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ACLS & BLS Provider Manual Handbook

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Megacode Testing Checklist: Scenario 12
Bradycardia → VF → Asystole/PEA → PCAC



life is why™

Student Name _____ Date of Test _____

Critical Performance Steps		Y or N	Score
Team Leader			
Ensures high-quality CPR at all times			
Assigns team member roles			
Ensures that team members perform well			
Resuscitating			
Starts oxygen if needed, places monitor, starts IV			
Places monitor leads in proper position			
Recognizes symptomatic bradycardia			
Administers correct dose of atropine			
Prepares for second-line treatment			
VF/Precipitated			
Recognizes VF			
Clears before analyzing and shocks			
Immediately resumes CPR after shocks			
Appropriate airway management			
Appropriate cycles of epinephrine/each shock-CPR			
Administers appropriate drugs and doses			
Asystole and PEA Management			
Recognizes asystole and PEA			
Verifies potential reversible causes of asystole and PEA (4Hs and 4Ts)			
Administers appropriate drugs and doses			
Immediately resumes CPR after rhythm checks			
Post-Cardiac Arrest Care			
Identifies ROSC			
Ensures BP and 12-lead ECG are performed, O ₂ saturation is monitored, ventilation need for endotracheal intubation and waveform capnography, and orders laboratory tests			
Considers targeted temperature management			
STOP TEST			
Test Results	Check PASS or NR to indicate pass or needs remediation:	PASS	NR
Instructor Initials _____	Instructor Number _____	Date _____	
Learning Objectives Completed			
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Immediate Post-Cardiac Arrest Care
<input type="checkbox"/> Megacode Practice			

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iol Mathematics Competition JUNIOR DIVISION – Problems and Solutions

Solutions by Denis Palopov¹

Problem 1

Every point on a line is painted using two different colours: black and white. Prove that there are always points A_1, A_2 and A_3 of the same colour.

$$A_1A_2 = A_2A_3.$$

Solution. Choose any two points of the same colour, say black, X be the centre of XY , B be such that X is the centre of BY and C be centre of CX . Hence, we have the following possibilities:

1. If A is black, then A, X and Y make the desired triple of points.
2. Otherwise, if B is black, then B, X and Y make the desired triple.
3. Otherwise, if C is black, then C, X and Y make the desired triple.
4. Otherwise, A, B and C make the desired triple.

Problem 2

Each of the 64 squares of a chess board has its centre marked. Is it possible to split the board in parts by 13 straight lines such that every part has only one of the points marked?

Note: If a marked centre ends up on a splitting line, then it is assumed that it belongs to both parts of the board on each side of the splitting line.

Solution. Consider 28 squares on all four sides of the board and join adjacent centres of those squares by line segments. There are 28 segments all together. Each of the 13 splitting lines intersects at most two such line segments, so there will be at least one segment which is not crossed by a line. Hence, the end points of such segments are in the same part of the board.

¹Dr. Denis Palopov is a Senior Lecturer in the School of Mathematics and Statistics at UNSW Australia.

