

ACLS Megacode Case 1: Sinus Bradycardia (Bradycardia → VF/Pulseless VT → Asystole → ROSC)

Out-of-Hospital Scenario

You are a paramedic and arrive on the scene to find a 57-year-old woman complaining of indigestion. She is cold, clammy, and diaphoretic. She tells you she is about to faint. EMS responders have obtained vital signs: HR 38/min, BP 70 mm Hg/palpable, RR 16/min, and O₂ saturation 93%. No other assessment or management has been performed. Now you assume the role of team leader.

Case Development

Initial Assessment	This patient may have an ACS. The case focus, however, is bradycardia. The team leader should begin to take a history and direct team members to get oxygen or not intubated and an IV and place monitor leads. ECG/monitor at this point would be inappropriate in the absence of typical ischemic-type discomfort and given the woman's vital signs (bradycardia and hypotension = contraindicated).
Bradycardia Algorithm	The student is presented with bradycardia and needs to follow the Bradycardia Algorithm. A critical action is noting that symptoms are due to bradycardia that requires management. Actions at this point should include at least an initial dose of atropine and preparation for IV use of appropriate drugs (epinephrine or dopamine infusions).
Cardiac Arrest Algorithm (VF/Pulseless VT)	The patient suddenly develops VF. The team leader will follow the Cardiac Arrest Algorithm. A critical action is noting that additional team functions and monitor for high-quality CPR. The case should continue through safe defibrillation, administration of a vasopressor, and consideration of an antiarrhythmic drug.
Cardiac Arrest Algorithm (Asystole)	After a shock, the patient becomes asystolic. The student continues to monitor high-quality CPR and follows the asystole pathway of the Cardiac Arrest Algorithm.
Immediate Post-Cardiac Arrest Care Algorithm	The team continues high-quality chest compressions; the patient has ROSC, and the Immediate Post-Cardiac Arrest Care Algorithm is initiated.

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ACLS Megacode Case 2: Mobitz Type II AV Block (Bradycardia → VF/Pulseless VT → Asystole → ROSC)

In-Hospital Scenario

You are evaluating a 57-year-old woman complaining of indigestion. She is brought immediately from triage (arrived by personal car) and placed in ED room 2. She is cold, clammy, and diaphoretic. She states that she feels as if she is about to faint. The triage nurse is working with you and has obtained vital signs: HR 38/min, BP 70 mm Hg/palpable, RR 16/min, and O₂ saturation 93%.

Case Development

Initial Assessment	This woman may have an ACS. The case focus, however, is bradycardia. The team leader should begin to take a history and direct team members to start oxygen or not intubated and get an IV and place monitor leads. ECG/monitor at this point would be inappropriate in the absence of typical ischemic-type discomfort and given the patient's vital signs (bradycardia and hypotension = contraindicated).
Bradycardia Algorithm	The student is presented with bradycardia and needs to follow the Bradycardia Algorithm. A critical action is noting that symptoms are due to bradycardia that requires management. Actions at this point should include at least an initial dose of atropine and preparation for IV use of appropriate drugs (epinephrine or dopamine infusions).
Cardiac Arrest Algorithm (VF/Pulseless VT)	The patient suddenly develops VF. The team leader will follow the Cardiac Arrest Algorithm. A critical action is noting that additional team functions and monitor for high-quality CPR. The case should continue through safe defibrillation, administration of a vasopressor, and consideration of an antiarrhythmic drug.

Megacode Testing Checklist 1/2 Bradycardia → VF/Pulseless VT → Asystole → ROSC

Student Name: _____

Test Date: _____

Critical Performance Steps	✓ if done correctly
Team Leader	
Ensures high-quality CPR at all times	
Assigns team member roles	
Ensures that team members perform well	
Bradycardia Management	
Starts oxygen if needed, places monitor, starts IV	
Places monitor leads in proper position	
Recognizes symptomatic bradycardia	
Administers correct dose of atropine	
Prepares for second-line treatment	
VF/Pulseless VT Management	
Recognizes VF	
Clears before ANALYZE and SHOCK	
Immediately resumes CPR after shocks	
Appropriate airway management	
Appropriate cycles of drug-rhythm check/shock-CPR	
Administers appropriate drugs and doses	
Asystole Management	
Recognizes asystole	
Verbalizes potential reversible causes of asystole/PEA (H's and T's)	
Administers appropriate drugs and doses	
Immediately resumes CPR after rhythm checks	
Post-Cardiac Arrest Care	
Identifies ROSC	
Ensures BP and 12-lead ECG are performed, O ₂ saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests	
Considers therapeutic hypothermia	

