

PALS Learning Stations

SVT (Supraventricular Tachycardia) *Fast, Regular, Narrow*



Stable:

- * Vagal Maneuvers (Ice to the face)
- * Adenosine 0.1mg/kg
- * Adenosine 0.2mg/kg
- * Cardioversion 0.5-1.0 J/kg, then 2.0 J/kg (***If you are shocking at 1 and then 2- they can buckle their shoe, they are alive***)

Unstable:

Cardioversion 0.5-1.0 J/kg, then 2.0 J/kg (***If you are shocking at 1 and then 2- they can buckle their shoe, they are alive***)

V-TACH WITH A PULSE (Ventricular Tachycardia) *Fast, Regular, Wide*



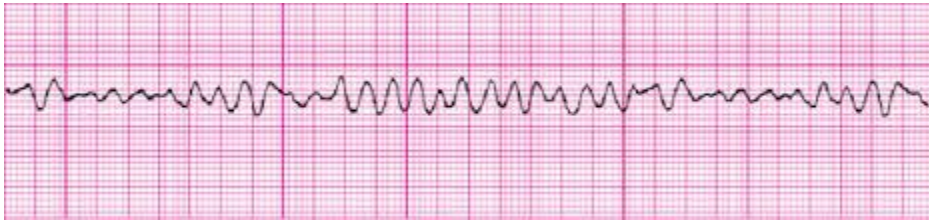
Stable:

Call for consult*

Unstable:

Cardioversion 0.5-1.0 J/kg, then 2.0 J/kg (***If you are shocking at 1 and then 2, they can buckle their shoe, they are alive***)

V-Fib (Ventricular Fibrillation) or pVT (Pulseless V-Tach) Not organized rhythms



If you are shocking at 2 and then 4, they are dead on the floor.

2-4-6-8 That's the dose to defibrillate!

- Check it
- Shock it
- CPR it
- Drug it

* Defibrillate 2J/kg

* CPR

* **EPI .01 mg/kg**

***** 2 minutes

* Defibrillate 4J/kg

* CPR

* **Amiodarone 5mg/kg**

***** 2 minutes

* Defibrillate 6J/kg

* CPR

* **EPI .01 mg/kg**

***** 2 minutes

* Defibrillate 8J/kg

* CPR

* **Amiodarone 5 mg/kg*****

***** 2 minutes

* High Quality CPR

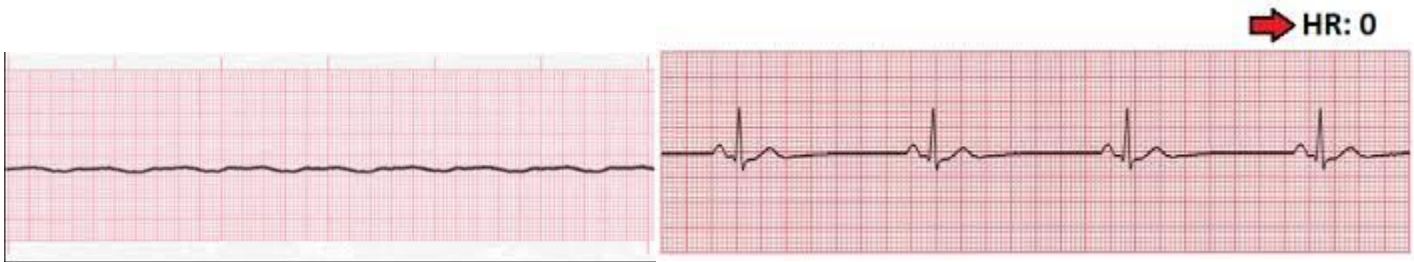
* EPI every 4 minutes

* Consider Intubation

* Consider Hypothermia (**32-34 C for 48 hrs then Normothermia for remaining 72 hrs -or- Normothermia for 5 days**)

Asystole

PEA (Push Epi Always)



Treatments:

- * High quality CPR
- * EPI every 4 minutes **.01MG/KG**
- * *NO Amiodarone*
- * **Non-shockable**

- Check it
- CPR it
- Drug it (Epi only)

Bradycardias (Less than 60 BPM)



Asses Patient Find contributing causes

- Apply 100% O2 w/ BVM (Initial tx)
- Persistent Bradycardia? **Begin CPR**
- **Consider Epinephrine .01 mg/kg**
- **Consider Atropine (for increased Vagal Tone) .02 mg/kg (2 doses max)**