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ACLS Renewal Course Search This format is intended for individuals who have a current certificate and need to renew it. For the full course and renewal The current manual for Cardiovascular Life Support Student Advanced AHA © Needed for this class. Students will have to present proof of prio © -test before starting the class. To get a certificate card © It would require a note of approval in the written test and a demonstration of the course material through © It's a HeartCode Skills. Search for ACLS Renewal Course You must make the following items to prepare for the ACLS course. Complete a BLS for Healthcare Providers CPR course/performance, and use a DEA in accordance with the AHA 2010 Guidelines for CPR, and ECC. Include the 10Main Cases in the ACLS Provider Manual. Understanding ACLS algorithms for central cases in the Ombudsman's Manual. Complete Self-Assessment Tests on ACLS ECGS and Pharmacology, going to the page of edcor.net and clicking on A e tests. Print the completed certificate and bring it to class. Bring the certificate of completion of the course. You cannot attend class if it is not completed and presented at the beginning of the class. This is © an AHA requirement for a course completion card. Without pretending ACLS, we cannot issue a card. Bring this signed checklist to the class. This should be placed in the course folder to verify that the course has been done in accordance with AHA guidelines. ACLS Skills (HeartCode) The online approval certificate © required for HeartCode Skills to be presented before the start of HeartCode Skills. To attend this class: First, go to the onlineaha. org to attend the online course (Part I). Check our agenda to verify the competencies of the ACLS heart code off course to (Part 2) for completion and certification. All formats are taught by an instructor certified by the American Heart Association (AHA) and follow AHA guidelines for the course. After completion, students who pass receive a certification from the American Association of Hearts ACLS for Healthcare Providers. © ACLS or PALS course © required before attending an ACLS or PALS provider or a renewal class. The test should be printed and taken to class. Click on the link below and follow the instructions to access the practice test © -Course: pry test © -ACLS To get your ACLS certificate card after completing a course: Follow these simple instructions Browse Common ACLS Questions: A: N o, ACLS © a separate certificate from BLS. ACLS covers high quality cpr for adults, but does not cover children or babies © S. A: Advanced cardholder life support or advanced cardiovascular life support (ACLS) refers to a set of classical interventions for the urgent treatment of cardholder shutdown, stroke and other medical emergencies © tips at risk of as well as knowledge and skills to implement these interventions. ACLS strongly uses the basic life support (BLS). In fact, it is assumed that all persons who are pursuing the ACLS will be competent in the So that it is © a prerequisite© for ACLS The first step in any emergency © ensure that first responders (you!) and the last one are safe. Therefore, if the vehicle is in the middle of the highway or in a burning building, the first step is © take the vehicle to a safe place. Assuming that you and the patient are in a safe place, the next step is © assess whether the patient reacts if the patient does not react move on to his inquire into ACLS The inquire©rito BLS Survey 1. Responsible? Shake and scream! Don't be afraid to make noise. Check the effective breathing for 5 to 10 seconds. 2. Activate EMS/Call Code In the hospital, you can call a © and send someone to get a defibrillator. In the community, call 911 and submit a DEA 3. Circulation Check the carotid pulse for no more than 10 seconds. If there is no pulse, start a high-quality CPR. 4. Defibrillation If there is a shock rhythm, pulseless ventricular tachycardia or ventricular fibrillation, provide an adult BLS shock © slightly different if there is a supplier (solo) or more than one supplier (team) present. The difference between the individual BLS vendor and the BLS team is © responsibilities are shared when more than one person is present. These will be detailed in Solo and Team Adult BLS. For health care providers, the difference between a witnessed card stop and a last that is © found below © the order of the initial steps. If you're alone and watch a sudden collapse of a video: Take a cardstop at a shocking pace. If you can get a DEA quickly, you can activate EMS, leave the video to get a DEA, provide CPR for 2 minutes, and use the DEA. If you are alone and find an adult without reaction: response to the measurement of the possible cause of injury. If cardstop is suspected: Activate EMS, get DEA, 2 min CPR, use If suspected of asphyxia: 2 min CPR. Activate EMS, get DEA, use DEA Always make sure you're safe and the victim is safe before you.Bls. Make sure the next one © responsive. Shake and shout! The Victim © the breathing effective? The victim has a pulse in the craft © carotid laugh? If you have witnessed a sudden collapse, take over the school parade at a shocking pace. If you can get an AED quickly, you can activate the EMS, leave the trip to get an AED, CPR for two minutes and use AED if you find an adult response, tailor does not respond to the presumed cause of injury. If you suspect cardholder stop: activate EMS, get AED, 2 minutes CPR, use AED If you suspect asphyxiation: two minutes of CPR, activate EMS, get ESA, use high quality ODA CPR includes fast and deep compressions, 100 compressions per minute Two inches deep, complete rebound if you can provide breaths, 2 breaths for 30 comps if you cannot provide breaths, just give the chest check comps for a pulse and cardholder pace every