

Team Response Testing Scenario: BLS for Infants

Provider 1: _____

Provider 2: _____

Provider 3: _____

Setup

Choose one of the following scenarios and then read it aloud.



- **In-Hospital:** You are transferring an infant to the pediatric unit. While in the elevator, you notice that the infant is no longer moving their arms or legs and does not appear to be breathing. There are no signs of trauma.
- **Out-of-Hospital:** You are working at a pediatrician's office and hear a mother scream that her baby is not breathing. You approach the mother and her 6-month-old infant while your colleague is nearby ready to help. The infant is not moving and ashen. There are no signs of trauma.
- **Public Safety:** You and your partner are called to the home of an ill child with a change in behavior. On arrival, you find a 6-month-old infant in his dad's arms. The dad states that the child was crying until about a minute ago. You notice the infant is not breathing. There are no signs of trauma.


Skill Competency Checklist


*Denotes Critical Action

Action	Competencies	Provider		
		1	2	3
1 Conducts visual survey: <ul style="list-style-type: none"> ■ Provider 1 checks surroundings for safety* ■ Provider 1 gathers an initial impression, including whether there is life-threatening bleeding* ■ Provider 1 determines the need for additional resources ■ Provider 1 obtains consent 	<ul style="list-style-type: none"> ■ Sequence is not critical if all goals are accomplished and verbalized (PPE may be worn or verbalized) ■ Resources may include EMS, the rapid response team or the resuscitation team, as appropriate, and call for an AED ■ Consent: States name, background, what they plan to do to help and asks for permission to treat 			
2 Checks for responsiveness: <ul style="list-style-type: none"> ■ Provider 1 uses the shout-tap-shout sequence* 	<ul style="list-style-type: none"> ■ Shouts "Are you OK?" (or a reasonable facsimile) to elicit a verbal stimuli ■ Taps the bottom of the infant's foot to elicit painful stimuli and shouts again (shout-tap-shout) 			

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		1	2	3
3 Checks for breathing, pulse and life-threatening bleeding: <ul style="list-style-type: none"> ■ Provider 1 opens airway ■ Provider 1 checks breathing and brachial pulse simultaneously for no more than 10 seconds ■ Provider 1 scans the body looking for life-threatening bleeding or other signs and symptoms (at the same time as the breathing and pulse check) 	<ul style="list-style-type: none"> ■ Airway: Opens using head-tilt/chin-lift technique to a neutral position ■ Breathing/pulse check: Checks for breathing and brachial pulse simultaneously for no more than 10 seconds ■ Life-threatening Bleeding: Scans the body looking for life-threatening bleeding or other signs and symptoms (at the same time as the breathing and pulse check) 			
4 Chest compressions: <ul style="list-style-type: none"> ■ Provider 1 exposes chest ■ Provider 1 initiates 30 chest compressions using correct hand placement at the proper rate and depth, allowing for full chest recoil* 	<ul style="list-style-type: none"> ■ Hand position: Two thumbs centered on the lower half of the sternum just below nipple line ■ Depth: About 1½ inches ■ Number: 30 compressions ■ Rate: 100 to 120 per minute (15 to 18 seconds) ■ Full Recoil: Compression and recoil times should be approximately equal 			
<div>  Instructor's Note Although the encircling thumbs technique is preferred for single-provider infant CPR, participants who correctly use the two-finger technique or the one-hand technique may still be marked proficient. </div>				
5 Ventilations: <ul style="list-style-type: none"> ■ Provider 1 opens the airway* ■ Provider 1 gives 2 ventilations using a pocket mask* 	<ul style="list-style-type: none"> ■ Airway: Head-tilt/chin-lift technique to a neutral position ■ Ventilations (2): 1 second in duration ■ Ventilations (2): Visible chest rise ■ Ventilations (2): Minimizes interruptions to less than 10 seconds 			
6 Continues CPR: <ul style="list-style-type: none"> ■ Provider 1 gives 30 chest compressions using correct hand placement at the proper rate and depth, allowing for full chest recoil* ■ Provider 1 opens airway ■ Provider 1 gives 2 ventilations using a pocket mask 	<ul style="list-style-type: none"> ■ Hand position: Two thumbs centered on the lower half of the sternum just below the nipple line ■ Depth: About 1½ inches ■ Number: 30 compressions ■ Rate: 100 to 120 per minute (15 to 18 seconds) ■ Full Recoil: Compression and recoil times should be approximately equal 			

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<div> Instructor's Note</div> <p>Although the encircling thumbs technique is preferred for single-provider infant CPR, participants who correctly use the two-finger technique or the one-hand technique may still be marked proficient.</p>						
7	<p>Arrival of the AED and additional provider(s) (arrive at 20th compression in Step 6):</p> <ul style="list-style-type: none">■ Provider 1 continues care*■ Provider 1 communicates with additional provider(s)■ Provider 3 positions self to the side of the patient (opposite of Provider 1)■ Provider 2 positions self behind patient's head and prepares BVM■ Team prepares to switch roles upon AED analysis	<ul style="list-style-type: none">■ Continues care: Maintains uninterrupted CPR■ Communicates relevant patient information including patient age if known■ Verbalizes compression count to coordinate ventilations with additional provider(s)■ Verbalizes coordination plan to switch roles upon AED analysis				
<div> Instructor's Note</div> <p>When assessing an individual participant, an untrained provider delivers the AED. The initial provider should move directly to Step 8 and apply the AED and provide care based on no additional provider being present.</p>						
8	<p>AED applied:</p> <ul style="list-style-type: none">■ Provider 3 turns on machine■ Provider 3 attaches AED pads*■ Provider 1 continues compressions■ Provider 1 anticipates role change	<ul style="list-style-type: none">■ AED on: Activates within 15 seconds of arrival■ Pads: Pad 1—center of the anterior chest; Pad 2—on infant's back between scapulae■ Rotation: Communicate role change to team				
9	<p>AED analysis:</p> <ul style="list-style-type: none">■ Provider 3 ensures all providers are clear while AED analyzes and prepares for shock*■ Provider 3 says "Clear"*	<ul style="list-style-type: none">■ Clear: Ensures no one is touching the patient during analysis				

