

Appendix A
BLS Performance Criteria



Healthcare Provider Skills Performance Sheet
Adult 1-Rescuer CPR
Performance Criteria

Participant Name _____ Date _____

Performance Guidelines	Performed
1. Establish unresponsiveness. Activate the emergency response system.	
2. Open the airway (head tilt–chin lift or jaw thrust). Check breathing (look, listen, and feel).*	
3. If breathing is absent or inadequate, give 2 slow breaths (2 seconds per breath),† ensure adequate chest rise, and allow for exhalation between breaths.	
4. Check for carotid pulse and other signs of circulation (breathing, coughing, or movement in response to the 2 rescue breaths). If signs of circulation are present but breathing is absent or inadequate, provide rescue breathing (1 breath every 5 seconds, about 10 to 12 breaths per minute).†	
5. If no signs of circulation are present, begin cycles of 15 chest compressions (rate of about 100 compressions per minute) followed by 2 slow breaths.†	
6. After 4 cycles of compressions and ventilations (15:2 ratio, about 1 minute), recheck for carotid pulse and other signs of circulation. If no signs of circulation are present, continue 15:2 cycles of compressions and ventilations, beginning with chest compressions. If signs of circulation are present but breathing is absent or inadequate, continue rescue breathing (1 breath every 5 seconds, or about 10 to 12 breaths per minute).*†	

*If the victim is breathing or resumes adequate breathing and no trauma is suspected, place in the recovery position.

†If mouth-to-mask or bag-mask ventilation is provided **with supplementary oxygen**, smaller tidal volumes can be used but the chest should still rise. If ventilation is provided and there is a pulse, monitor oxygen saturation (if available).

Comments _____

Instructor _____

Circle one: Complete Needs more practice



Fighting Heart Disease and Stroke

**Appendix A
BLS Performance Criteria**

**Healthcare Provider Skills Performance Sheet
Adult FBAO in Responsive Victim
(and Responsive Victim Who Becomes Unresponsive)
Performance Criteria**

Participant Name _____ Date _____

Performance Guidelines	Performed
1. Ask "Are you choking?" If yes, ask "Can you speak?" If no, tell the victim you are going to help.	
2. Give abdominal thrusts with proper hand position (chest thrusts for victim who is pregnant or obese), avoiding compressions on the lower sternum (xiphoid).	
3. Repeat thrusts until the object is expelled (obstruction relieved) or the victim becomes unresponsive.	
Adult Foreign-Body Airway Obstruction — Victim Becomes Unresponsive	
4. Activate the emergency response system.	
5. Open the airway with a tongue-jaw lift; perform a finger sweep to remove the foreign object.	
6. Open the airway and try to ventilate; if it is still obstructed (chest does not rise), reopen the airway (reposition head and chin) and try to ventilate again.	
7. If ventilation is unsuccessful, provide 5 abdominal thrusts with the victim supine. Ensure proper hand position, avoiding the lower sternum (xiphoid).	
8. Repeat steps 5 through 7 until rescue breathing is effective, then continue the steps of CPR as needed.*	

*If the victim is breathing or resumes adequate breathing and no trauma is suspected, place in the recovery position.

Comments _____

Instructor _____

Circle one: Complete Needs more practice



Fighting Heart Disease and Stroke

Appendix A
BLS Performance Criteria

Healthcare Provider Skills Performance Sheet
Adult FBAO in Unresponsive Victim
Performance Criteria

Participant Name _____ Date _____

Performance Guidelines	Performed
1. Establish unresponsiveness. Activate the emergency response system. If a second rescuer is available, send that rescuer to activate the emergency response system while you remain with the victim.	
2. Open the airway (head tilt–chin lift or jaw thrust) and check breathing. If breathing is absent or inadequate, go to step 3.	
3. Attempt to ventilate; if unsuccessful (chest does not rise), reopen the airway (reposition head and chin) and try to ventilate again.	
4. If ventilation is unsuccessful, perform up to 5 abdominal thrusts with the victim supine. Ensure proper hand position, avoiding the lower sternum (xiphoid).	
5. Open the airway with a tongue–jaw lift followed by a finger sweep to attempt to remove the object.	
6. Repeat steps 3 through 5 until ventilation is effective (chest rises), then continue the steps of CPR as needed.*	

*If the victim is breathing or resumes adequate breathing and no trauma is suspected, place in the recovery position.

