2020 ACLS Update Outline Agenda

Basic Guide for Conducting the ACLS Renewal Class

Class times will vary based on the number of students but typically 8-9 hrs

Utilize your instructor manual to prompt you for sample discussion questions/topics. The resource ring also has helpful mnemonics!

Systematic Approach- ***Show Video***

- Recap BLS & thoroughly discuss Primary (pg. 21)/Secondary Assessments (pg. 22) including H&T handout given in student packet) ***You can advance the video to the portion on the Primary Assessment.**

Airway- *Show the Short Version*

- Complete learning station and the individual airway skills check *Use scenarios out of the ACLS Instructor manual assessing BLS/Primary/Secondary Assessment, placement of an Airway Adjunct (possible advanced airway) and time students giving breaths at the appropriate rate of every 6 seconds for 1 minute and with just enough volume to see chest rise with the BVM. Students are tested one at a time.
- If all students are very experienced and the instructor feels comfortable, this can be discussed instead of showing the video, but it is **NEVER** wrong to show this video! **Showing this video *is required of all new instructors* for the first 9 months off orientation.**

Recognition – *Show Video and Discuss RRT/MET Teams*

ACS- *No video*

- Use board to use learning tools such as VOMIT and OHMAN and review the algorithm.
- Discuss Signs and Symptoms and what can mimic symptoms of a MI (**algorithm pg. 32, management pg. 33, medication pg. 35-36**)

Stroke- *No video*

- Discuss symptoms of a stroke (pg. 50), **critical time periods (pg. 47**), testing and treatment (algorithm pg.48)

Show the High-Performance Teams Video- *(In facility)*

- You can advance the video until the Megacode section since the first part of this video is shown during BLS. Advance the video using the next button until the title on the screen says Megacode Example (this is where we see Dr. Loftis)
- After the video, inform students that in the Megacode testing, CCF will be measured. and teams will also be tested on the quality of the CPR delivered. Discuss ways to ↑ CCF such as such as pre-charging if using a manual defib, pulse check prior to analyzing, and hoovering over the chest (a desirable CCF for ACLS is >81%)

IO- (if within students' scope)

- If you have inexperienced students, consider showing the video with demonstration with the opportunity to practice. If you have experienced students you may just be able to recap, demonstrate, and give the opportunity for practice if time permits.

Algorithms- ***All case scenarios must come from the instructor manual ***

- If all students are very experienced and the instructor feels comfortable, these can be discussed in great detail using the dry erase board and using the provider manual instead of showing these videos, but it is **NEVER** wrong to show these videos! **Showing the videos *are required of all new instructors* for the first 9 months off orientation.**
- **Brady**- Show video, rhythm recognition, discussion of algorithm with an ***Unstable Case Scenario*** using DART Sim (**pg. 176 algorithm and rhythm examples pg. 67**)
- **Tachy**- Show video, rhythm recognition, discussion of algorithm with an ***Unstable Case Scenario*** using DART Sim (**pg. 177 algorithm and rhythm examples pg. 75-76**)
- **Cardiac Arrest**- Show video, rhythm recognition, discussion of algorithm *Hold Case Scenario (**pg.179 algorithm and rhythm examples pg. 67**)
- **Post Cardiac Arrest**- Show video, discussion of algorithm, and then do a Practice Case Scenario using DART Sim that will combine a cardiac arrest and post cardiac arrest (**pg. 178 algorithm**)

***Megacode Practice-** with the instructor as the team leader and along with pre-briefing/debriefing. It is ok to redirect on this practice, this will improve success with testing!

Megacode Testing**- Students will be tested in groups of 3 (4 max) and each team should be ***given at least 1 Megacode for testing using the checklist. If all steps of the critical performance steps are met, an additional Megacode is not required unless you have more than one student that would normally function as a Team Leader. Again, it is not wrong to do more than 1 Megacode per group. Teams can be given the chance to remediate if needed. It is reasonable to retest using a similar scenario (ex: if first case was an unstable Brady at the start of the scenario, the retest can also use an unstable Brady. ****Remember to pre-brief and debrief**** **IT IS NEVER ALLOWED TO MAKE UP YOUR OWN MEGACODES!**

Use the critical performance steps to evaluate to see if the Megacode was successful or if remediation is needed! It is rare that the first Megacode will be successful, so please retest if needed!

*Clarification- at **minimum 2 Megacodes** will be completed in each course (one by the instructor as a practice and 1 per group of 3 or 4 students)

***Any student that functions as the team leader in their actual scope of practice is required to have a Megacode where they are the team leader (so additional Megacodes may be needed). The instructor manual states that this includes ER providers, paramedics, as well as dentist that are required to take ACLS and ICU physicians.**