

Skills Check-off - BLS

Name: _____ Email: _____

License #: _____ Dept.: _____ Date: _____

Instructors: Please initial by completed station, complete bottom portion with full name.

Adult Airway: _____ • Basic airway adjuncts • iGels	Splinting: _____ • Pelvic binder • Lower extremity splints
Trauma: _____ • Tourniquet application • Wound packing • Chest Seals	Pediatric: _____ • Pediatric Assessment Triangle • Basic BVM Ventilation ○ With and without airway adjuncts • iGel
Cardiology: _____ • Flat Stanley	Stroke Assessment: _____ • Minute to Win It ○ Stroke Recognition ○ Stroke Scales
One Dose/Hinkley: _____ • Downloaded • Signed In • Basic Understanding	

Instructor Name: _____ Initials: _____

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Instructor Name: _____ Initials: _____