Comments _____

Instructor _____

Circle one: Complete Needs more practice

Appendix A
BLS Performance Criteria



Fighting Heart Disease and Stroke

Integrated Adult FBAO
Responsive and Unresponsive, Rescue Breathing
Performance Evaluation for Healthcare Provider

Skills Performance Sheets for the Healthcare Provider

Instructor or assistant holds up manikin to simulate responsive victim.
Instructions to Rescuer: You arrive alone at the scene. A 42-year-old man who is responsive and appears to be in distress is clutching his throat. Proceed to assess and treat the victim.

Participant Name _____ Date _____

Performance Guidelines	Performed
1. Ask "Are you choking?" If yes, ask "Can you speak?" If no, tell the victim you are going to help.	
2. Give abdominal thrusts (chest thrusts for victim who is pregnant or obese) with the proper hand position (avoid xiphoid).	
3. Repeat thrusts until the foreign body is expelled or the victim becomes unresponsive.	
Victim Becomes Unresponsive (After Several Abdominal Thrusts) <i>(instructor-provided information in bold italics in parentheses)</i>	
4. Activate the emergency response system (rescuer is alone).	
5. Open the airway with a tongue-jaw lift, look for the object, perform a finger sweep (no object seen or retrieved).	
6. Open the airway (head tilt–chin lift or jaw thrust) and try to ventilate (chest does not rise). Reopen the airway (reposition head and chin) and try to ventilate again (chest does not rise).	
7. Perform 5 abdominal thrusts using the proper hand position (avoid xiphoid) with the victim supine.	
8. Open the airway with a tongue-jaw lift and look for the object (object seen). Perform a finger sweep (object removed).	
9. Open the airway and try to ventilate (chest rises).	
10. Check pulse and other signs of circulation (signs of circulation present, victim beginning to move).	
11. Check breathing (no breathing).	
12. Perform rescue breathing for several breaths (victim begins breathing normally).	
13. If no trauma is suspected, place the victim in the recovery position.	

Comments _____

Instructor _____

Circle one: Complete Needs more practice

Appendix A
BLS Performance Criteria

Healthcare Provider Skills Performance Sheet
Adult 2-Rescuer CPR
Performance Criteria

Participant Name _____ Date _____

Performance Guidelines	Performed
1. Establish unresponsiveness. One rescuer should activate the emergency response system. Rescuer 1	
2. Open the airway (head tilt–chin lift or jaw thrust). Check breathing (look, listen, and feel).*	
3. If breathing is absent or inadequate, give 2 slow breaths (2 seconds per breath), ensure effective chest rise, and allow for exhalation between breaths.†	
4. Check for carotid pulse and other signs of circulation (breathing, coughing, or movement in response to the 2 rescue breaths). If signs of circulation are present but breathing is absent or inadequate, provide rescue breathing 1 breath every 5 seconds, about 10 to 12 breaths per minute).†	
Rescuer 2	
5. If no signs of circulation are present, give cycles of 15 chest compressions (rate of about 100 compressions per minute) followed by 2 slow breaths given by Rescuer 1.* Start compressions after chest rise (inspiration) from second breath.	
6. After 4 cycles of compressions and breaths (15:2 ratio, about 1 minute), Rescuer 1 delivers 2 rescue breaths and rechecks for signs of circulation (carotid pulse, normal breathing, cough, movement, or response to stimulation).* If no signs of circulation are present, continue 15:2 cycles of compressions and ventilations, beginning with chest compressions until an AED or emergency medical response team arrives.	

*If the victim is breathing or resumes adequate breathing and no trauma is suspected, place in the recovery position.

†If mouth-to-mask or bag-mask ventilation is provided **with supplementary oxygen**, smaller tidal volumes can be used but the chest should still rise. If ventilation is provided and a pulse is present, monitor oxygen saturation (if available).

