

# The Ultimate ACS Study Guide

Advanced Cardiac Life Support (ACLS) provides guidelines for healthcare professionals for all types of cardiac emergencies.



## EKG Anatomy



**P-Wave** = electrical activity in the upper heart chambers; represents contraction of SA node and AV node.

**PR Interval** = time from P wave to QRS complex.

**QRS Complex** = ventricular depolarization.

**ST Segment** = transition from ventricular depolarization to repolarization. Repolarization starts at the end of the QRS complex.

**T-Wave** = repolarization of upper heart.

## ECG Rhythms

**Ventricular Fibrillation** - no organized blood, immediate defibrillation.

**Ventricular Tachycardia** - ventricular arrhythmia. Heart rate 100-250 bpm. Immediate cardioversion.

**P纈tential &逸搏 (Fibrillation Activity)** - fibrillation rate 300-500 bpm.

**Atrial Fibrillation** - on EKG, if leads are all connected, begin CPR immediately.

**Sinus Bradycardia** - rate less than 60 bpm, no cause/minute. Prolonged PR interval if not otherwise.

**1st Degree AV Block** - prolonged PR interval. Rhythm normal.

**2nd Degree Block Type I - Wenckebach** - progressive PR interval lengthening. Gradual complete block. Rhythm requires treatment.

**2nd Degree Block Type II - Mobitz I** - ventricular逸搏 (fibrillation activity). Usually no cause.

**3rd Degree Block** - between SA and AV nodes. Complete block. Prolonged PR interval.

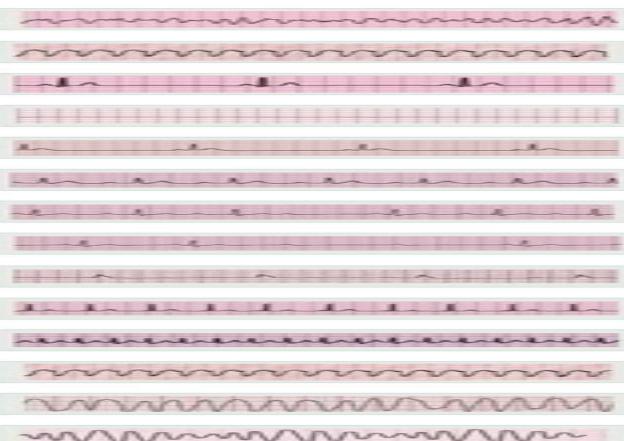
**Sinus Tachycardia** - increased heart rate of 100-150 beats per minute. No cause.

**Supraventricular Tachycardia** - irregular heart rate with P waves when heart rate is 100-250 bpm. Immediate cardioversion.

**Monomorphic Ventricular Tachycardia** - rhythm stable. Immediate cardioversion.

**Polyomorphic Ventricular Tachycardia** - rhythm changes. Immediate cardioversion.

**Torsades de Pointes** - different types of QRS complexes. Forms a spiral pattern. Immediate cardioversion - treat with magnesium.



## Electrical Therapy Basics



**Defibrillation** - uses an automated external defibrillator (AED).

**Synchronized Cardioversion** - synchronized to the heart's rhythm.

**Transcutaneous Pacing** - treats abnormally slow heart rate.

## Airway Management



**Adjuncts**

- Oropharyngeal (OP) airway - use for unconscious patient with a head injury.
- Nasopharyngeal (NP) airway - use for conscious patient with a head injury. NEVER USE WITH A HEAD INJURY.

**Advanced Airways** - recommended method, use with intubation with capnography.  
- Endotracheal intubation - use if intubation is unfamiliar with endotracheal tube.

## Post-Resuscitation Care



### Follow the ABCDs:

- Airway - maintain ventilation and oxygenation.
- Breathing - keep PETCO<sub>2</sub> between 35-40mmHg.
- Circulation - maintain mean arterial pressure of 90mmHg.
- Differential Diagnosis - use H&Ts to determine contributing factors to cardiac arrest.

## Acute Coronary Syndromes (ACS)

### Unstable Angina

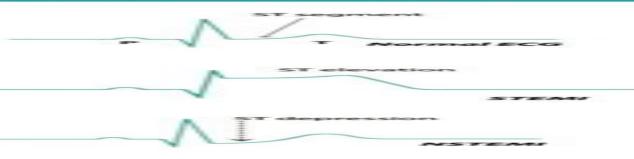
- Unexpected chest pain due to poor blood flow.
- Increased pain.
- Blood thinners.
- Angiogram - open or narrow or blocked artery.

