PULSE

1

Identify and Treat underlying cause

A - maintain patent airway
B - assist breathing
C - Oxygenate, cardiac monitors, NIBP, Oximetry, IV/IO, 12-Lead ECG
Don't delay therapy
D - LOC, GCS, AVPU
E - Expose pt, Temp

Secondary Assessment
S.A.M.P.L.E.

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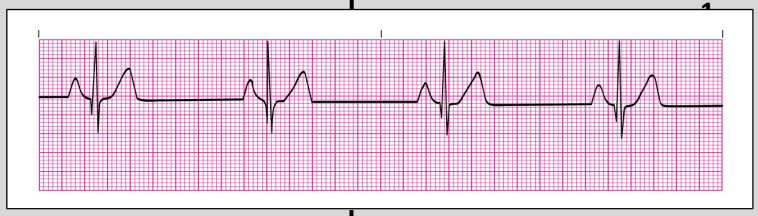
BRADYCARDIA



2

Cardiopulmonary compromise continues?
- Hypotension
- ALOC
- Signs of Shock

NO → 4a

YES → **START CPR**

4b **Bradycardia Persists?**

4a
- Support ABCs
- Give oxygen
- Observe
- Consider Expert Consultation

5

Consider Probable Causes
H & T's
- **H**ypoxemia
- **H**ypovolemia
- **H**yper & Hypokalemia
- **H** (Acidosis)
- **H**ypothermia
- **H**ypoglycemia
- **T**ension Pneumothorax
- **T**amponade, Cardiac
- **T**oxins
- **T**hrombosis, Pulmonary
- **T**hrombosis, Coronary
- **T**rauma

6

EPINEPHRINE
0.01 mg/kg
(0.1 mL/kg of 1:10,000 concentration)
Give every 3-5 mins.

ATROPINE
0.02 mg/kg
May repeat once
Min. dose 0.1 mg
Max. dose 0.5 mg

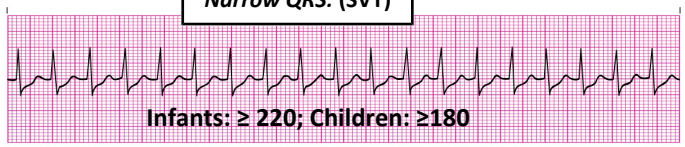
TCP
(TRANSCUTANEOUS PACING)
Demand Mode, 60-70 ppm, 2-3 mV or 20-30 mA

Treat underlying Causes (H/Ts)

If pulseless arrest develops, go to Cardiac Arrest Algorithm

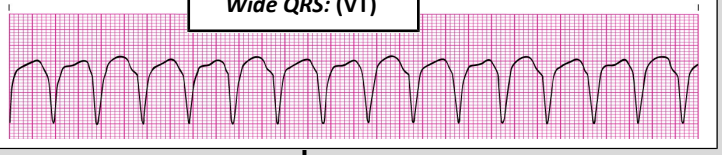
TACHYCARDIA

***Narrow QRS:* (SVT)**



Infants: ≥ 220; Children: ≥180

***Wide QRS:* (VT)**



2

Cardiopulmonary compromise continues?
- Hypotension
- ALOC
- Signs of Shock

p. 268 NO → 3a

p. 272 YES → 3b

3a **Narrow QRS: Vagal Maneuvers**
without delay

Wide QRS: *may consider Adenosine if regular and QRS is monomorphic. Expert consultation. Give Amiodarone or Procainamide*

3b **SYNCHRONIZED CARDIOVERSION**
0.5 – 1 Joule/kg
Max. 2 Joules/kg
Cardioversion

4

ADENOSINE
1st dose: **0.1 mg/kg RIVP** (max: **6 mg**)
2nd dose: **0.2 mg/kg RIVP** (max: **12 mg**)

AMIODARONE
5 mg/kg IV/IO given >20-60 mins.
diluted in D5W 100-250 mL

PROCAINAMIDE
15 mg/kg IV/IO over 30-60 mins.
Do not routinely give with Amiodarone

Treat underlying causes

Based on AHA PALS 2015 Guidelines

www.SaveAHeartCPR.com Call or Text 909-227-9192