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You are called to help resuscitate an infant with severe symptomatic bradycardia associated with res-

piratory distress. The bradycardia persists despite establishment of an effective airway, oxygenation, and ventilation. There is no heart block present. Which of the following is the first drug you should administer?

General assessment of a 2-year-old female reveals her to be alert with mild breathing difficulty during inspiration. On primary assessment, she makes high-pitched inspiratory sounds (mild stridor) when agitated. Her oxygen level is 92% on room air. Lung auscultation reveals transmitted upper airway sounds with adequate distal breath sounds bilaterally. Which of the following is the most appropriate initial therapy intervention for this child?

You enter a room to perform a general assessment of a previously stable 10-year-old male and find him unresponsive and apneic. A code is called and bag-mask ventilation is performed with 100% oxygen. The cardiac monitor shows a wide-complex tachycardia. The boy has no detectable pulses. You deliver an unsynchronized shock with 2 Joules per kilogram and resume immediate CPR beginning with compressions. A team member had established I.V. access, so you give a dose of epinephrine. At the next rhythm check, persistent Ventricular Fibrillation is present. You administer a 4 Joules per kilogram shock and resume CPR. Based on the PALS Pulseless Arrest Algorithm, what is the next drug to administer when CPR is restarted?

Parents of a 1-year-old female phoned the Emergency Response System when they picked up their daughter from the baby-sitter. Paramedics perform a general assessment revealing an obtunded infant with irregular breathing, bruises over the abdomen, abdominal distention, and cyanosis. Assisted bag-mask ventilation with 100% oxygen is initiated. The heart rate is 36 per minute, peripheral pulses cannot be palpated, and central pulses are barely palpable. Chest compressions are started with a 15:2 compression-to-ventilation ratio. In the emergency department the infant is intubated and ventilated with 100% oxygen, and I.V. access is established. The heart rate is now up to 150 beats per minute but there are weak central pulses and no distal pulses. Systolic blood pressure is 74. Of the following, which would be most useful in management of this infant?

An infant with a history of vomiting and diarrhea arrives by ambulance. During your primary assessment the infant responds only to painful stimulation. The upper airway is patent, the respiratory rate is 40 with good bilateral breath sounds, and 100% oxygen is being administered. The infant has cool extremities, weak pulses, and a capillary refill time of more than 5 seconds. The infant's systolic blood pressure is 85, and bedside glucose level is 30. Which of the following is the most appropriate treatment to provide for this infant?

General assessment of a 9-year-old male with increased work of breathing. reveals the boy to be agitated and leaning forward on the bed with obvious respiratory distress. You administer 100% oxygen by nonrebreathing mask. The patient is speaking in short phrases and tells you that he has asthma but does not carry an inhaler. He has nasal flaring, severe suprasternal and intercostal retractions, and decreased air movement with prolonged expiratory time and wheezing. His oxygen level is 92% on a nonrebreathing mask. What is the next medical therapy to provide to this patient?

An 8-month-old male is brought to the emergency department for evaluation of severe diarrhea and dehydration. In the E.D. the child becomes unresponsive and pulseless. You shout for help and start CPR at a compression rate of 100 per minute and a compression-to-ventilation ratio of 30:2. Another provider arrives, at which point you switch to 2. rescuer CPR with a compression-to-ventilation ratio of 15:2. The cardiac monitor shows Ventricular Fibrillation.

General assessment of a 10-month-old male in the emergency department reveals a lethargic pale infant with slow respirations. You begin assisted ventilation with a bag-mask device using 100% oxygen. On primary assessment heart rate is 38, central pulses are weak but distal pulses cannot be palpated, systolic blood pressure is 60, and capillary refill is 4 seconds. During your assessment a colleague places the child on a cardiac monitor, and you observe a bradycardic rhythm. The rhythm remains unchanged despite ventilation with 100% oxygen. What are your next management steps?

A 3-year-old unresponsive, apneic child is brought to the emergency department. Emergency personnel report that the child became unresponsive as they arrived at the hospital. The child is receiving CPR, including bag-mask ventilation with 100% oxygen and chest compressions at a rate of 100 per minute. Compressions and ventilations are being coordinated at a ratio of 15:2. You confirm that apnea is present and that ventilation is producing bilateral breath sounds and chest expansion while a colleague confirms absent pulses. Cardiac monitor shows Ventricular Tachycardia.

