

First Five Priority: Check responsiveness
Expected learner action: Shake patient, sternal rub and say “Hey, Hey, Are you ok?”
Suggested facilitator scripting for correction: “I noticed you asked the patient if they are okay but did not shake them to make sure they weren’t just sleeping. Remember to always assess for more than only verbal stimulation by shaking/sternal rub.”
Suggested Facilitator next step: restart

First Five Priority: Check pulse
Expected learner action: Place finger on central pulse, assess for no more than 10 seconds. If no pulse, call out” There is no pulse” followed by starting chest compressions (Action-linked phrase)”
Suggested facilitator scripting for correction: “I didn’t see you check a pulse, or, I didn’t see you check a central pulse. Checking a central pulse is the best way to assess effectiveness of circulation.
Suggested Facilitator next step: restart

First Five Priority: Call for help
Expected learner action: Call loudly- specifically ask for crash cart. “I need help, the patient is coding. Bring a crash cart”
Suggested facilitator scripting for correction: “I didn’t hear you specifically ask for the crash cart. Remember the goal is to have those responding arrive with everything they need to manage the resuscitation.”
Suggested Facilitator next step: restart/rewind

First Five Priority: Start CPR
Expected learner action: Start immediately after assessing for pulselessness “This patient is pulseless, I’m starting CPR”
Suggested facilitator scripting for correction: “I didn’t see you immediately start chest compressions after identifying pulselessness. Remember the words “no pulse” are linked to immediately starting chest compressions.”
Suggested Facilitator next step: restart/rewind/resume (you may rotate learner roles if restarting)

First Five Priority: Perform High-quality CPR
Expected learner action: Continuous CPR until BVM initiated. Correct hand position, Rate, Depth
Suggested facilitator scripting for correction: “I want to talk about high quality CPR.” (turn to OIPS staff member) “Can you give us feedback on quality of chest compressions and ventilations?”
Suggested Facilitator next step: rewind/resume/restart (you may rotate learner roles if restarting)

First Five Priority: Perform High-quality CPR
Expected learner action: 2 nd person in room initiate high quality BVM "Patient is not breathing-- I will provide ventilations" E-C Hand position, Assessing for Chest Rise, ensure O2 is connected and on 10-15 Liter. Begin 30:2 compression to ventilation ratio

Suggested facilitator scripting for correction: "I noticed the patient is not being ventilated and we are ___ minutes into the resuscitation. Remember High-quality CPR includes ventilation as soon as crash cart arrives."

Suggested Facilitator next step: rewind/resume/restart (you may rotate learner roles if restarting)

First Five Priority: Perform High-quality CPR w/stool

Expected learner action: Team member provides stool for compressor. "I have a stool for you, step to the left/right, step on the stool "

Suggested facilitator scripting for correction: "I want to talk about using the stool. Remember it is important to prioritize using the stool to maximize effectiveness of chest compressions."

Suggested Facilitator next step: demonstrate choreography and rewind

First Five Priority: Perform high quality CPR w/ backboard

Expected learner action: Place backboard in coordinated fashion without interrupting compressions. 1st person continues chest compressions, 2nd person starts ventilations, 3rd & 4th team member prepare backboard, and defibrillator pads

- After confirmation that 3rd & 4th person are ready "I have the backboard", compressor stops compressions, rolls patient towards him- or herself so that 3rd person can slide backboard under patient

- 4th person places pads while backboard is being placed.

Suggested facilitator scripting for correction: "I want to talk about using the backboard. Remember it is important to prioritize using the backboard to maximize effectiveness of chest compressions."

Suggested Facilitator next step: demonstrate choreography and rewind/restart (you may rotate learner roles if restarting)

First Five Priority: Perform high quality CPR

Expected learner action: Coordinate 30:2 Instruct airway/compressor verbally communicate.

Suggested facilitator scripting for correction: "I want to talk about maintaining a 30:2 compression to ventilation ratio until you have a definitive airway in place. I want to hear the compressor start to count out loud once they reach 25 compressions. "25, 26, 27, 28, 29, 30". This lets the person with the BVM anticipate the next breaths."

Suggested Facilitator next step: rewind/restart (you may rotate learner roles if restarting)

First Five Priority: Use the AED

Expected learner action: Turn on and follow prompts

Suggested facilitator scripting for correction: "I want to talk about using the AED. I noticed that the pads were on before the AED- you should power on the AED first to allow it to give prompts for next actions. Consider turning on the AED while on the way to the room or as soon as you arrive in the room with the crash cart."

Suggested Facilitator next step: rewind/restart (you may rotate learner roles if restarting)

First Five Priority: Use the AED

Expected learner action: Clear for safety prior to shock. "I'm clear, you're clear, we are all clear."
Choreography- finger on button, eyes on bed, visually scanning.

Suggested facilitator scripting for correction: "I want to talk about defibrillator safety. I noticed you looking at the defibrillator while pressing the button. Remember to maintain eye contact with the team while pressing the discharge button."

Suggested Facilitator next step: rewind/restart (you may rotate learner roles if restarting)

First Five Priority: Use the AED effectively

Expected learner action: Resume chest compressions after shock. "Shock delivered, resume compressions."

Suggested facilitator scripting for correction: "I want to talk about limiting the time off chest during a resuscitation. It is important to resume compressions immediately after delivering a shock to limit the cumulative time off the chest to improve outcomes. You should limit pauses in chest compressions to no more than 10 seconds."

Suggested Facilitator next step: rewind

First Five Priority: Prepare epinephrine

Expected learner action: open box and prep abject

Suggested facilitator scripting for correction: "I want to talk about preparing the epinephrine for delivery. It seemed you were unfamiliar with putting the medication together for delivery. We see this frequently. (*Demonstrate choreography- open tab with thumb, dump abject in hand.*) "Flip, flip. Twist. Twist. Green means go"

Suggested Facilitator next step: rewind/resume

First Five Priority: Prepare epinephrine

Expected learner action: Announce to room that epi is ready. "The patient is pulseless, I have epinephrine ready, I recommend administering it now."

Suggested facilitator scripting for correction: "I want to talk about preparing epinephrine for when an ACLS provider arrives. The goal is to administer epinephrine within 5 minutes of cardiac arrest to improve outcomes."

Suggested Facilitator next step: rewind/resume

First Five Priority: Prepare epinephrine

Expected learner action: Speaking up if uncomfortable/unfamiliar with epinephrine administration. "I do not feel comfortable giving epi, Who can administer epinephrine?"; "I am unfamiliar with how to put this medication together, can someone help me?"

Suggested facilitator scripting for correction: demonstrate choreography- open tab with thumb, dump abject in hand. "Flip, flip. Twist. Twist. Green means go". Model speaking up behavior for learners.

Suggested Facilitator next step: rewind/resume/restart (you may rotate learner roles if restarting)