### ST-segment Elevation MI (STEMI)

- Total blockage of a coronary artery.
- Electrical activity during the ST-segment shows ST-segment elevation.
- Coronary intervention (PCI) or emergency CABG surgery.

### Non-ST-segment Elevation MI (NSTEMI)

- Partial blockage of a coronary artery.
- ST-segment depression instead of elevated.
- Inflammation.
- Immediate PCI or emergency CABG surgery.
- Coronary artery bypass grafting (CABG) surgery.



## Stroke Assessment and Treatment

Cardiac arrest is a frequent complication after an acute ischemic stroke. If a stroke is suspected, immediately transport to the nearest Stroke Receiving Center.

### Cincinnati Prehospital Stroke Scale:

1. Age over 60
2. Arm drift
3. Speech

“You can't teach an old dog new tricks”



## Code Termination

Consult with medical control before code termination.



- Persistent asystole 25 minutes or longer.
- Obvious signs of death.
- Withdraw resuscitation efforts.

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# Acls 2010 Study Guide

**Om Prakash Kharbanda**

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**ACLS Study Guide** Barbara Aehlert,2007 Written in a conversational style the 3rd edition of the ACLS Study Guide features unique user friendly and easy to remember treatment algorithms totally revised to reflect the 2005 emergency cardiac care guidelines Full color throughout it offers a complete concise overview of advanced cardiovascular life support ACLS acute coronary syndromes and acute stroke It also features easy to access information with Stop and Review quizzes in each chapter and a comprehensive pretest and posttest New to this edition are a handy ACLS quick reference fold out card a heart rate ruler and more In addition to being an outstanding study tool the ACLS Study Guide 3rd Edition is the official text for the American Safety and Health Institute ACLS certification course For more information on ASHI courses call 800 246 5101 or visit [www.ashinstitute.com](http://www.ashinstitute.com) A pretest and posttest each containing 50 questions with answers and rationales provide readers with opportunities to check comprehension prior to and after study Chapter Objectives allow readers to preview the main points in each chapter Quick Review boxes throughout the chapters and Stop and Review sections at the end of the chapters test reader comprehension of the material Chapters 1-8 comprise a Preparatory section to provide the foundation for the case presentations in the second section Ten case studies present real life clinical situations enabling the reader to make decisions based on information in the Preparatory section Consistent organization of case studies include Objective Skills to Master Rhythms to Master Medications to Master Related Text Chapters Questions Answers Essential Actions and Unacceptable Actions to aide in the study and mastery of material Unique treatment algorithms totally revised to reflect the 2005 emergency cardiac care guidelines simplify the new treatment guidelines making them easier to use and remember Chapter on Stroke has now been expanded to include Special Resuscitation Situations ACLS Pearl boxes contain key points and useful tips for clinical practice Keeping it Simple boxes contain essential information in a clear and concise manner A heart rate ruler is included to help determine heart rate while practicing ECG recognition A 4 x 6 pocket size quick reference card with key ACLS algorithms is included for field use Vascular Access and Medications combined into one chapter to present venous circulation information with all relevant common medications used during a cardiac related emergency

*Medical Emergencies in the Dental Office - E-Book* Stanley F. Malamed,2014-10-27 Be prepared to handle life threatening dental emergencies Medical Emergencies in the Dental Office 7th Edition helps you learn the skills needed to manage medical emergencies in the dental office or clinic It describes how to recognize and manage medical emergencies promptly and proactively and details the resources that must be on hand to deal effectively with these situations This edition includes new guidelines for drug related emergencies cardiac arrest and more Written by respected educator Dr Stanley Malamed this expert resource provides dental professionals with the tools for implementing a basic action plan for managing medical emergencies It successfully fulfills its aim of stimulating all members of the dental team to improve and maintain their skills in the effective prevention recognition and management of medical emergencies Reviewed by European Journal of

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hypoglycemic drugs cardiac rhythms STEMI seizure treatment breath sounds and more NEW assessment tools are included for pain nutrition and alcohol abuse UPDATED content reflects the latest clinical developments screening guidelines and drug information **Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8th edition** Judith E.

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