



Advanced Cardiovascular Life Support (ACLS)

Study assistance for employees of Lake EMS









- Much of the great care we perform relies on our protocols
- Our protocols are primarily based initially on the guidelines of the American Heart Association
 - The challenge is that we have learned to apply a higher level of care since the 2010 guideline release









- The Florida Bureau of EMS requires that every paramedic maintain a contiguous ACLS card
- As a licensed ALS service, Lake EMS requires and provides annual training
 - Lake EMS holds a Training Center contract with the National office in Dallas to meet this need









- The issue at hand is that we prepare for ACLS only once every 2-years and we prepare to apply our protocols daily
- That said, this guide is designed to guide you to review salient educational points within the ACLS Provider Manual
 - Prior to class testing









- So open up the textbook and follow along with the slides
 - Of course that is after you remove the plastic from the textbook









- Part 1: Course overview
- Part 2: The Systemic Approach: The BLS and ACLS Surveys
- Part 3: Effective Resuscitation Team Dynamics
- Part 4: Systems of Care
- Part 5: The ACLS Cases









Part 1 Course overview, pages 1-7









- Page 1 discusses the course objectives
 - Meaning what you should be able to recognize/demonstrate/perform after successful completion









 Page 2 lists the required knowledge and skills needed for successful course completion









- Page 3 shows us what EKG rhythms we need to be able to demonstrate
 - It is important to understand that the AHA wants us to understand the rhythms and pharmacology and to be able to apply them correctly in a scenario or real life incident









- Page 4 reminds us of the importance of the red Critical Concept boxes
 - They are good reminders
 - Like they might show up as a test question or two









- Lastly, page 7 shows the base requirements to successfully complete ACLS
 - This is in addition to understanding EKGs, pharmacology, and when to use appropriate therapies and treatments









Part 2 The Systemic Approach: The BLS and ACLS Surveys, pages 11-16









- There is a high compliment of questions on the importance of good quality CPR
 - We see the results here at Lake EMS with our higher than normal save rate
- CPR is important, it is a critical aspect of every MegaCode in class and in every real life cardiac arrest situation









- Study the steps on pages 13-14 and remember the Critical Concepts boxes
 - Historically the AHA likes to ask sequencebased questions so be able to recall the proper order of CPR









 Page 16 is information that is not new to us but remember how to detect the need to improve CPR quality









Part 3 Effective Resuscitation Team Dynamics, pages 17-24









- Pages 19-23 lists 7 keys to effective resuscitation team dynamics
 - Be able to recognize each of these types
 - We may feel that our co-workers don't require them and I agree; however, the test was made for hospital as well as out-of-hospital personnel









Part 4 Systems of Care, pages 25-32









- Page 26 discusses medical emergency team (MET) and rapid response teams (RRT) that are used in hospitals
 - Understand why they were formed and the benefit they offer
- A further explanation is also found on page 31









- Page 28 discusses post-arrest care with attention to:
 - Therapeutic hypothermia
 - Hemodynamic and ventilation optimization
 - Immediate coronary reperfusion with PCI
 - Glycemic control
- Understand the importance of these









Part 5 The ACLS Cases, pages 33-148









ACLS Cases are further broken down into 11-parts:

- 1. Respiratory Arrest Care 6. Asystole
- 2. VF with CPR/AED
- 3. ALS VF
- 4. ROSC
- 5. PEA

- 7. ACS
- 8. Bradycardia
- 9. Unstable Tachycardia
- 10. Stable Tachycardia
- 11. Stroke





ACLS Case: Respiratory Arrest Care, pages 34-49



- Looks a lot like the earlier CPR component with basic and advanced airway techniques
 - Know the CPR steps, they are repeated on page 35
 - Know the ventilation rates with a pulse, during a code both with and without an advanced airway on page 36 and 47
 - Must be important...





