

## Marking Sheet: ALS team leadership

Examiner \_\_\_\_\_

Candidate \_\_\_\_\_

	Score	Comments
Introduces self to nurse & F2 doctor	1 2	
Confirms competency of nurse & F2 Dr	1 2	
Confirms patient is in cardiac arrest	1 2	
Tells F2 to give oxygen via bag valve mask ventilation	1 2	
Appropriate leadership of cardiac arrest – including 4H's & 4T's		
Follows ALS algorithm of 2 further shocks	1 2	
Keeps track of timings or delegates	1 2	
Tells F2 to slow down rate of chest compressions	1 2	
Gives 1mg of Adrenaline after the 3 <sup>rd</sup> shock (ALS 2010 guidelines)*	1 2	
Engages team and maintains their support	1 2 3	
Give 300mg IV Amiodarone after the 3 <sup>rd</sup> shock*	1 2	
Global score - higher score if candidate has a systematic approach	1 2 3 4 5	
<i>Global score from nurse</i>	1 2 3 4 5	
<i>Global score from F2 doctor</i>	1 2 3 4 5	

**Examiner's Impression:**      **Pass**              **Borderline**      **Clear Fail**  
**General Comments**

\*Note: When treating VF/VT cardiac arrest, adrenaline 1 mg is given once chest compressions have restarted after the third shock and then every 3-5 min (during alternate cycles of CPR). In the 2005 Guidelines, adrenaline was given just before the third shock. This subtle change in the timing of adrenaline administration is to separate the timing of drug delivery from attempted defibrillation. It is hoped that this will result in more efficient shock delivery and less interruption in chest compressions. Amiodarone 300 mg is also given after the third shock. Atropine is no longer recommended for routine use in asystole or pulseless electrical activity (PEA). From <http://www.resus.org.uk/pages/als.pdf>