two minutes. Follow the instructions at the AED. After providing a shock, immediately resume CPR. Keep going till © that EMS arrives or the next one recovers its circulation. Always make sure your team is safe and the next one is safe. © safe before starting the BLS. Make sure the next one © responsive. Shake and shout! The Victim © the breathing effective? The victim has a pulse in the craft © carotid laugh? A provider activates the EMS and recovers an AED. The other provider (s) remains the victim. Force the high quality PCR includes fast and deep compressions, 100 compressions per minute of two inches deep, complete trailers if you can provide breaths, two breaths for thirty comps if you cannot provide breaths, simply give evidence that the EDA applies the EDA and follows directions given by the device. The provider who stayed with the victim provides CPR up to © That the ODA is ready. Check a pulse and cardholder rhythm every two minutes. Follow the instructions at the AED. If a shock is indicated, clean them all up and administer a shock. To provide a shock, immediately resume the team team. On the CPR team, the provider that gives chest chest changes every 2 minutes Continue until © the arrival of EMS or until © the video to recover the pointcirculation. The stop © the sabot a sense of cessation of blood flow to the tissues of the dog©rebro the results of a heart that is not pumping effectively. Four rhythms can occur during cardiac arrest: ventricular fibrillation, pulseless ventricular tachycardia, pulse©less electrical activity, and asystole. The primary intervention for ventricular fibrillation and wristless ventricular tachycardia is © cardioverted cardioverter, more commonly known as shock.The primary intervention for the electrical© activity without pulse and asystole © pharmacological, beginning with the administration of epinephrine. While ACLS provides algorithms for each of these cardaca stop rhythms, in the real world a patient can move between these rhythms during a single card stop experience. Therefore, the supplier should be able to accurately evaluate and adapt to the evolution of the circumstances. After every 2 minutes of CPR, check the pulse and check the heart rate. If the pace has changed from one rhythm to another, stop the algorithm. In ventricular fibrillation or pulse©less ventricular tachycardia, the ventricular circuit system exhibits a disordered rhythm that can sometimes be corrected through the application of energy to this. This energy can come in the form of an external automantium defibrillator (DEA), or defibrillator pads. VFibrillation and VTach are treated with unsynchronized cardioversis, since there is no way of the defibrillator to decipher the disordered waveform. In fact, it© important not to provide a synchronized shock to these rhythms. The ventricular fibrillation is recognize©d by a disordered waveform, appearing as peaks and shallow valleys, as shown in this range of ECG rhythm: ventricular tachycardia can provide a waveform similar to any other tachycardia; however, the largest at the school stop © that the patient will not get a pulse and, consequently, will be And no answer. Two examples of ventricular tachycardia are shown in these ECG rhythm strips. The first is © a narrow and complex tachycardia and the second a broad and complex tachycardia: once determined that a patient has a shockable pace, provide immediately a non-synchronized shock. If you are using protein energy, use the recommended device settings. If you don't know which one © this configuration, use the highest available configuration, (120 to 200 J). If you are using a single source of energy, administer 360 J. Resume CPR immediately after a shock. Minimize disruptions to chest compressions. Provide two rescue breaths for each thirty compressions. Epinephrine (1 mg IV/IO) © Vasopressin (40 units IV/IO) may be used instead of the first or second dose of Amiodarone epinephrine (IV/IO) First dose 300 mg Second dose 150 mg Lidocaine may replace amiodarone when amiodarone is not available. First dose: 1-1.5 mg/kg IV Second dose: 0.5-0.75 mg/kg IV every five to ten minutes If the stopping pace is no longer shocking, switch to PEA/Asystole algorithm If the patient regains consciousness, switch to ROSC algorithm for him and him Elite activity © NO Wrist or PEA RD © a cardinal rhythm that does not create a palpable pulse © even if it should be. An PEA rhythm can be almost any rhythm except ventricular fibrillation (incl. pointe torsade) or ventricular tachycardia without a pulse. Asystole is © the "flat line" on the ECG monitor. Represents a lack of activity © It is critically important not to confuse this asystole with a light seal with the face of the vineyard. 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Tips on aspiration The adequate aspiration requires normally negative pressures of £ 80 to -120 mmHg. The wall mounted suction can deliver delivering but portable devices cannot. When aspirating oropharynx, do not insert the catheter too deeply. Extend the catheter to the depth and maximum safe aspiration as it withdraws. When vacuuming an endotracheal tube, remember that the tube is inside the trachea and may be aspirating near the bronchi! lung. A sterile technique must therefore be used. Each suction attempt should not exceed 10 seconds. Before vacuuming, give a brief report of 100% oxygen remember that the patient will not receive oxygen during suction. Monitor vital signs during suction and immediately stop suction if the patient experiences hypoxemia (saturation of O2 94 has a new one would expect from a person who has died. Think about stopping ACLS efforts on people who have had Asystole. It is inappropriate to provide a shock to © activity without pulse or asystole. 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