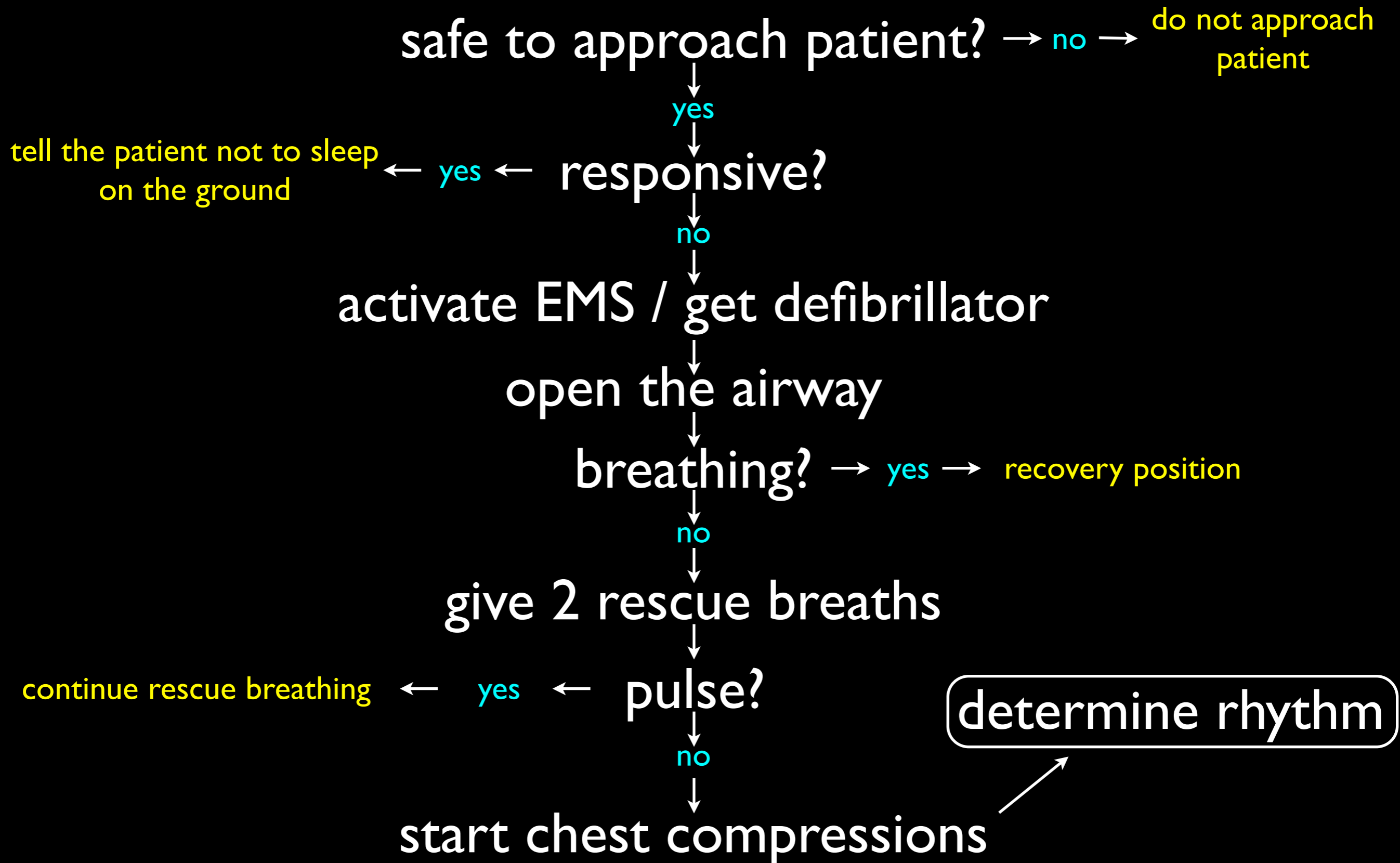


ACLS

we put the rhythm
back in algorithm

BLS



BLS

establish unresponsiveness

activate EMS / get defibrillator

A

open airway

B

check for breathing

rescue breathing

C

check for pulse

chest compressions

D

defibrillate shockable rhythms

patient is pulseless

determine rhythm

rotate chest
compression
person at rhythm
check

pulse &
rhythm check

shockable

address
reversible
causes

shock

resume CPR
for two minutes

1. establish vascular access and intubate
2. vasopressor
3. antidysrhythmic

pulseless + shockable rhythm: easy

EMS / defibrillator, open airway, rescue breaths, chest compressions

pulse and rhythm check / change compressor
shock / resume compressions x 2 min

establish vascular access and intubate

pulse and rhythm check / change compressor
shock / resume compressions x 2 min

vasopressor (epinephrine or vasopressin)

pulse and rhythm check / change compressor
shock / resume compressions x 2 min

antidysrhythmic (lidocaine or amiodarone)

pulse and rhythm check / change compressor
shock / resume compressions x 2 min

address reversible causes

terminate efforts, apprise the family, debrief

patient is pulseless

determine rhythm

rotate chest
compression
person at rhythm
check

not shockable

pulse &
rhythm check

address
reversible
causes

resume CPR
for two minutes

1. establish vascular access and intubate
2. vasopressor

pulseless + unshockable rhythm: even easier

EMS / defibrillator, open airway, rescue breaths, chest compressions

pulse and rhythm check / change compressor
resume compressions x 2 min

establish vascular access and intubate

pulse and rhythm check / change compressor
resume compressions x 2 min

vasopressor (epinephrine or vasopressin)

pulse and rhythm check / change compressor
resume compressions x 2 min

address reversible causes

terminate efforts, apprise the family, debrief

address reversible causes

Hypoxia: Intubate the patient and provide 100% oxygen

Hypovolemia: Most undifferentiated arrest patients should receive a NS bolus - if suspicion for hemorrhage is high, administer uncross-matched blood