Comments _____

Instructor _____

Circle one: Complete Needs more practice

**BLS for Healthcare Provider Course
CPR and AED Performance Criteria**



Participant Name _____ Date _____

Performance Guidelines	Performance	
	Satisfactory	Remediate
1. Establish unresponsiveness — direct coworker to activate the emergency response system and get the AED.		
2. Open the airway (head tilt–chin lift or, if trauma is suspected, jaw thrust) — check breathing (look, listen, and feel).		
3. If breathing is absent or inadequate, give 2 slow breaths (2 seconds per breath) that cause the chest to rise (if chest does not rise, reposition, reattempt). Allow for adequate exhalation time.		
4. Check carotid pulse and other signs of circulation (no signs of circulation). Start chest compressions (ratio of 15 to 2 breaths at 100 compressions per minute).		

AED Skills (AED arrives after 2 cycles of CPR)		
5. Place the AED next to the victim (near victim's left ear). POWER ON the AED and begin timing for collapse-to-shock interval.		
6. Attach electrode pads in the proper position (as pictured on each of the AED electrodes, sternum and apex, with proper contact and no overlap of pads).		
7. Clear the victim and press the ANALYZE button, if present. (AED advises shock and charges electrodes.)		
8. Clear the victim and press the SHOCK button, if not automated. Stop timing for collapse-to-shock interval. (May repeat 1 to 2 more analyze-shock cycles. Stop when AED gives "no shock indicated" message.)		
9. Check carotid pulse and other signs of circulation. (Pulse, breathing, coughing, movement present.)		
10. Continue to monitor breathing and signs of circulation until advanced life support rescuers arrive. (If trauma is not suspected, place the victim in the recovery position with AED attached.)		

Critical Actions	Performance	
	Satisfactory	Remediate
• Assess responsiveness.		
• Activate the emergency response system; get the AED (or send second rescuer).		
• Open the airway, check breathing.		
• If breathing is absent or inadequate, provide 2 breaths (must cause the chest to rise).		
• Check pulse and other signs of circulation.		
• Begin chest compressions (must have proper hand placement).		
• When AED arrives: POWER ON the AED.		
• Attach electrode pads to patient's bare chest in proper location with adequate skin contact and no overlap of pads.		
• Clear the victim before ANALYZE and SHOCK.		
• Push SHOCK button (if not automated) to attempt defibrillation.		
• Check breathing and signs of circulation after "no shock indicated" message.		
• Interval from collapse to first shock is less than 3 minutes; interval from AED arrival to first shock is less than 90 seconds.		



Appendix A
BLS Performance Criteria



Fighting Heart Disease and Stroke

Healthcare Provider Skills Performance Sheet
Child 1-Rescuer CPR
Performance Criteria

Participant Name _____ Date _____

Performance Guidelines	Performed
1. Establish unresponsiveness. If a bystander is available, send that person to activate the emergency response system.	
2. Open the airway (head tilt–chin lift or jaw thrust). Check for normal breathing (look, listen, and feel).*	
3. If breathing is absent or inadequate, give 2 slow effective rescue breaths (1 to 1½ seconds per breath), ensure adequate chest rise, and allow for exhalation between breaths.	
4. Check for carotid pulse and other signs of circulation (breathing, coughing, or movement in response to initial 2 rescue breaths). If signs of circulation are present but breathing is absent or inadequate, provide rescue breathing (1 breath every 3 seconds, about 20 breaths per minute).*	
5. If no signs of circulation are present or heart rate is less than 60 bpm with signs of poor perfusion, begin cycles of 5 chest compressions (typically 1-hand compression technique, rate of about 100 compressions per minute) and 1 slow breath.	
6. After about 1 minute of rescue support, check for signs of circulation.* If rescuer is alone, activate the emergency response system. If no signs of circulation are present, continue 5:1 cycles of compressions and ventilations. If signs of circulation are present but breathing is absent or inadequate, continue rescue breathing (1 breath every 3 seconds, about 20 breaths per minute).	

