  

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

1. IO’s are placed in extremities with poor IV access
2. Delayed cap refill = hypotensive (Normal systolic for infant 67 – 84)
3. Grunting, stridor, retractions, accessory muscle use needs intervention
4. Know your limitations. Can’t perform a task, ask for a new one
5. Want high quality CPR, allow full chest recoil
6. Anaphylaxis is an upper airway issue
7. Trauma and decreased LOC = immediate intervention
8. Pediatric 2 person CPR = 15 compressions to 2 breaths
9. After defibrillation, resume CPR
10. If in respiratory failure, expect a significantly decreased SpO2%
11. If suspected infection, child needs an antibiotic early
12. If given a incorrect dose order, confirm the order and correct the dose
13. Never interrupt CPR longer than 10 seconds
14. Low respiratory rate = failure, stridor = distress
15. 2, 4, 6, 8 that’s the way to defibrillate (in J/kg)
16. If an unwitnessed arrest, do 5 cycles of CPR, before leaving to call 911
17. Child and infant 1 rescuer is 30 compression to 2 breaths
18. If child is lethargic from breathing too fast, respiratory failure
19. If vomiting and diarrhea, check a BGL because they probably haven’t been eating
20. All fluid bolts are given at 10-20 mL/kg of normal saline and isotonic crystalloids
21. Crackles are heard when you have Pneumonia or fluid in lungs
22. When there’s an upper airway obstruction/stridor from croup = nebulized Epi
23. Wheezing from asthma will give you a prolonged expiratory phase
24. Disordered control of breathing can be seen after seizures
25. Decreased respiratory rate, reduced LOC and retractions = respiratory failure
26. If I look like NSR but I don’t have a pulse, I’m PEA = give Epi
27. If snoring respirations, reposition the airway and insert an OPA
28. If that doesn’t work, upgrade to BVM ventilations
29. Oxygenate to 94-99% on the SpO2%
30. If immunocompromised and septic, this is Distributive shock
31. Blood pressure is always most important when evaluating a shock patient
32. Only go to Sync Cardiovert when pharmacological interventions are unavailable or delayed
33. The most likely cause for bradycardia is hypoxia