ACLS Case: Respiratory Arrest Care, pages 34-49



- Remember the importance to continuous waveform capnography on page 37
 - Remember the training on how immediate the results are with capnography?
 - Important then and now









- Page 46 has important considerations on suctioning the oropharynx as well as the trachea
- Page 48 has a warning on the routine use of cricoid pressure; understand the rationale





ACLS Case: VF with CPR/AED, pages 49-58



- Although many class participants skim over this section, there are numerous questions here that are routinely missed on the test
 - Regardless if someone misread it or not I would recommend reading this area slowly to understand the sequence that the AHA assesses







- Start with the algorithm on page 61
 - Understand the dosage, route, and sequence of administering therapies to include defibrillation
 - Page 62 shares insight into why minimal compression interruptions are important
 - Page 63 discusses recommendations to decrease chest compression interruptions









- Page 64 has Foundational Facts on both:
 - Clearing for defibrillation
 - Including lessons learned in Europe
 - Paddles versus pads
- On this page is also good information on when to check for a pulse









- On page 67, what is the target range for PETCO₂ (capnography)
- Pages 69-70 discuss the 3 main routes of medication administration:
 - Know the differences in how medications are given
 - Which is preferred







- One of the largest additions to the 2010 Guidelines within the new ACLS textbook is in regards to Immediate Post-Cardiac Arrest Care/Return of Spontaneous Circulation
 - Consequently there are many questions on it
 - Be prepared







- Understand:
 - Treatment priorities
 - Oxygen
 - Capnography
 - Ventilation
 - Hypothermia contraindications
 - Hypotension therapy
 - BP
 - Hypothermia ranges and duration of usage







- Understand the algorithm on page 80 (same as page 61)
 - Understand the dosage, route, and sequence of administering therapies
 - And no, we do not pace PEA
- Pages 83-85 have some great explanations on the causes of PEA (H's and T's)







- Understand the algorithm on page 80 (same as page 61)
 - Understand the dosage, route, and sequence of administering therapies
 - And no, we do not pace or defibrillate
 Asystole







- On page 87, understand the section on:
 - DNAR (their term) orders
 - Asystole as an end point
- Pages 89-90 also go into depth that might be a benefit for you, also







- Page 98 recommends routine usage of 12-Lead EKGs
 - Pages 98-101 (4-pages) are spent on the importance of the 12-Lead
 - Understand how to assess a 12-Lead, use the <u>on-line review</u> as a guide and feel free to make an appointment with <u>me</u> and I can help you







- Understand the algorithm on page 94
 - Understand the dosage, route, and sequence of administering therapies
 - Understand the definitive therapies for each of the classification choices after the 12-Lead EKG





ACLS Case: Bradycardia, pages 104-114



- Understand the algorithm on page 109
 - Understand the dosage, route, and sequence of administering therapies
 - Pay particular attention to the FYI 2010
 Guideline box at the page 109 bottom
- Page 110 has an area called Treatment Sequence Summary (Box 4), understand it for class





ACLS Case: Unstable Tachycardia, pages 114-123



- Understand the algorithm on page 118
 - Understand the dosage, route, and sequence of administering therapies
 - Know the dosages for cardioversion as listed on this page, some older ACLS textbooks list a wrong dosage on page 123







- Page 117 has a Foundational Fact box that discusses unstable condition signs and symptoms
 - Page 119 has an area called Decision Point, understand the differentiation of stable versus unstable tachycardia







- Page 120 and 121 discusses challenges of treating polymorphic VT/Torsades de Pointes
 - Know the treatment rationale as per the AHA





ACLS Case: Stable Tachycardia, pages 124-130



- Understand the algorithm on page 127 (same as page 118)
 - Understand the dosage, route, and sequence of administering therapies







- There is an impressive algorithm on page 134 but it's focus is on care within the emergency department
 - Focus on page 136 with regard to EMS care, transport, and stroke assessment







- The CT Scan is to stroke care what the 12-Lead EKG is to cardiac care
 - Without them we cannot correctly categorize the situation and treat appropriately
 - That said, read page 141 regarding the importance of a non-contrast CT scan









- The largest pool of ACLS questions surround cardiac arrest and its management
 - The test is comprised of 50-questions
- Every question can be traced back to the information in the textbook that we have highlighted here









- We hope this study assistance is a benefit for you
 - Take the time to review before class, this is intended to be a benefit for you
- Like at work, answer the scenario-based questions as if you are treating a loved one

– We wish you all the best









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By the Quality Development Department