*If the victim is breathing or resumes normal breathing and no trauma is suspected, place in the recovery position.

Comments _____

Instructor _____

Circle one: Complete Needs more practice



Appendix A
BLS Performance Criteria

Healthcare Provider Skills Performance Sheet
Child FBAO in Responsive Victim
(and Responsive Victim Who Becomes Unresponsive)
Performance Criteria

Participant Name _____ Date _____

Performance Guidelines	Performed
1. Ask "Are you choking?" If yes, ask "Can you speak?" If no, tell child you are going to help.	
2. Give abdominal thrusts using proper hand position (avoid xiphoid).	
3. Repeat thrusts until object is expelled (obstruction removed) or victim becomes unresponsive.	
Child Foreign-Body Airway Obstruction — Victim Becomes Unresponsive	
4. If a second rescuer is available, send that rescuer to activate the emergency response system while you remain with the victim.	
5. Open the airway with a tongue-jaw lift. If you see the object, remove it (<i>no blind finger sweeps</i>).	
6. Open the airway (head tilt–chin lift or jaw thrust), attempt rescue breathing; if no chest rise, reopen the airway (reposition head and chin) and try to ventilate again.	
7. If ventilation is unsuccessful, provide 5 abdominal thrusts with the victim supine (use proper hand position, avoiding the xiphoid).	
8. Repeat steps 5 through 7 until effective, then provide additional steps of CPR as needed.*	
9. If rescuer is alone and airway obstruction is not relieved after about 1 minute, activate the emergency response system.	

*If the victim is breathing or resumes normal breathing and no trauma is suspected, place in the recovery position.

Comments _____

Instructor _____

Circle one: Complete Needs more practice

**Appendix A
 BLS Performance Criteria**

**Healthcare Provider Skills Performance Sheet
 Child FBAO in Unresponsive Victim
 Performance Criteria**

Participant Name _____ Date _____

Performance Guidelines	Performed
1. Establish unresponsiveness. If a second rescuer is available, send that rescuer to activate the emergency response system while you remain with the victim.	
2. Open the airway (head tilt–chin lift or jaw thrust) and check for breathing. If breathing is absent or inadequate, go to step 3.	
3. Attempt to ventilate; if unsuccessful (chest does not rise), reopen the airway (reposition head and chin) and try to ventilate again.	
4. If ventilation is unsuccessful, perform up to 5 abdominal thrusts with the victim supine (use proper hand position, avoid the xiphoid).	
5. Open the airway with a tongue-jaw lift. If you see the object, remove it (no blind finger sweeps).	
6. Repeat steps 3 through 5 until ventilation is effective, then continue the steps of CPR as needed.*	
7. If rescuer is alone and airway obstruction is not relieved after about 1 minute, activate the emergency response system.	

*If the victim is breathing or resumes normal breathing and no trauma is suspected, place in the recovery position.

Comments _____

Instructor _____

Circle one: Complete Needs more practice

Appendix A
BLS Performance Criteria

Integrated Child FBAO — Responsive and Unresponsive, CPR and Rescue Breathing Performance Evaluation for Healthcare Provider



Manikin can be held erect to simulate responsive victim.
Instructions to Rescuer: You arrive alone at the scene. A 4-year-old boy is responsive and appears to be in distress and is clutching his throat. Proceed to assess and treat the victim.

