


ACLS- Bradycardia/Tachycardia

	<p align="center">Brady</p> <p align="center">HR<50</p>	<p align="center">SVT</p> <p align="center">Narrow QRS Rate >150 & no P Waves</p>	<p align="center">VT w/pulse</p> <p align="center">Wide QRS *monomorphic </p>	<p align="center"><u>*Unstable*</u></p> <p align="center"><u>"CASH"</u></p> <p>C- chest pain</p> <p>A- altered mental status</p> <p>S- shock/SOB</p> <p>H-hypotension/ heart fx</p> <p><u>*Signs of CASH</u> <u>Then you might</u> Need "Joules"</p>
Simple <i>(supportive)</i>	<p align="center">VOMIT</p> <p align="center">*Stimulate</p>	<p align="center">VOMIT</p> <p align="center">*Vagal Maneuvers</p>	<p align="center">VOMIT</p> <p align="center">*Expert Consultation</p>	
Drugs <i>(stable)</i>	<p align="center">Atropine 1mg q3-5 (max 3mg) IV Drips: Dopamine or Epi</p>	<p align="center">Adenosine 6mg Adenosine 12mg *Rapid IV Push w/Rapid Flush</p>	<p align="center">An Anti-Arrhythmic such as: Amiodarone 150mg IV *Give Over 10 Minutes</p>	
Electricity <i>(unstable)</i>	<p align="center"><u>ICP -Pacing</u></p> <p>* Set Rate (60-80 bpm) * ↑ mAmps Till Capture * QRS with Every Pacer Spike Indicates "Capture" * Verify w/Pulse <i>J</i></p>	<p align="center"><u>Synchronized Cardioversion</u></p> <p>*Shock at manufacture suggested energy settings *Try to make your first shock your best shock *Sedate when possible</p>		
		<p align="center">Synchronize Shock= alive</p> <p align="center">Defibrillate= dead</p>		

If they're stable give them medicine, unstable give them Edison!

****"Unstable gets the cable"****