

Airway Skills Station Competency Checklist Bag-Mask Ventilation and Airway Adjuncts



Name: _____

Date: _____

Critical Performance Steps	<input checked="" type="checkbox"/> if done correctly
Performs head tilt–chin lift	
Performs suctioning within 10 seconds	
Assembles bag and chooses appropriate size mask	
Chooses appropriate size OPA or NPA and inserts device	
Holds and seals mask with 1 hand	
Ventilates at proper rate (1 breath every 5 to 6 seconds)	
Produces noticeable chest rise	
Delivers each ventilation over 1 second	
Releases bag completely between ventilations	
Holds and seals mask correctly with 2 hands	
Applies cricoid pressure	
STOP THE TEST	

Test Results	Indicate Pass (P) or Needs Remediation (NR):	P	NR
Facilitator signature affirms that student performed skill according to AHA guidelines. <i>Save this sheet with course record.</i>	Facilitator Signature: _____ Facilitator Name (print): _____ Date: _____		

Airway Skills Station Competency Checklist

Laryngeal Mask Airway



Name: _____

Date: _____

Critical Performance Steps	<input checked="" type="checkbox"/> if done correctly
Prepares and assembles all necessary equipment	
Chooses appropriate size LMA	
Tests integrity of cuff by inflating it	
Deflates cuff on a flat surface and lubricates LMA on posterior surface only for use	
Opens and clears airway	
Places head in neutral or sniffing position	
Inserts LMA into oropharynx and advances it	
Inflates cuff to achieve proper seal; removes syringe	
Produces noticeable chest rise; auscultates breath sounds (if using a feedback manikin)	
Inserts bite block or bite stick	
Secures LMA in place	
Performs correct ventilation rate for respiratory arrest (1 breath every 5 to 6 seconds)	
Performs correct ventilation rate for cardiac arrest (1 breath every 6 to 8 seconds)	
Delivers each ventilation over 1 second	
Demonstrates complete release of bag between ventilations	
STOP THE TEST	

Test Results	Indicate Pass (P) or Needs Remediation (NR):	P	NR
Facilitator signature affirms that student performed skill according to AHA guidelines. <i>Save this sheet with course record.</i>	Facilitator Signature: _____ Facilitator Name (print): _____ Date: _____		

Airway Skills Station Competency Checklist Esophageal-Tracheal Combitube

Name: _____

Date: _____

Critical Performance Steps	<input checked="" type="checkbox"/> if done correctly
Prepares and assembles all necessary equipment	
Chooses appropriate size device	
Tests cuff integrity (blue 100 mL, white 15 mL), then deflates	
Lubricates tube	
Opens and clears airway	
Places head in neutral or sniffing position	
Inserts device into mouth and advances to correct depth	
Inflates balloons; removes syringes	
Produces noticeable chest rise; auscultates breath sounds (if using a feedback manikin)	
Secures Combitube in place	
Performs correct ventilation rate for respiratory arrest (1 breath every 5 to 6 seconds)	
Performs correct ventilation rate for cardiac arrest (1 breath every 6 to 8 seconds)	
Delivers each ventilation over 1 second	
Demonstrates complete release of bag between ventilations	
STOP THE TEST	

Test Results	Indicate Pass (P) or Needs Remediation (NR):	P	NR
Facilitator signature affirms that student performed skill according to AHA guidelines. <i>Save this sheet with course record.</i>	Facilitator Signature: _____ Facilitator Name (print): _____ Date: _____		

Airway Skills Station Competency Checklist Endotracheal Tube

Name: _____

Date: _____

Critical Performance Steps	<input checked="" type="checkbox"/> if done correctly
Assembles and checks all necessary equipment	
Chooses appropriate size ET tube	
Chooses appropriate type (straight or curved) and size laryngoscope blade	
Tests ET tube cuff integrity	
Inserts the stylet and lubricates the ET tube	
Places head in neutral or sniffing position	
Clears airway if needed	
Inserts laryngoscope blade	
Inserts ET tube to proper length for gender	
Inflates ET tube cuff to achieve proper seal; removes syringe	
Inserts bite block (if not using a commercial device)	
Produces noticeable chest rise; auscultates breath sounds (if using a feedback manikin)	
Confirms correct positioning of ET tube by colorimetric ETCO ₂ , capnograph, EDD	
Secures ET tube in place (commercial device or tape)	
Performs correct ventilation rate for respiratory arrest (1 breath every 5 to 6 seconds)	
Performs correct ventilation rate for cardiac arrest (1 breath every 6 to 8 seconds)	
Delivers each ventilation over 1 second	
Demonstrates complete release of bag between ventilations	
STOP THE TEST	

Test Results	Indicate Pass (P) or Needs Remediation (NR):	P	NR
Facilitator signature affirms that student performed skill according to AHA guidelines. <i>Save this sheet with course record.</i>	Facilitator Signature: _____ Facilitator Name (print): _____ Date: _____		

Airway Skills Station Competency Checklist Impedance Threshold Device

Name: _____

Date: _____

Critical Performance Steps	<input checked="" type="checkbox"/> if done correctly
<i>Three rescuers are performing CPR, one doing compressions and two giving ventilations. Test student holding mask to face during ventilations.</i>	
Places the ITD on the mask immediately at the start of CPR	
Demonstrates continuously tight seal with mask during both compressions and ventilations	
<i>Advanced airway placed by facilitator, or students move to manikin with advanced airway in place.</i>	
Transfers ITD from mask to advanced airway	
Turns on ventilation timing lights	
Ventilates at a rate of 10 breaths per minute, each ventilation over 1 second	
<i>Facilitator prompts student: "Return of spontaneous circulation has occurred. Stop CPR."</i>	
Removes the ITD immediately	
<i>Facilitator prompts student: "Patient has rearrested. Resume CPR." Compressor resumes compressions.</i>	
Places ITD back in the airway circuit immediately	
Ventilates at a rate of 10 breaths per minute, each ventilation over 1 second	
<i>Facilitator prompts student: "ITD begins to fill with fluid."</i>	
Clears device of fluid	
STOP THE TEST	

Test Results	Indicate Pass (P) or Needs Remediation (NR):	P	NR
Facilitator signature affirms that student performed skill according to AHA guidelines. <i>Save this sheet with course record.</i>	Facilitator Signature: _____		
	Facilitator Name (print): _____		
	Date: _____		