



**Pacific Medical Training**  
 3103 Philmont Ave, Suite 308  
 Huntingdon Valley, PA 19006  
 1-800-417-1748

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

<ul style="list-style-type: none"> <li>Identify ventricular fibrillation/pulseless ventricular tachycardia</li> <li>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</li> <li>Immediately continue compressions following defibrillation</li> <li>If bradycardia is present <ul style="list-style-type: none"> <li>Place and utilize the external pacemaker appropriately</li> <li>Administer appropriate medications</li> </ul> </li> </ul>		
Initiate intravenous/intraosseous access <ul style="list-style-type: none"> <li>Administer epinephrine at appropriate dose and time intervals</li> <li>Administer lidocaine/amiodarone at appropriate dose and time intervals</li> </ul>		
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"> <li>Open the airway using head tilt/chin lift</li> <li>Ventilate using a Bag Valve Mask at a rate of at least 30/minute for infants and 25/minute for children</li> </ul>		
Recognize signs and symptoms of hypovolemia <ul style="list-style-type: none"> <li>Administer an isotonic solution in the form of a 10-20 ml/kg bolus according to clinical presentation.</li> </ul>		

*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.*

<b>STUDENT</b>		
_____	_____	_____
Name	Signature	Date
_____		
State and license number		

<b>INSTRUCTOR</b>		
_____	_____	_____
Name	Signature	Date
_____	_____	
Profession	Specialty	