


ACLS- Bradycardia/Tachycardia

Simple
(supportive)

Brady
HR<50

SVT
Narrow QRS
Rate >150 & no P Waves

VT w/pulse
Wide QRS
*monomorphic 

Unstable

C- chest pain

A- altered mental status

S- shock/SOB

H- hypotension /heart fx

***Signs of CASH**
*Then you might
Need "Joules"*

VOMIT
*Stimulate

VOMIT
*Vagal Maneuvers

VOMIT
*Expert Consultation

Drugs
(stable)

Atropine 1mg q 3-5
(3mg max)
Drips:
Dopamine/Epinephrine

Adenosine 6mg
Adenosine 12mg
*Rapid w/Flush

Amiodarone 150mg
*Give over 10 minutes

Electricity
(unstable)

TCP -Pacing
*set rate (60-80 bmp)
*↑mAmps till Capture
*A QRS with every pacer spike indicates "Capture"
*verify w/pulse ✓

Synchronized Cardioversion
*Shock at manufacture suggested energy settings
*Try to make your first shock your best shock
*Sedate when possible

Synchronize Shock= alive
Defibrillate= dead

If they are stable give them medicine, unstable give them Edison!