kg if the rhythm persists, increase subsequent shocks by 2 joules/kg, max 10 joules/kg or adult dose • Immediately continue compressions following defibrillation • If bradycardia is present <ul style="list-style-type: none"> ○ Place and utilize the external pacemaker appropriately ○ Administer appropriate medications | | |
| Initiate intravenous/intraosseous access <ul style="list-style-type: none"> • Administer epinephrine at appropriate dose and time intervals • Administer lidocaine/amiodarone at appropriate dose and time intervals | | |
| Search for a reversible cause of cardiac arrest | | |

Shock

| SKILL | PASS | Requires remediation |
|---|------|----------------------|
| Perform primary survey | | |
| Recognize ineffective or absent breathing. <ul style="list-style-type: none"> • Open the airway using head tilt/chin lift • Ventilate using a Bag Valve Mask at a rate of at least 30/minute for infants and 25/minute for children | | |
| Recognize signs and symptoms of hypovolemia <ul style="list-style-type: none"> • Administer an isotonic solution in the form of a 10-20 ml/kg bolus according to clinical presentation. | | |

The above information is accurate to the best of my knowledge. The INSTRUCTOR holds a valid American Heart Association PALS instructor credential. The STUDENT has successfully demonstrated the management of a Pediatric cardiac arrest patient who presents with pulseless ventricular tachycardia and/or ventricular fibrillation and the pediatric patient who presents with shock.

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|--------------------------|-----------|-------|
| STUDENT | | |
| _____ | _____ | _____ |
| Name | Signature | Date |
| _____ | | |
| State and license number | | |
| INSTRUCTOR | | |

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Name | Signature | Date |
| _____ | _____ | |
| Profession | Specialty | |