General assessment of a 10-year-old male shows him to be unresponsive. You shout for help, check breathing, find he is apneic, and give 2 breaths. After finding that he is pulseless, you begin cycles of compressions and ventilations with a compression rate of 100 per minute and compression-to-ventilation ratio of 30:2. A colleague arrives and places the child on a cardiac monitor, revealing Ventricular Fibrillation.

A child becomes unresponsive in the emergency department and is not breathing. You provide ventilation with 100% oxygen. You are uncertain if a faint pulse is present. What is your next action? You are preparing to use a manual defibrillator and paddles in the pediatric setting. When would it be most appropriate to use the smaller "pediatric" sized paddles for shock delivery?

A 7-year-old boy is found unresponsive, apneic, and pulseless. CPR is ongoing. The child is intubated and vascular access is established. The heart monitor reveals an organized rhythm, but a pulse check reveals no palpable pulses. Effective ventilations and compressions are resumed, and an initial I.V. dose of epinephrine is administered. Which of the following therapies should you perform next?

You are evaluating an irritable 6-year-old girl with mottled color. On primary assessment she is febrile with a temperature of 40 degrees Celsius or 104 degrees Fahrenheit. Her extremities are cold with a capillary refill of 5 seconds. Distal pulses are absent and central pulses are weak. Heart rate is 180 per minute, respiratory rate is 45 breaths per minute, and a systolic blood pressure is 98. Which of the following most accurately describes the categorization of this child's condition using the terminology taught in the PALS Provider Course?

An 18-month-old child presents with a 1-week history of cough and runny nose. You perform a general assessment, which reveals a toddler responsive only to painful stimulation with slow respirations and diffuse cyanosis. You begin a primary assessment and find that the child's respiratory rate has fallen from 65 breaths per minute to 10. Severe inspiratory intercostal retractions are present. The heart rate is 160, oxygen level is 65% on room air, and the capillary refill is less than 2 seconds. Which of the following is the most appropriate immediate treatment for this toddler?

You are supervising another healthcare provider who is inserting an intraosseous needle into an infant's tibia. Which of the following signs should you tell the provider is the best indication of successful insertion of a needle into the bone marrow cavity?

#24: A pale and obtunded 3-year-old child with a history of diarrhea is brought to the hospital. Primary assessment reveals a respiratory rate of 45 breaths per minute with good breath sounds bilaterally. Heart rate is 150 beats per minute, systolic blood pressure is 90, and the oxygen level is 92% in room air. Capillary refill is 5 seconds and peripheral pulses are weak. After placing the child on a nonrebreathing face mask with 100% oxygen and obtaining vascular access, which of the following is the most appropriate immediate treatment for this child?

Advanced Life Support - Advanced Life Support by A&A Training & Consultancy Ltd 47,432 views 2 years ago 15 minutes - Cardiac arrest response team. Instructor training video.

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Intro

A patient with S.T. segment elevation Myocardial Infarction has ongoing chest discomfort. Fibrinolytic therapy has been ordered. Heparin 4000 units I.V. bolus was administered, and a heparin infusion of 1000 units per hour is being administered. Aspirin was not taken by the patient because he had a history of gastritis treated 5 years ago. Your next action is to

A patient has sinus bradycardia with a heart rate of 36 beats per minute. Atropine has been administered to a total of 3 milligrams. A transcutaneous pacemaker has failed to capture. The patient is confused, and her systolic blood pressure is 110. Which of the following is now indicated?

A 62-year-old man suddenly experienced difficulty speaking and left-side weakness. He was brought to the emergency department. He meets initial criteria for fibrinolytic therapy, and a C.T. scan of the brain is ordered. What are the guidelines for antiplatelet and fibrinolytic therapy?

A patient with a possible S.T. segment elevation Myocardial Infarction has ongoing chest discomfort. Which of the following would be a contraindication to the administration of nitrates?

A patient is in cardiac arrest. Ventricular fibrillation has been refractory to a second shock. Of the following, which drug and dose should be administered first?

A 35-year-old woman has palpitations, light-headedness, and a stable tachycardia. The monitor shows a regular narrow- complex tachycardia at a rate of 180 per minute. Vagal maneuvers have not been effective in terminating the rhythm. An I.V. has been established. What drug should be administered?