Hypo/hyperkalemia: Consider calcium chloride, especially in the patient with suspected renal insufficiency

Hypoglycemia: Consider D50

Hypothermia: Warm the cold patient

Hydrogen ion/acidosis: Consider bicarb, especially if toxicology is suspected

Toxins: In addition to bicarb, consider empiric antidotes - cyanide kit, digibind, naloxone, glucagon

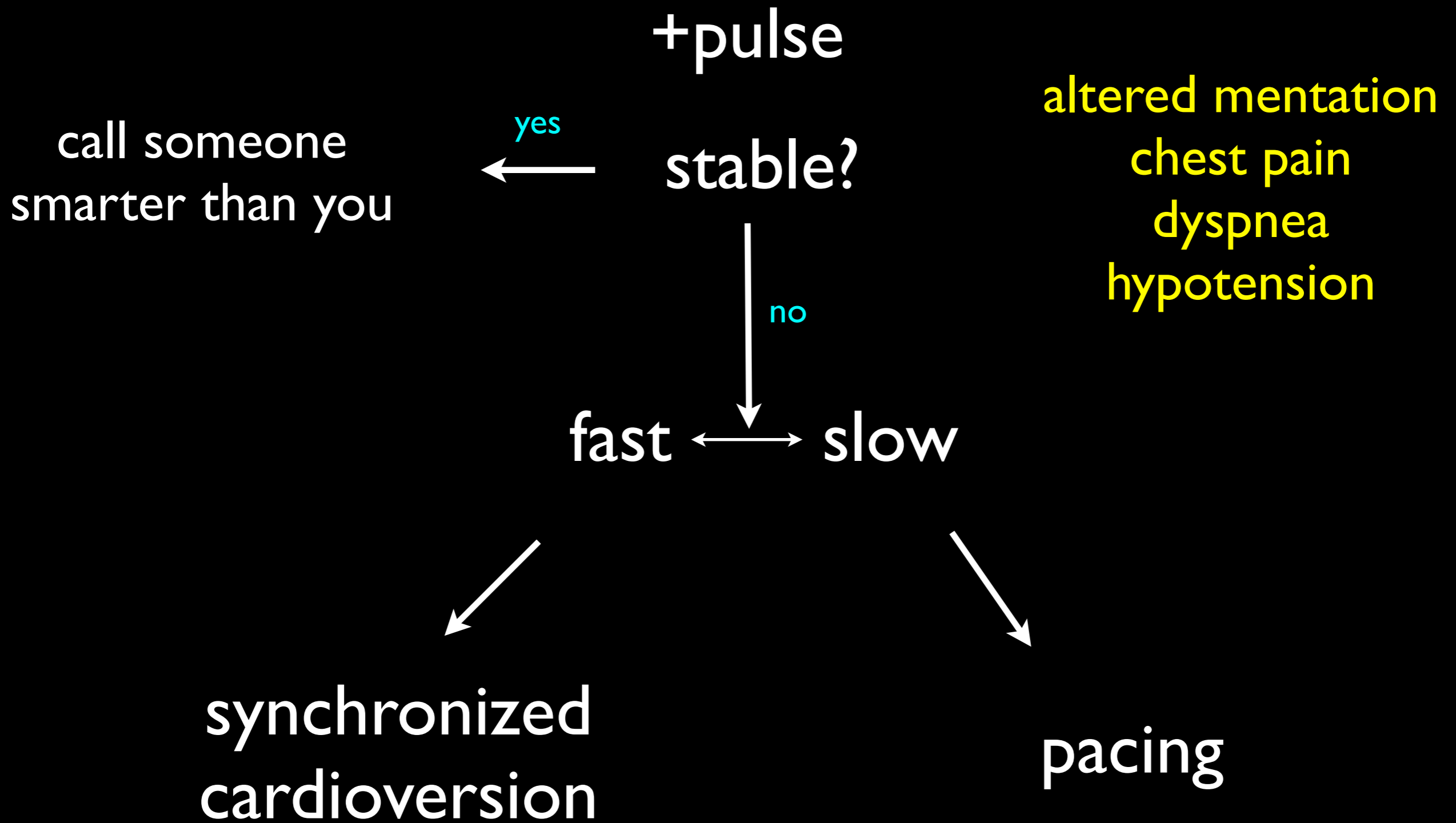
Tamponade: Bedside ultrasound / pericardiocentesis

Tension pneumothorax: Breath sounds, bedside ultrasound / needle or tube thoracostomy

Thrombosis: Consider thrombolysis for PE or AMI

Trauma: Examine the entire head and posterior thorax

ECG interpretation



ACLS

it's not rocket surgery