

Skills Check-off - ALS

Name: _____ Email: _____

License #: _____ Dept.: _____ Date: _____

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

Airway Station 1: _____ • Needle Thoracotomy with Dr. Tracy ○ Required prior to completing Airway Station 2	Airway Station 2: _____ • Needle Thoracotomy practice station ○ Must have completed Airway Station 1 prior to this station
Trauma: _____ • Needle Decompression • Tourniquet application • Wound packing • Chest Seals	Pediatric: _____ • Pediatric Assessment Triangle • Peds IO • Basic BVM Ventilation ○ With and without airway adjuncts
Cardiology: _____ •	Stroke Assessment: _____ • Minute to Win It ○ Stroke Recognition ○ Stroke Scales
One Dose/Hinkley: _____ • Downloaded • Signed In • Basic Understanding	

Instructor Name: _____ Initials: _____

Instructor Name: _____ Initials: _____

Instructor Name: _____ Initials: _____

Instructor Name: _____ Initials: _____

Instructor Name: _____ Initials: _____

Instructor Name: _____ Initials: _____

Instructor Name: _____ Initials: _____