A patient with sinus bradycardia and heart rate of 42 has diaphoresis and a systolic blood pressure of 80. What is the initial dose of atropine based on the current A.C.L.S. guidelines?

A patient is in refractory ventricular fibrillation and has received multiple appropriate defibrillation shocks, epinephrine 1 milligram I.V. twice, and an initial dose of 300 milligram amiodarone L.V. The patient is intubated. A second dose of amiodarone is now called for. The recommended second dose

A patient with a possible acute coronary syndrome has ongoing chest discomfort unresponsive to 3 sublingual nitroglycerin tablets. There are no contraindications, and 4 milligrams of morphine sulfate was administered. Shortly afterward, the systolic blood pressure falls to 88, and the patient has increased chest discomfort. You should

A patient has a rapid irregular wide-complex tachycardia. The ventricular rate is 138 per minute. The patient is asymptomatic with a systolic blood pressure of 110. He has a history of angina. Which of the following actions is recommended?

You arrive on the scene with the code team. High-quality C.P.R. is in progress. An A.E.D. has previously advised "no shock indicated." A rhythm check now finds asystole. After resuming high-quality compressions, your next action is to

A patient is in pulseless ventricular tachycardia. Two shocks and 1 dose of epinephrine have been given. Which is the next drug/dose to anticipate

Your patient has been intubated. Intravenous access has been unsuccessfully attempted twice. Which of the following is also an acceptable route for drug administration during a code?

A patient is in cardiac arrest. Ventricular fibrillation has been refractory to an initial shock. What is the recommended route for drug administration during CPR?

A patient is in refractory ventricular fibrillation. High-quality CPR is in progress, and shocks have been given. One dose of epinephrine was given after the second shock. An antiarrhythmic drug was given immediately after the third shock. What drug should the team leader request to be prepared for administration next?

A 57-year-old woman has palpitations, chest discomfort, and tachycardia. The monitor shows a regular wide-complex tachycardia at a rate of 180 beats per minute. She becomes diaphoretic, and her blood pressure is 80 over 60. The next action is to

A patient is in cardiac arrest. High-quality chest compressions are being given. The patient is intubated and an I.V. has been started. The rhythm is asystole. Which is the first drug/dose to administer?

A 45-year-old woman with a history of palpitations develops light-headedness and palpitations. She has received adenosine 6 milligrams for the rhythm shown above without conversion of the rhythm. She is now extremely apprehensive. Her Blood pressure is 108 over 70. What is the next appropriate intervention?

#22: A patient in the emergency department develops recurrent chest discomfort suspicious for ischemia. Oxygen is being administered via a nasal device at 4 Liters per minute, and an I.V. line is in place. The systolic blood pressure is 160. There are no allergies or contraindications to any medication. You would first order

Following initiation of CPR and 1 shock, Ventricular fibrillation persists. A second shock is given and chest compressions are resumed immediately. An I.V. is in place and no drugs have been given. Bag-mask ventilations are producing visible chest rise. What is your next order?

You arrive on the scene to find a 56-year-old diabetic woman with dizziness. She is pale and diaphoretic. Her systolic blood pressure is 80. The cardiac monitor shows a brady arrhythmia. The Client is receiving oxygen at 4 Liters per minute and an I.V. has been established. Your next order is

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opening up an airway

get a liter of normal saline

secure the airway

move on to our post resuscitation task

need to get a chest x-ray

get a 12-lead ecg
discussing the cardiology
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The Purpose of the Als Guideline
Identification of the Arrest
Phase One
How Long Can You Do Phase One Bls Chest Compressions for
Four Critical Tasks with Advanced Life Support
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How Many People Do You Need To Run an Arrest
Team Leader
The Organization
Crowd Control
Duty Cycle
Cpr Ratio
The Shockable and Non-Shockable Adrenaline Protocol
When Do You Do the Rhythm Check and Defibrillate
Pacemaker
Safe Defib
Rhythm Check
Actions
Phase Four Reversible Causes
Hypoxemia
Prioritize the Most Likely Differentials
Post Recessed Care
Disposition
Pediatrics
Aed
How Long Would You Give for an Internal Pacemaker To Deliver a Shock before You Consider It's Not
Firing
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by Rhesus Medicine 995,926 views 8 months ago 12 minutes, 14 seconds - We look at the most
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Sinus Rhythm (Sinus Tachycardia & Sinus Bradycardia
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Bundle Branch Block (LBBB & RBBB)
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2nd Degree AV Block - Mobitz 1 (Wenckebach) & Mobitz 2 (Hay)

