

PERFORMANCE CHECKLIST – PEDS HEAD TRAUMA WITH RSI

	C O M P L E T E	P R O M P T E D	N O T D O N E		CORE COMP
Initial Assessment				Introduces self to family	IP
				Places pt on monitor	PC
				Starts supplemental O2	PC
				Establishes IV access	PC
				Elicits AMPLE history from mother and EMS	PC IP
				<i>HEENT exam:</i> Checks pupils, gag reflex	PC
				<i>CV exam:</i> Checks pulses	PC
				<i>Neuro exam:</i> Checks symmetry, GCS, tone	PC
				Identifies need for intubation for airway protection	PC
Intubation				Orders RSI drugs with correct doses	MK
				Lidocaine	
				Atropine	
				De-fasciculating dose (if succ used)	
				Hypnotic/Sedative	
				Paralytic	
				Suction at bedside	PC
				Uses correct ET tube size (5.5 uncuffed/5 cuffed)	PC
				Uses (asks for) cricoid pressure to prevent aspiration	PC
				Listens over stomach	PC
				Listens bilateral axilla to assess breath symmetry	PC
				Checks ETCO2	PC
				Orders confirmatory xray	PC
				Places NG tube	PC
Work-Up				Head CT	PC
				Cspine imaging	PC
				Trauma/pre-op labs (CBC, CMP, PT)	MK
Treatment				Intubation for airway protection	PC
				Elevates head of bed	PC
				Mannitol 1g/kg	PC
				Neurosurgery consult	SBP,CS
Disposition				Admit to ICU	SBP,CS

Name _____

January 2011

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				Explains to family serious nature of injury, need for surgical intervention	IC MK
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TOTAL SCORE: _____ Maximum for this case is 31. Is your global assessment of the participant's performance in line with their score? If not, please comment below: