

PALS Quick Tips Study Guide

Key Points for PALS

AED (Infant) – If pediatric pads are unavailable it is acceptable to use adult pads.

AED (No pulse, CPR initiated) – Use AED when it arrives.

Airway – Intubated, oxygen saturation decreases breath sounds only on right. Verify tube placement.

BP – Under 70mm systolic hypotension.

CPR – Child two rescuer 15:2 compression.

Defibrillation – Ventricular fibrillation 2 to 4 j/kg.

Drug – Epinephrine 0.01 mg/kg IV or IO.

IV – Best method for immediate access intraosseous.

IV for Shock – IV fluids 20 ml/kg of isotonic crystalloid over 5 to 10 minutes using NaCl or LR. NO Dextrose!

Lab – Vomiting, diarrhea, lethargic. Check glucose.

Oxygen Saturation – Target range 94%-99%. If reading is normal and respiratory assessment shows the patient is not doing well, the SpO₂ is unreliable, and O₂ should be administered

PEA – Looks like a sinus rhythm, or any other rhythm that should support a pulse, but no pulse present.

Pulse Check (Infant) – Brachial.

Pulse Check – For no more than 10 second before starting CPR.

Rescue Breaths (Child) – 12 to 20 per minute.

Respiratory Distress – Increased work of breathing, color pink, respiratory rate 30.

Respiratory Distress with Allergy – Epinephrine IM is initial medication.

Respiratory Distress with Lung Tissue Disease – Most likely to have decreased oxygen saturation.

Respiratory with No Breath Sounds on Left – Trachea deviated to the right. Use needle decompression on left.

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Respiratory Distress with Seizures – Respiratory distress with seizures is most likely disordered control of breathing.

Respiratory Distress with Stridor, Barking Cough – Nebulized epinephrine as treatment.

Respiratory Distress with Wheezing – Wheezing is lower airway obstruction

Respiratory Failure – Inadequate oxygen and/or ventilation.

Shock – Lethargy, fever, or on chemo (septic shock). Compensated if blood pressure is OK.

SVT with No Major Symptoms – First attempt use vagal maneuvers and bag of ice if no major symptoms (e.g., palpitations, light headed) present.

SVT with Symptoms – Narrow complex tachycardia. Use synchronized shock at 0.5 to 1 j/kg if symptoms present.

Synchronized Cardioversion – Use on pulsing patients that are unstable. 0.5 to 1 j/kg

Tachycardia – Vagal maneuver bag of ice to face.

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