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Ventricular Tachycardia & Ventricular Fibrillation

ST Elevation

Mock Code Training Video - Mock Code Training Video by Matt Beach 3,004,795 views 9 years ago
13 minutes, 22 seconds - Nursing is an attractive career choice, with its romanticized portrayal on television and enviable benefits. This has drawn to ...

take a listen to your chest

resume compressions

give me an x bar report

switch into manual mode

administer 300 milligrams of iv

given 500cc bolus of fluid

reposition the airway

starting compressions after the first shock

PALS Cardiac Arrest Algorithm - PALS Cardiac Arrest Algorithm by ACLS Certification Institute

10,511 views 11 months ago 13 minutes, 15 seconds - I'm Mark and welcome to the first in our video series covering Pals pediatric **Advanced life support**, and today we're going to ...

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India's Forex

Advance Tax

Quiz

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536,938 views 6 years ago 6 minutes, 46 seconds - Description.

admitted with abdominal pain and vomiting

tap your chest

check his pulse

put on the cardiac monitor

assess your abdomen

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Intro

Story Toolbox Strategy

Behavioral Interview Questions

Story Toolbox

PAR Method

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by Dr. John Campbell 53,619 views 5 years ago 20 minutes - Prevent cardiac arrest by considering
the 4 Hs and the 4 Ts. Consider reversible causes of cardiac arrest by considering the 4 Hs ...

Introduction

Reversible causes of cardiac arrest

Prevent cardiac arrest by managing reversible causes

Basic life support (BLS), must be ongoing

Hypoxia Hypovolaemia Hyperkalaemia Hypothermia

Hypoxia - low levels of oxygen in body tissues

Early reversal of hypoxia prevents deterioration

Treat the cause of hypoxia early
'Blue' (cyanosed) hearts don't start
Ventilate with high flow oxygen
Aim for SpO₂ of 94 - 98
Hypovolaemia - low blood volume
Haemorrhage (hemorrhage) - loss of blood from the circulatory system
Pulseless electrical activity (PEA arrest)
Death in trauma is commonly caused by blood loss
Hyperkalaemia - high blood potassium (K⁺)
Hypokalaemia - low blood potassium
Hypoglycaemia - low blood glucose
Hypothermia - low body temperature
No one is dead until they are warm and dead
Thromboembolism Tension pneumothorax Tamponade Toxic substances
Thrombus pathological blood clot in a blood vessel
Coronary arterial thrombosis
Atheroma develops in the disease process of atherosclerosis
ST elevation myocardial infarction (STEMI)
Coronary thrombosis causes myocardial infarction
Pulmonary embolism blocks off a pulmonary artery
Tension pneumothorax (2nd T)
4th T - toxic substances
Pediatric Advanced Life Support (PALS) Bradycardia Algorithm - Pediatric Advanced Life Support (PALS) Bradycardia Algorithm by The Resuscitation Coach 32,750 views 2 years ago 10 minutes, 8 seconds - The Pediatric **Advanced Life Support**, (PALS) Bradycardia Algorithm outlines the steps for evaluating and managing the child who ...
Intro
Signs of Cardiopulmonary Compromise
Assessment and Support
Heart Rate below 60 despite good oxygenation
Epinephrine
Atropine
Pacing
Reversible causes
Outro
PALS Cheat Sheet - PALS Cheat Sheet by Shade Tree Cardiology 106,174 views 5 years ago 13 minutes, 40 seconds - NOTE*** The formulas for cuffed and uncuffed tubes are opposite. This is being worked on but, the individual slide in the video is ...
Intro
PALS Differences
Airway
Cuff Tubes
Hypoxia
Compressions
Atropine
Epi
Respiratory Rates
Glasgow Coma Scale
Pediatric Sepsis
pearls
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30 seconds - American Heart Association BLS Exam Practice Questions To **help**, you get started, we have included a small set of BLS practice ...

2023 Practice Basic Life Support Exam with Answers

Which of the following is NOT a part of the Basic Life Support algorithm?

