ACLS Study Guide (Manual) 2023

1) BLS SURVEY

A) C.A.B (Compressions, Airway, Breathing)

B) **Sequence:** 1. Check the scene to make sure it is safe. Don't get hurt trying to help.

2. Check the patient for responsiveness and breathing

3. Activate the Emergency Response System/ Get a Defibrillator

4. Check for a Carotid pulse (no more than 10 secs, no less than 5 secs)

5. Begin CPR, start with Compressions

C) **Compressions:** 1. At a rate between 100-120 per minute and 2 inches deep

2. 30;2 ratio of compressions to breaths

3. Compress the center of the chest (lower half of the sternum)

4. Switch compressors every 2 mins or when HR on monitor drops under 100bpm during compressions

5. Minimize ALL Interruptions to 10 secs or less during CPR

D) **Airway:** 1. Open the airway with the **Head/Tilt Chin Lift** maneuver

2. Use the Jaw Thrust Maneuver for Trauma PT.

Note: do not apply Cricoid pressure any more to all patients.

E) **Breathing:** 1. Give enough air for the chest to rise.

2. Avoid excessive Ventilation to prevent vomiting, too much pressure around the heart, and 0xygen toxicity.

F) **Types of Breathing**: 1. *Normal CPR Breathing* (2 breaths w/ 2 secs. in- between each breath)

2. ***Rescue Breathing*** (1 breath every **6** secs)

3. Breathing w/ an ***Advanced Airway*** (1 breathe every **6** secs)

Cardiac Arrest

It may be reasonable for EMS providers to use a rate of 10 breaths/min (1 breath every 6 seconds) to provide asynchronous ventilation during continuous chest compressions before placement of an advanced airway.

G) **Defibrillation:** 1. Assess and use the Defibrillator immediately after is arrives if necessary.

2. Follow each shock immediately with CPR. Don't reassess immediately.

3. Defibrillation used to shock V-Fib and Pulseless V-Tach only in cardiac arrest

Shock Dosage: 200 J for first shock

300 J for second shock

360 joules for third shock and any shocks after

4. Defibrillator pads can be used universally between defibrillators which results in faster defibrillation. It also all is faster to use than paddles because the pads can be left on the patient's chest.

NOTE: BLS takes priority over ACLS

2) ACLS SURVEY

A) Complete ACLS Survey after BLS Survey

B) Sequence: ABCD; **A**irway, **B**reathing, **Ci**rculation, **D**ifferential Diagnosis

AIRWAY-

1. correct breathing by: Head/Tilt Chin Lift **NPA** (nasal pharyngeal airway) or **OPA** (oral pharyngeal airway) Advanced Airway Placement

Question: Is proper Placement of airway confirmed? Is the tube secured?

2. **Types of Advanced Airways**: Laryngeal mask airway, Esophageal-tracheal tube, Endotracheal tube

3. *No more cricoids pressure*. Not beneficial in all cardiac arrest.

4. Measure NPA: From the tip of the PTs ear to the tip of the PTs nose

Measure OPA: From the tip of the PTs ear to the tip of the PTs mouth

CLASSIFICATION OF THE PATIENT: *STABLE VS UNSTABLE*

A) STABLE-- TREAT REVERSABLE CAUSES-->MEDICATION THERAPY-- PACING or S. CARDIOVERSION-- SPECIALIST

B) UNSTABLE- PACING or S. CARDIOVERSION SPECIALIST

1. Examples of signs and symptoms that can describe a patient that is UNSTABLE:

SHORTNESS OF BREATH (different from respiratory distress)

ALTERED MENTAL STATUS

SBP <90,