


NWC EMSS Skill Performance Record
VAGAL (modified Valsalva) MANEUVER

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Attempt 1 rating	Attempt 2 rating
0 Step omitted (or leave blank)		
1 Not yet competent: Unsuccessful; required critical or excess prompting; marginal or inconsistent technique		
2 Successful; competent with correct timing, sequence & technique , no prompting necessary		
Prepare/assess patient * Confirm the need for a Vagal maneuver: Lower acuity to emergent: Stable Mild to Moderate cardiorespiratory or perfusion compromise HR >150; alert, SBP ≥ 90 (MAP ≥ 65) with chest pain or SOB but no evidence of decreased cardiac output		
State the purpose of a modified Valsalva maneuver: Provide + intrathoracic pressure and increase parasympathetic tone to slow the HR. Explain procedure to pt and confirm understanding; answer questions/concerns they may have.		
Initiate Initial Medical Care per Narrow QRS Complex Tachycardia with pulse & HR > 100 SOP <input type="checkbox"/> Full telemetry monitoring including ECG (have defib pads available), SpO ₂ , and BP <input type="checkbox"/> Proximal IV line placed with NS TKO or saline lock		
Prepare medications and equipment: <input type="checkbox"/> Empty 10 mL syringe; no needle <input type="checkbox"/> Prepare antiarrhythmic meds should procedure fail <input type="checkbox"/> Prepare procedural sedation meds in case cardioversion or ETI needed due to worsening dysrhythmia or if pt becomes unstable		
Perform procedure https://rebelem.com/the-modified-valsalva-maneuver-head-down-legs-up/ <input type="checkbox"/> *Position patient semi-sitting or sitting up <input type="checkbox"/> *Ask pt to take a deep breath and blow into the end of the syringe until the plunger moves backwards for 15 sec (expiratory pressure of ~30–40 mmHg) <input type="checkbox"/> *Immediately lower head to supine & passively lift legs at a 45-90 degree angle to the torso for 45 -60 seconds. (This increases venous return and maximizes vagal tone decreases HR by baroreflex and suppresses the AV node – key to procedure's success)		
Monitor for adverse events: ECG-captured events (asystolic pause and ventricular escape activity), hypotension, nausea, dyspnea, and dizziness that are likely tolerated well and will spontaneously resolve after the cessation of the maneuver.		
Critical Criteria - Check if occurred during an attempt <input type="checkbox"/> Failure to differentiate pt's need for Vagal maneuver vs. immediate cardioversion <input type="checkbox"/> Performs any improper technique resulting in potential for patient harm <input type="checkbox"/> Exhibits unacceptable affect with patient or other personnel <input type="checkbox"/> Uses or orders a dangerous or inappropriate intervention		

Scoring: All steps must be independently performed in correct sequence with appropriate timing and all starred (*) items must be explained/ performed correctly in order for the person to demonstrate competency. Any errors or omissions of these items will require additional practice and a repeat assessment of skill proficiency.

Rating: (Select 1)

- ☐ **Proficient:** The practitioner can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction.
- ☐ **Competent:** Satisfactory performance without critical error; minimal coaching needed.
- ☐ **Practice evolving/not yet competent:** Did not perform in correct sequence, timing, and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice

CJM 4/23

Preceptor (PRINT NAME – signature)

Huang, E.P., Chen, C.H., Fan, C.Y., et al. (2022). Comparison of various vagal maneuvers for supraventricular tachycardia by network meta-analysis. Front Med (Lausanne). Published online doi: 10.3389/fmed.2021.769437. PMID: 35186966; PMCID: PMC8850969.