When performing C.P.R., what is the recommended compression rate?

What is the recommended depth for chest compressions on an adult?

Which of the following is a common cardiac arrest?

What is the first step in the BLS algorithm?

When assessing for a pulse, how long should you check before determining that there is none present?

Which of the following is the recommended compression-to- ventilation ratio for BLS in adults?

A child is not breathing and does not have a pulse. You do not know the time of his arrest. When should you call for advanced medical personnel during BLS?

When performing BLS on an infant, what is the recommended depth for chest compressions?

Which of the following is NOT a potential cause of cardiac arrest?

When should an automated external defibrillator (A.E.D.) be used during Basic Life Support?

What is the correct hand placement for performing chest compressions on an adult?

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Basic **Life Support**, (BLS) Examination with Nurse Eunice and Florida Training ...

You work with an overweight 55-year-old dentist with no known history of heart disease. He begins to complain of sudden, severe, "crushing" pain under his breastbone, in the center of his chest. The pain has lasted more than 5 minutes. What problem should you think of right away, and what should you do?

You witnessed the collapse of a 45-year-old man. You are now performing CPR after sending someone to phone 911. You have done your best to ensure that the first 2 links in the Chain of Survival have been completed immediately. What is the third link in the chain, which will have the greatest effect on increasing this man's chance of survival?

You have been talking with a 60-year-old man. He is alert and has been conversing normally. All at once he complains of a sudden weakness on one side of his face and in one arm. He is also having trouble speaking. What is the most likely cause of his problem?

You remove a 3-year-old from the bottom of the shallow end of a swimming pool. You find that she is limp and unresponsive. No other person is available to help. When should you phone 911?

45: You are a medical advisor helping set up a public access defibrillation (PAD) program at a local shopping mall. The mall has purchased an AED. The mall personnel director asks, "If AEDs are so foolproof, why do the security guards have to learn CPR and be trained to use the AED?" Which of the following is the best explanation for the need to train rescuers to perform CPR and use an AED?

Before providing rescue breathing for an unresponsive victim, you must check for breathing. You do this by listening and feeling for airflow through the victim's nose or mouth and by

You are in the hospital cafeteria, where a woman appears to be in distress. She is grasping her throat with both hands. What should you do to find out if she is choking?

You are providing rescue breathing for a child using a bag-mask device. What action will confirm that each of your rescue breaths is adequate?

A child is gasping for breath but has a pulse rate of 100 per minute. The rescuers should

A child is not breathing but has a pulse rate of 50 per minute. The rescuers should: A. Start CPR beginning with compressions. B. Give 1 breath every 6 seconds.

A 70-year-old man who has been eating steak in a restaurant abruptly stands up and grabs his neck. The rescuer determines that the victim is choking. The best response is to

An infant who had been choking becomes unresponsive. The rescuer should

In which of the following situations is moving a patient during CPR appropriate?

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PALS Megacode Scenario 1: Upper Airway Obstruction - PALS Megacode Scenario 1: Upper Airway Obstruction by Health Ed Solutions 50,484 views 3 years ago 8 minutes, 43 seconds - This is the first PALS megacode scenario in the "Megacode Series" by **Health, Ed Solutions**, and it will cover Upper Airway ...

Intro

The correct order of assessment for this child is

Based on your training in PALS, the next intervention for this child should be
At this point, you should
You suspect
The cardiac monitor shows this rhythm
You recognize this rhythm as
The next intervention appropriate for this child is
Your next intervention is to
The correct size of ETT for this 4-year-old child would be
The correct depth of insertion of this ETT for this 4-year-old child would be
ALS Rhythms: ECG Quiz - ALS Rhythms: ECG Quiz by Medical Education for Visual Learners 6,851
views 1 year ago 2 minutes, 59 seconds - Identify important ECG rhythms in 5 seconds or less!
WARNING: It is often not possible to establish a diagnosis on the basis of an ...
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Intro
Question: 3
Carotid Pulse in Adults and Children
Brachial pulse in Infants
30:2 for adults
Question: 12
Question: 13
Jaw-thrust technique
Question: 20
Lift Chin up, tilt head back.
2. Attach electrode pads
during two rescuer CPR ?
Question. 30
Decrease venous return to the heart
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