ACLS Tidbits
Guidelines 2020

Make sure that you can identify all of the heart blocks when you see a rhythm strip. Be very familiar with the elements of team dynamics such as clear roles and responsibilities (clear delegation), closed loop communication, constructive intervention, and knowing your limitations (scope of practice).

A suspected stroke patient should have a Non-contrast CT of the head ASAP but no later than 20 minutes after arrival at the hospital.

If the CT is normal and symptoms started within the last 3 hours (4.5 hrs. in certain circumstances), fibrinolytic therapy (if no contraindications) should be started and endovascular therapy considered.

Agonal gasps are a sign of cardiac arrest.

Administer either lidocaine or amiodarone for treatment of VF or PVT unresponsive to electrical therapy, CPR and vasopressor.

Capnography in intubated patients can be used to monitor CPR effectiveness. **You should see a $PETCO_2$ level ≥ 10 mmHg.** Once ROSC occurs, the target $PETCO_2$ level is 35 to 40 mmHg.

Additionally, monitoring continuous waveform capnography is the most reliable way to confirm/monitor placement of the endotracheal tube.

In suspected ACS, the 12 lead EKG to rule out ischemia or infarct is a priority. Administer aspirin 162 to 325 mg if not contraindicated. Transport should be to a coronary reperfusion-capable medical center. Door to balloon inflation time should be no more than 90 minutes.

Immediately start compressions after defibrillation

CPR Key Points:

- Pulse and breathing check should be 5 to 10 seconds in duration
- Rate: 100 to 120/minute
- Allow for complete chest wall recoil
- At least 2 inches deep (≤ 2.4 inches)
- Ratio 30:2
- Once the airway is protected, provide continuous compressions and ventilations at a rate 10/minute (every 6 seconds)
- Rescue breathing for the patient who has a pulse but is not breathing should be one breath every 6 seconds (or 10 breaths/min)
- Switch compressors every 2 minutes
- There should be no interruptions in chest compressions > 10 seconds in duration. You should continue compressions while the defibrillator is charging as one way to minimize interruptions.
- CPR coach may be used to ensure high quality CPR
- To reduce time off the chest, consider having the defibrillator charged and ready before performing a rhythm check.

After ROSC, optimizing oxygenation and ventilation is a priority. Excessive ventilation, however, can cause decreased cardiac output.

All comatose adult patients with ROSC should have TTM with a target temperature between 32°C and 36°C selected, achieved and maintained for at least 24 hours.