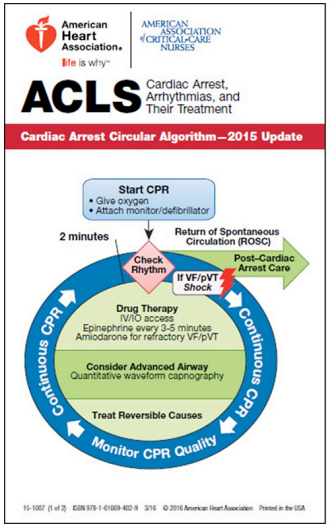
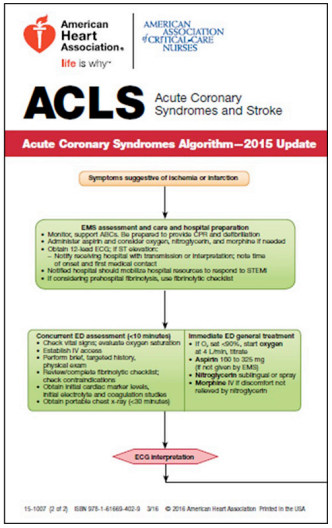
Authorized Provider
Of CPR and ECC
Courses

American Heart Association®
Learn and Live™

ACLS STUDY GUIDE





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Welcome to Learn ACLS a multi-regional and international American Heart Association Training Center, the home of “Stress Free Leaning

Before attending your class, it is strongly recommended that you complete a pre course online evaluation test. The website is www.heart.org/eccstudent.org (password for ACLS is acls15). This self-evaluation test is designed to prepare you for your upcoming certification class, as well as assist the instructors in guiding the class meet your educational needs.

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Upon successful course completion, including demonstration of skills competency in all learning stations and passing the CPR and AED skills test, bag-mask ventilation skills test, a Megacode test and a written test, students receive an ACLS course completion card, valid for two years.

Once again thank you for choosing Learn ACLS for your American Heart Association training needs. We look forward to seeing you at your class.

- High quality CPR and early defibrillator is the core of ACLS care in the cardiac arrest patient.
- High quality CPR can be measured by, Partial End Tidal Carbon Dioxide (PETCO). A reading greater than 10 and less than 23 indicates high quality CPR. The normal PETCO is 35-45 mm HG. Any reading less than 10 indicates ineffectiveness CPR during resuscitation.
- A sudden rise of PETCO towards normal is the first sign of return spontaneous circulation (ROSC).
- If an AED does not analyze it is defective, do not attempt to troubleshoot.
- Integration of the RRT or MET facilities early identification of clinical deterioration of patients and visitors in hospital and improves overall outcome.
- Atropine is no longer recommended for the treatment of A systole or PEA.
- Pulseless Electrical Activity is finding of a rhythm that would normally profuse, but is not.
- All symptomatic bradycardiac patients should receive Atropine 0.5 mg IVB Q 3-5 minutes up to 3 mg. those patients who do not respond may be treated with Dopamine or Epinephrine infusions or Transcutaneous pacing.
- Any regular tachycardia that is unstable and the treatment of choice should be synchronized defibrillator, with or without sedation.
- In the ROSC algorithms the first priority is to maintain airway, overall focus is maintenance of homeostasis. PCI and induction of therapeutic hypothermia can be safely combined.
- Target values after ROSC, PAO2 / FIO2 94-98, PETCO 35-45, BP 90 mm HG systolic.
- ROSC patients can receive 1-2L of 4 degree Celsius Saline or Ringers.
- In Bradycardia and Tachycardia always consider underlying causes as first line treatment.

Key points reflected in the 2015 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care

- Basic life support skills, including effective chest compressions, use of a bag-mask device and use of an (AED)
- Recognition and early management of respiratory and cardiac arrest
- Recognition and early management of peri-arrest conditions such as symptomatic bradycardia
- Airway management
- Related pharmacology
- Management of acute coronary syndromes (ACS) and stroke
- Effective communication as a member and leader of a resuscitation team
- Effective Resuscitation Team Dynamics