

**Department of Emergency Medicine  
Procedure Competency Form  
Medical Resuscitation**

**Resident:** \_\_\_\_\_ **Observing Faculty:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Pediatric** **Adult**

\_\_\_\_\_ Can describe the necessity of resuscitation with regards to the patient's condition

\_\_\_\_\_ Informs patient's family of resuscitation and patient's condition at the appropriate time and the appropriate manner. Obtains verbal or written consent, as appropriate.

\_\_\_\_\_ Acts appropriately as team leader

\_\_\_\_\_ Demonstrates knowledge of ACLS or PALS guidelines

\_\_\_\_\_ Assures procedures appropriate for resuscitation and performed in a timely manner

\_\_\_\_\_ Observes universal precautions within the limitations of medical necessity

\_\_\_\_\_ Assures team safety during resuscitation

\_\_\_\_\_ Assimilates team input and guides resuscitation appropriately

\_\_\_\_\_ Appropriate post-resuscitation tests orders or documentation of death completed

\_\_\_\_\_ Able to analyze and address potential reasons for unsuccessful resuscitation

\_\_\_\_\_ Discusses with family the outcome of the resuscitation

**Assessment:**      **Unsatisfactory**      **Proficient**      **Mastered**

**Comments:**

**Faculty Signature:** \_\_\_\_\_