



**2012 CBT/OTEP  
Adult CPR Checklist**

**Name** \_\_\_\_\_ **EMS#** \_\_\_\_\_ **Date** \_\_\_\_\_

**Objective:** Given a partner the EMT will demonstrate his/her competency in dealing with proper assessment and the treatment of the patient in cardiac arrest.

**Scene Size-up must verbalize**

SP  Scene Safety  Determine MOI/NOI  Additional Resources

**Primary Assessment must verbalize**

LOC  Circulation  Airway  Breathing

<b>FBAO:</b>	<b>Conscious</b>	<input type="checkbox"/> P	<input type="checkbox"/> NR
	<b>Unconscious</b>	<input type="checkbox"/> P	<input type="checkbox"/> NR
<b>1 Rescuer</b>		<input type="checkbox"/> P	<input type="checkbox"/> NR
<b>2 Rescuer</b>		<input type="checkbox"/> P	<input type="checkbox"/> NR
<b>Remediation</b>		<input type="checkbox"/> P	<input type="checkbox"/> NR

**Initiates Compression immediately**  P  NR

**Full release off chest with decompression**  P  NR

**Depth adequate for patient**  P  NR

**Compression rate of 100**  P  NR

**Decrease time between shock and No Shock and compressions**  
 P  NR

**Chest rise with ventilations**  P  NR

**The Perfect Strip 1 minute of perfect CPR**  P  NR

Notes \_\_\_\_\_  
\_\_\_\_\_

**Critical Fail**

BSI/Scene safety  O2  Meets Recertification Yes  No

**Evaluators Name** \_\_\_\_\_ **ID #** \_\_\_\_\_

\_\_\_\_\_  
**Print/Sign and Date**



Child/Infant CPR Checklist

Pass (P) or Needs Remediation (NR)  
Please mark one box:

Child

- |                     |                            |                             |
|---------------------|----------------------------|-----------------------------|
| 1 Rescuer CPR       | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| 2 Rescuer CPR       | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| FBAO – Responsive   | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| FBAO – Unresponsive | <input type="checkbox"/> P | <input type="checkbox"/> NR |

Infant

- |                     |                            |                             |
|---------------------|----------------------------|-----------------------------|
| 1 Rescuer CPR       | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| 2 Rescuer CPR       | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| FBAO – Responsive   | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| FBAO – Unresponsive | <input type="checkbox"/> P | <input type="checkbox"/> NR |

\_\_\_\_\_  
Student's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (Signed)

\_\_\_\_\_  
Evaluator's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Name (Signed)

Updated 10/2010