  

**ACLS TOOLS FOR SUCCESS! Stress free classes from cprflorida.net**

1. Stroke Alert = CT < 20 min
2. Complexes are wide and similar = Monomorphic V-tach
3. OPA measured from mandible to corner of mouth
4. NPA measured from corner of mouth to nose
5. No bleed, onset < 2hrs = TPA ASAP
6. After we shock, resume CPR, starting with chest compressions
7. Atonal gasps (fish out of water) = sign of cardiac arrest
8. If chest pain patient is stable, most important diagnostic is 12 lead ECG
9. When cooling to 32-36 degrees C, keep them on ice for 24 hours
10. Going, going, gone is a Second Degree Type I
11. Always complete you BLS rapid assessment prior to initiating CPR
12. Recent stent placed, no crushing chest pain = ACS
13. First drug in every cardiac arrest is 1 mg, Epinephrine 1:10,000 IV push
14. Second drug for V-Fib/V-Tach is either Amio 300 mg or Lidocaine 1 to 1.5 mg/kg
15. If comatose after ROSC, cool them down to hypothermia
16. Unstable V-Tach with a pulse, the intervention is synchronized cardioversion
17. Increase CCF by hovering and charging the defibrillator 15 seconds before rhythm check
18. If you aren’t proficient in a skill, ask for a new task
19. Capnography is the only have to confirm a tube
20. Capnography can also confirm good quality CPR (if intubated)
21. Less than 10 mmHG on EtCO2, possible poor CPR, switch compressors
22. If P waves and QRS complexes don’t match, most likely 3rd Degree Block
23. Stop a mistake before it happens, always address it immediately
24. Adenosine dosages are 6mg then 12 mg
25. PR internal stays the same and then a QRS is dropped = 2nd Degree Type II
26. Rapid response teams recognize declining patients for early intervention
27. If unsure, repeat an order back for clarification
28. 162 to 325 mg of ASA for Chest Pain
29. If I look like NSR and I have no pulse, I’m PEA = Give Epi every 3-5 min
30. 90 mmHg is the target BP
31. Coach wants high quality CPR
32. If less than 94% SpO2 on room air, give O2
33. Fast rhythms and hypotensive = Synchronized Cardioversion
34. When closing the loop, repeat it back
35. Team Leader should clearly delegate
36. Too much ventilation, not enough cardiac output
37. Nothing should take longer than 5-10 seconds
38. Cardiac arrests should be taken to cardiac capable facilities
39. Door to balloon time should be 90 minutes or less
40. CPR should be done at least 5 cycles in a 2 minute period, 100-120 per min
41. Rescue breathing is 1 breath every 6 seconds