Participant Name _____ Date _____

Performance Guidelines	Performed
Responsive Victim	
1. Ask "Are you choking?" (Yes) If yes, ask "Can you speak?" (No) If no, tell the child you are going to help.	
2. Stand or kneel behind the child, with your arms encircling the child's abdomen. Give abdominal thrusts using the proper hand position (avoid xiphoid) and support the body.	
3. Repeat thrusts until the object is expelled or victim becomes unresponsive.	
Victim Becomes Unresponsive <i>(instructor-provided information in bold italics in parentheses)</i>	
4. If a second rescuer is available, send that rescuer to activate the emergency response system.	
5. Open the airway with a tongue-jaw lift. If you see the object, remove it (no object seen — no finger sweeps).	
6. Open the airway and attempt rescue breathing; if still obstructed (chest does not rise), reopen the airway with head tilt–chin lift (reposition head and chin) and try to ventilate again (chest does not rise).	
7. Give 5 forceful abdominal thrusts with the victim supine (use proper hand position, avoid xiphoid).	
8. Repeat steps 5 through 7. Perform 2 cycles of abdominal thrusts, open the airway with tongue-jaw lift, look for object, and attempt to ventilate (object is seen and removed).	
9. Open the airway using head tilt–chin lift or jaw thrust and attempt rescue breathing (chest rises).	
10. Check carotid pulse and other signs of circulation (no signs of circulation).	
11. Begin cycles of 5 chest compressions (typically use 1-hand compression technique, about 100 compressions per minute) and 1 slow breath.	
12. After about 1 minute of rescue support, check signs of circulation (signs of circulation present) and check breathing (breathing absent). If the rescuer is alone, activate the emergency response number.	
13. Perform rescue breathing for several breaths (spontaneous breathing resumes).	
14. If no trauma is suspected, place the victim in the recovery position.	

Comments _____

Instructor _____ Circle one: Complete Needs more practice



Appendix A
BLS Performance Criteria

Healthcare Provider Skills Performance Sheet
Infant 1-Rescuer CPR
Performance Criteria

Participant Name _____ Date _____

Performance Guidelines	Performed
1. Establish unresponsiveness. If a bystander is available, send that person to activate the emergency response system.	
2. Open the airway (head tilt–chin lift or jaw thrust). Check breathing (look, listen, and feel).*	
3. If breathing is absent or inadequate, give 2 slow effective rescue breaths (1 to 1½ seconds per breath), ensure adequate chest rise, and allow for exhalation between breaths.	
4. Check for brachial pulse and other signs of circulation (breathing, coughing, or movement in response to the 2 initial rescue breaths). If signs of circulation are present but breathing is absent or inadequate, provide rescue breathing (1 breath every 3 seconds, about 20 breaths per minute).*	
5. If no signs of circulation are present or heart rate is less than 60 bpm with signs of poor perfusion, begin cycles of 5 chest compressions (2-finger technique, rate of at least 100 compressions per minute) followed by 1 slow breath.	
6. After about 1 minute of rescue support, check for signs of circulation.* If rescuer is alone, activate the emergency response system. If no signs of circulation are present (or heart rate is less than 60 bpm with poor perfusion), continue 5:1 cycles of compressions and ventilations. If signs of circulation are present but breathing is absent or inadequate, continue rescue breathing (1 breath every 3 seconds, about 20 breaths per minute).	

*If the victim is breathing or resumes adequate breathing and no trauma is suspected, place in the recovery position.

Comments _____

Instructor _____

Circle one: Complete Needs more practice



Fighting Heart Disease and Stroke

Appendix A
BLS Performance Criteria

Healthcare Provider Skills Performance Sheet
Infant FBAO in Responsive Victim
(and Responsive Victim Who Becomes Unresponsive)
Performance Criteria

Participant Name _____ Date _____

Performance Guidelines	Performed
1. Check for serious breathing difficulty, ineffective cough, <i>no</i> strong cry. Confirm signs of severe or complete airway obstruction.	
2. Give up to 5 back blows and 5 chest thrusts.	
3. Repeat step 2 until the object is expelled (obstruction relieved) or the victim becomes unresponsive.	
Infant Foreign-Body Airway Obstruction — Victim Becomes Unresponsive	
4. If a second rescuer is available, send that rescuer to activate the emergency response system while you remain with the victim.	
5. Open the airway with a tongue-jaw lift. If you see the object, remove it (<i>no blind finger sweeps</i>).	
6. Open the airway and try to ventilate; if still obstructed (chest does not rise), reopen the airway (reposition head and chin) and try to ventilate again.	
7. If ventilation is unsuccessful, give 5 back blows and 5 chest thrusts.	
8. Repeat steps 5 through 7 until ventilation is effective, then continue the steps of CPR as needed.*	
9. If the rescuer is alone and the airway obstruction is not relieved after about 1 minute, activate the emergency response system.	

