

ACLS

● SKILL SNAPSHOT

Purpose

- Provides organized advanced resuscitation for cardiac arrest, peri-arrest bradycardia/tachycardia, and post-cardiac-arrest

When to use

- Adult cardiac arrest or unstable cardiovascular emergency managed by ACLS-trained clinicians using current AHA algorithms.

Supplies needed

- Defibrillator/monitor; CPR feedback; airway/BVM/capnography; IV/IO supplies; emergency medications; ultrasound if available without interrupting CPR.

● PREP + PATIENT SETUP

- Recognize arrest/instability, activate team, assign leader/roles, and use closed-loop communication.
- Start BLS and attach monitor/defibrillator immediately.

● VAULT TIP

- ACLS works when the basics stay excellent: compressions, defibrillation, ventilation, reversible causes, and coordinated teamwork.

● STEP-BY-STEP

1. Confirm arrest and begin high-quality CPR: rate 100-120/min, depth at least 2 inches in adults, full recoil, minimal pauses, rotate compressors about every 2 minutes.
2. Provide oxygen/ventilation without hyperventilation; use waveform capnography with advanced airway.
3. Analyze rhythm every 2 minutes: shockable VF/pVT versus nonshockable PEA/asystole.
4. For VF/pVT, defibrillate promptly, resume CPR immediately, obtain IV/IO, and follow current algorithm for epinephrine and antiarrhythmic timing/doses.
5. For PEA/asystole, resume CPR and give epinephrine as soon as feasible per algorithm; do not shock nonshockable rhythms.
6. Search continuously for reversible Hs and Ts: hypovolemia, hypoxia, hydrogen ion, hypo/hyperkalemia, hypothermia; tension pneumothorax, tamponade, toxins, thrombosis pulmonary/coronary.
7. Use ETCO₂ and arterial pressure when available to assess CPR quality; abrupt sustained ETCO₂ rise may indicate ROSC.
8. For unstable bradycardia, support ABCs and follow current atropine/pacing/vasoactive algorithm.
9. For tachycardia with pulse, determine stability, QRS width, regularity, and follow synchronized cardioversion/medication algorithm.
10. After ROSC, optimize oxygenation/ventilation, treat hypotension, obtain 12-lead ECG, identify cause, and begin temperature/neuro/post-arrest pathway.
11. Use frequent summaries and closed-loop orders. Avoid interruptions for airway, IV, ultrasound, or medications.
12. Debrief after event, verify medication/shock record, and support team/family.

● SAFETY REMINDERS

- Use the current AHA algorithm and trained scope; doses/settings must be verified in real time.
- CPR and early defibrillation take priority over medications.
- Avoid hyperventilation and long pulse checks.
- Synchronize cardioversion when a pulse is present and indicated.

● COMMON MISTAKES

- Medication pauses in CPR.
- Shocking asystole.
- Slow defibrillation.
- Ignoring reversible causes.

● DOCUMENTATION

- Timeline, rhythm checks, CPR quality.
- Shocks/energy and medications/routes.
- Airway/ETCO₂ and reversible causes.
- ROSC/post-arrest care.
- Team roles, response, debrief.