

# 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. Prolonged ST segment = myocardial ischemia.

**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. Rhythm requires treatment.

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

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

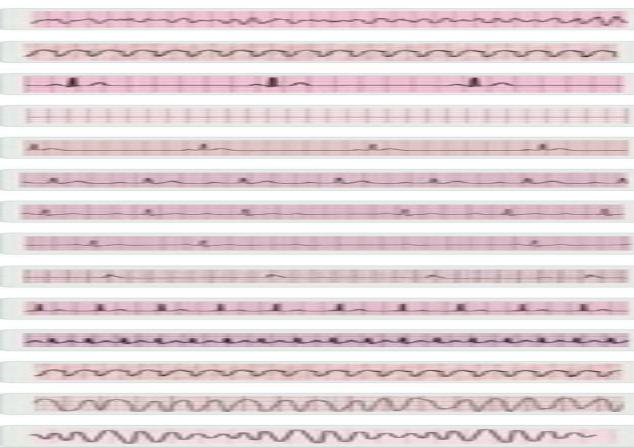
**Sinus Tachycardia** - increased heart rate of 100-150 beats per minute. No cause/minute. Rhythm normal.

**Supraventricular Tachycardia** - increased heart rate of 150-250 beats per minute. No cause/minute. Rhythm normal.

**Monomorphic Ventricular Tachycardia** - pharmacology for stable patients. Immediate cardioversion.

**Polyomorphic Ventricular Tachycardia** - cardiovert. If cardiovert fails, cardioversion and CPR.

**Torsades de Pointes** - differential rates of cardiac conduction. 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 patients with a gag reflex.
- Nasopharyngeal (NP) airway - use for unconscious patients without a gag reflex. NEVER USE WITH A HEAD INJURY.

**Advanced Airways** - recommended method, use with intubation with capnography.

- Endotracheal intubation - use with capnography.
- Combitube orotracheal airway (COTMA) - use if unfamiliar with endotracheal tube.

## Post-Resuscitation Care



### Follow the ABCs:

- Airway - maintain ventilation and oxygenation.
- Breathing - keep PETCO<sub>2</sub> between 35-40mmHg.
- Circulation - use 100% oxygen at a pressure of 90mmHg for 100% oxygen delivery.

## Acute Coronary Syndromes (ACS)

### Unstable Angina

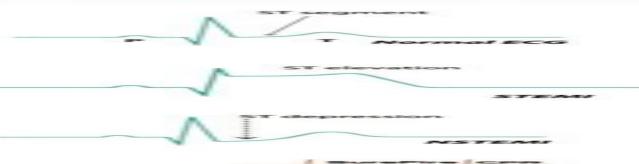
- Unexpected chest pain due to poor blood flow.
- Blood thinners - open a narrow or blocked artery.

### 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 depressed instead of elevated.
- Pharmacotherapy, immediate percutaneous coronary intervention.
- Coronary artery bypass grafting (CABG) surgery.



## Stroke Assessment and Treatment

Cardioembolic stroke 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 > 60
2. Arm drift
3. Speech

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



## Code Termination

Consult with medical control before code termination.



- 1. Persistent asystole 25 minutes or longer.
- 2. Obvious signs of death, withhold resuscitation efforts.

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# Acls Study Guide Lifesaver Cpr

**Barbara Aehlert, Barbara J Aehlert,  
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## Acls Study Guide Lifesaver Cpr:

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