STOP TEST

Test Results	Circle F or NR to Indicate Pass or Needs Remediation:	F	NR
Instructor signature affirms that skills tests were done according to AHA Guidelines. Save this sheet with course record.	Instructor Signature: _____ Print Instructor Name: _____ Date: _____		

Megacode Testing Checklist 1/2 Bradycardia → VF/Pulseless VT → Asystole → ROSC

Student Name: _____

Test Date: _____

Critical Performance Steps	✓ if done correctly
Team Leader	
Ensures high-quality CPR at all times	
Assigns team member roles	
Ensures that team members perform well	
Bradycardia Management	
Starts oxygen if needed, places monitor, starts IV	
Places monitor leads in proper position	
Recognizes symptomatic bradycardia	
Administers correct dose of atropine	
Prepares for second-line treatment	
VF/Pulseless VT Management	
Recognizes VF	
Clears before ANALYZE and SHOCK	
Immediately resumes CPR after shocks	
Appropriate airway management	
Appropriate cycles of drug-rhythm check/shock-CPR	
Administers appropriate drugs and doses	
Asystole Management	
Recognizes asystole	
Verbalizes potential reversible causes of asystole/PEA (H's and T's)	
Administers appropriate drugs and doses	
Immediately resumes CPR after rhythm checks	
Post-Cardiac Arrest Care	
Identifies ROSC	
Ensures BP and 12-lead ECG are performed, O ₂ saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests	

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ACLS for Experienced Providers, 2017 ACLS for Experienced Providers Manual and Resource Text American Heart Association Staff, 2017-06-07 Product 15 1064 **Advanced Cardiac Life Support (ACLS) Provider Handbook** Karl Disque, 2016-11-14 The Save a Life Initiative has just released its newest course Advanced Cardiac Life Support ACLS This manual is based on the 2015 2020 Advanced Cardiac Life Support guidelines published by the American Heart Association The Advanced Cardiac Life Support ACLS Provider Handbook is a comprehensive resource intended for health care professionals currently enrolled in an Advanced Cardiac Life Support Certification or Recertification Course It serves as the primary training material for ACLS Certification and Recertification courses Although it is primarily intended for use during their courses the handbook was also created to serve as daily reference material for health care professionals Information covered in the handbook includes ACLS instruction for adults and children through multiple case scenarios Case scenarios include but are not limited to respiratory arrest ventricular fibrillation and bradycardia Specific ACLS Algorithms and more are also included within the handbook All material included in this handbook is delivered in a manner meant to enhance learning in the most comprehensive and convenient way possible **Acls Study Guide** Barbara J Aehlert, 2006-09-14 This is a Pageburst digital textbook Written in a conversational style the 3rd edition of the ACLS Study Guide features unique user friendly and easy to remember treatment algorithms totally revised to reflect the 2005 emergency cardiac care guidelines Full color throughout it offers a complete concise overview of advanced cardiovascular life support ACLS acute coronary syndromes and acute stroke It also features easy to access information with Stop and Review quizzes in each chapter and a comprehensive pretest and posttest New to this edition are a handy ACLS quick reference fold out card a heart rate ruler and more In addition to being an outstanding study tool the ACLS Study Guide 3rd Edition is the official text for the American Safety and Health Institute ACLS certification course For more information on ASHI courses call 800 246 5101 or visit www.ashinstitute.com A pretest and posttest each containing 50 questions with answers and rationales provide readers with opportunities to check comprehension prior to and after study Chapter Objectives allow readers to preview the main points in each chapter Quick Review boxes throughout the chapters and Stop and Review sections at the end of the chapters test reader comprehension of the material Chapters 1 8 comprise a Preparatory section to provide the foundation for the case presentations in the second section Ten case studies present real life clinical situations enabling the reader to make decisions based on information in the Preparatory section Consistent organization of case studies include Objective Skills to Master Rhythms to Master Medications to Master Related Text Chapters Questions Answers Essential Actions and Unacceptable Actions to aide in the study and mastery of material Unique treatment algorithms totally revised to reflect the 2005 emergency cardiac care guidelines simplify the new treatment guidelines making them easier to use and remember Chapter on Stroke has now been expanded to include Special Resuscitation Situations ACLS Pearl boxes contain key points and useful

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