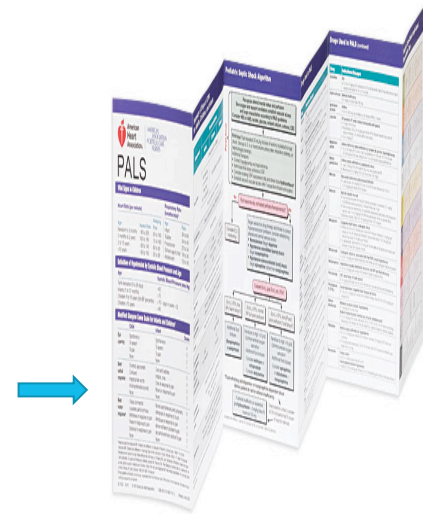


Authorized Provider
Of CPR and ECC Courses



PALS STUDY GUIDE



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

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 PALS is palsprovider). 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.

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.



Pediatric Advanced Life Support



- Pediatric patients are mostly respiratory and shock only. Approximately 10% are primary cardiac disease. Therefore, always consider a respiratory cause first.
- High quality CPR is the essence of pediatric arrest resuscitation.
- Refer to the BLS study notes for CPR for the pediatric resuscitation.
- PETCO is recommended to monitor the quality of CPR in pediatrics.
- PAO₂ is used in the absence of FIO₂ in monitoring oxygenation; the target is 94–98.
- PAO₂ may not be accurate in determining adequacy of ventilation and or oxygenation of pediatric patient.
- Channelopathies is a growing cause of primary cardiac arrest, and it is recommended that patients with suspected channelopathies receive an extensive post mortem by an expert.
- New recommendations for a change in medications in the pediatric patient have been made in the 2010 standards. The algorithm now only shows Amiodarone in the shock able cardiac arrest because it has the broadest spectrum of efficacy in the widest practitioner population.



- High Quality CPR is: Push hard, fast, deep full recoil of the chest with minimal interruptions.
- ABC has been replaced by CAB sequence. Check responsiveness and scan for adequate breathing, call for help and get an AED/Manual Defibrillator, check a pulse, no more than 1– seconds and begin with compressions.
- Deep is at least 1/3 A/P diameter or 1.5 inches, or 4 CM for infants. At least 2 inches or 5 CM for adults and children.
- Fast is a rate of at least 100 compressions a minute, the beat of “Staying Alive” by the Bee Gee’s.
- Push hard on the lower half of the breastbone, Sternum
- Universal Compression to Ventilation ratio is 30:2 for adult, child and infant 1 person CPR. Also for 2 person adult CPR. For 2 person child and infant it is 15:2.
- 5 cycles of 30:2 or 10 cycles of 15:2 is approximately 2 minutes.
- Neonate or Newborn = birth to discharge. Infant is to age one. Child is to signs of puberty. Adult is a person with signs of puberty.
- Ideally rescuers should switch every 2 minutes, taking no more than 10 seconds to switch and charge a manual defibrillator or AED and shock.
- Rescue breathing: for an adult 1 breathe every 5–6 seconds, and for children it is 1 breathe every 3–5 seconds.
- When using an advanced airway rescuers should perform continuous compressions ventilating once every 6–8 seconds on all patients.
- The preferred ventilation technique in one person CPR is mouth to mask, mouth to mouth, or mouth to barrier.
- Always check that the scene is safe when first encountering a patient.