*If the victim is breathing or resumes normal breathing and no trauma is suspected, place in the recovery position.

Comments _____

Instructor _____

Circle one: Complete Needs more practice



Fighting Heart Disease and Stroke

**Appendix A
BLS Performance Criteria**

**Healthcare Provider Skills Performance Sheet
Infant FBAO in Unresponsive Victim
Performance Criteria**

Participant Name _____ Date _____

Performance Guidelines	Performed
1. Establish unresponsiveness. If a second rescuer is available, send that rescuer to activate the emergency response system while you remain with the victim.	
2. Open the airway, check for breathing. If breathing is absent or inadequate, go to step 3.	
3. Attempt to ventilate if unsuccessful (chest does not rise), reopen the airway (reposition head and chin), and try to ventilate again.	
4. If ventilation is unsuccessful, give up to 5 back blows with heel of hand and 5 chest thrusts (use 2-finger technique).	
5. Open the airway with a tongue-jaw lift. If you see the object, remove it (no blind finger sweeps).	
6. Repeat steps 3 through 5 until ventilation is effective, then continue the steps of CPR as needed.*	
7. If the rescuer is alone and airway obstruction is not relieved after about 1 minute, activate the emergency response system.	

*If the victim is breathing or resumes normal breathing and no trauma is suspected, place in the recovery position.

Comments _____

Instructor _____

Circle one: Complete Needs more practice



Appendix A
BLS Performance Criteria
Integrated Infant FBAO — Responsive and Unresponsive, CPR and Rescue Breathing Performance Evaluation for Healthcare Provider



Rescuer should initially treat infant manikin as a responsive victim.
Instructions to Rescuer: When you arrive at the scene, a 6-month-old infant is responsive, cyanotic, and crying but making no sound. You suspect FBAO. Proceed to assess and treat the victim.

Participant Name _____ Date _____

Performance Guidelines	Performed
Responsive Victim	
1. Confirm severe or complete airway obstruction (signs of serious breathing difficulty, ineffective cough, <i>no strong cry</i>).	
2. Give up to 5 forceful back blows with heel of hand and 5 forceful chest compressions using 2-finger compression technique (<i>no abdominal thrusts</i>).	
3. Repeat until the object is expelled or victim becomes unresponsive.	
Victim Becomes Unresponsive <i>(instructor-provided information in bold italics in parentheses)</i>	
4. If a second rescuer is available, send that rescuer to activate the emergency response system.	
5. Open the airway with a tongue-jaw lift. If you see the object, remove it (<i>no object seen — no finger sweeps</i>).	
6. Open the airway using head tilt–chin lift and attempt rescue breathing (mouth-to–mouth-and–nose, mouth-to–barrier device, bag–mask) (<i>chest does not rise</i>). Reopen the airway (reposition head and chin) and try to ventilate again (<i>chest does not rise</i>).	
7. Give up to 5 forceful back blows and 5 forceful chest thrusts (<i>no abdominal thrusts</i>).	
8. Repeat steps 5 through 7. Rescuer should perform at least 2 cycles of back blows, chest compressions, look for foreign body, and attempt to ventilate.	
9. A foreign body is seen and removed from the victim’s mouth. Open the airway (head tilt–chin lift or jaw thrust) and try to ventilate (<i>chest rises</i>).	
10. Check brachial pulse and other signs of circulation (<i>no signs of circulation</i>).	
11. Begin cycles of 5 chest compressions (at least 100 compressions per minute) and 1 slow breath.	
12. After about 1 minute of rescue support, check signs of circulation (<i>signs of circulation present</i>); check breathing (<i>breathing absent</i>). If the rescuer is alone, activate the emergency response system.	
13. Perform rescue breathing for several breaths (<i>spontaneous breathing resumes</i>).	
14. If no trauma is suspected, place the victim in the recovery position.	

Comments _____

Instructor _____ Circle one: Complete Needs more practice