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			1	2	3
10	Shock advised: <ul style="list-style-type: none"> AED prompts, "Shock advised, press flashing shock button" Provider 3 says "Clear"* Provider 3 presses shock button to deliver shock* AED prompts, "Shock delivered. Start CPR." Team switches roles to prevent fatigue 	<ul style="list-style-type: none"> Clear: Ensures no one is touching the patient during analysis Delivers shock: Depresses shock button within 10 seconds Rotation: Team switches roles 			
<div>  Instructor's Note STOP here when assessing an individual participant and move to Step 16. </div>					
11	Resumes CPR: <ul style="list-style-type: none"> Team continues with 10 cycles of CPR (15 compressions and 2 ventilations)* Provider 3 performs chest compressions Provider 2 manages airway and mask seal Provider 1 gives ventilations using the BVM Team continues until AED prompts 	<ul style="list-style-type: none"> Resumes CPR: Immediately following shock, CPR resumed starting with compressions until prompted by the AED for analysis Hand position: Two thumbs centered on the lower half of the sternum just below the nipple line Depth: About 1 ½ inches Number: 15 compressions Rate: 100 to 120 per minute (7 to 9 seconds) Full Recoil: Compression and recoil times should be approximately equal 			
12	Ventilations with a BVM: <ul style="list-style-type: none"> Provider 2 uses E-C hand position Provider 2 seals the mask and simultaneously opens the airway to a neutral position Provider 1 compresses BVM to give 2 ventilations 	<ul style="list-style-type: none"> Seal: Uses the E-C hand position Airway: Maintains mask seal and open airway in a neutral position Ventilations (2): 1 second in duration Ventilations (2): Visible chest rise Ventilations (2): Minimizes interruptions to less than 10 seconds Ventilations (2): Bag squeezed enough to make chest rise; does not fully squeeze bag (avoiding overinflation) 			
13	Anticipates compressor change: <ul style="list-style-type: none"> Provider 1 communicates with additional providers Team prepares to switch roles upon AED analysis 	<ul style="list-style-type: none"> Verbalizes coordination plan to switch roles prior to AED analysis 			

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			1	2	3
14	AED analyzes: <ul style="list-style-type: none"> ■ Provider 2 says “Clear”* ■ AED prompts, “No shock advised” ■ Team switches roles; Provider 2 positions self to side of patient and Provider 1 positions self behind patient’s head ■ AED prompts, “Shock delivered. Start CPR.” 	<ul style="list-style-type: none"> ■ Clear: Ensures no one is touching the patient during analysis ■ Rotation: Team switches roles 			
<div>  Instructor's Note STOP here when assessing two participants and move to Step 16. </div>					
15	Resumes CPR: <ul style="list-style-type: none"> ■ Team continues with 10 cycles of CPR (15 compressions and 2 ventilations)* ■ Provider 2 performs chest compressions ■ Provider 1 manages airway and mask seal ■ Provider 3 gives ventilations using the BVM ■ Team continues until AED prompts 	<ul style="list-style-type: none"> ■ Resumes CPR: Immediately following shock, CPR resumed starting with compressions until prompted by the AED for analysis ■ Hand position: Two thumbs centered on the lower half of the sternum just below the nipple line ■ Depth: About 1½ inches ■ Number: 15 compressions ■ Rate: 100 to 120 per minute (7 to 9 seconds) ■ Full Recoil: Compression and recoil times should be approximately equal 			
16	Spontaneous patient movement: <ul style="list-style-type: none"> ■ Provider 1 checks for breathing and pulse 	<ul style="list-style-type: none"> ■ Pulse check: Opens the airway and checks for breathing and brachial or femoral pulse simultaneously for no more than 10 seconds 			

Overall Competencies		Provider		
		1	2	3
Leadership and Communication	<ul style="list-style-type: none"> ■ Communication: Accurately and effectively communicated with team members. ■ Coordination: Clearly and decisively directed providers through rotations of roles on AED analysis. ■ Feedback: Provided coaching and feedback to ensure effective performance of providers' skills. 			
Chest Compressions	<ul style="list-style-type: none"> ■ Hand Position: Thumbs/fingers centered on the lower half of the sternum just below the nipple line ■ Depth: About 1½ inches ■ Full Recoil: Compression and recoil times should be approximately equal ■ Rate: 100 to 120 per minute (15 to 18 seconds for 30 compressions; 7 to 9 seconds for 15 compressions) 			
Ventilations	<ul style="list-style-type: none"> ■ Length: Each ventilation should be 1 second in duration ■ Visual: Chest should rise ■ Time: 2 ventilations; minimizes interruptions to less than 10 seconds 			

P: Pass; F: Fail

Instructor Name: _____

Instructor Signature: _____ Date: _____