



Welcome to the American Heart Association Advanced Cardiac Life Support

Remember, to be successful in ACLS, it is assumed that you can interpret cardiac rhythms and determine appropriate treatments. If this is your first time, we encourage auditing for free, space permitting, as this gives new students a realistic expectation.

- The test is now open-book. You can order or download books directly from the AHA at <https://shopcpr.heart.org/>. You can also borrow, check the reference library at your facility, and we do have copies for everyone to use during class in case you forget yours.
- <https://cpr.heart.org/en/resuscitation-science/cpr-and-ecg-guidelines/algorithms>
This link takes you to a page with the latest algorithms! You can view or download! Their free app Guidelines on the Go will give you copies of all the algorithms plus the latest research. We suggest you focus on the basic algorithms of care, as well as any pertinent information for the area of care you work in. Basic ones are bradycardia, tachycardia, pulseless v-tach/v-fib, PEA/Asystole, Acute Coronary Syndrome, and Post Arrest Care.
- **For recertification**, the AHA does REQUIRE the pretest. <https://shopcpr.heart.org/acls-precourse-self-assessment>. It helps dust off the cobwebs. If you are scoring >75-80%, you will likely do well on the written in class. Send us the certificate of completion as soon as you finish so we know you are ready! We will print it for you.
- **For the first time or expired** for a while, the AHA does require the pretest and full provider videos BEFORE class. <https://shopcpr.heart.org/acls-prework> We think it's amazing that the AHA has made this a FREE service so that you can prepare/review anytime that you like. Send us the certificate of completion as soon as you finish so we know you are ready! We will print it for you.
- If you feel like you need a rhythm review, we still like Skill Stat, but there are tons online and in your app store! <http://www.skillstat.com/> make sure you know the life-threatening ones and the ones that make patients unstable: SVT, Brady rhythms, Heart Blocks, VT/VF, PEA & Asystole.
- Study the H's and T's and ask yourself if you can name one treatment for each. Know your drugs: Epi, Atropine, Amiodarone, Lidocaine, Adenosine, Magnesium, Dopamine.

Please study and refresh your knowledge, but try not to be too nervous; we remember what it is like! Our gift is being able to discuss complex concepts simply, and we pride ourselves on having a non-threatening environment where questions are encouraged.

If you have any questions, please let us know-
Medical Education Angels
661-205-0927 text/call or mededangels@gmail.com

**American Heart Association course agendas-
Your class will follow one of these***

MEA ACLS Heartcode online & skills

- Heartcode PWW
- High Quality CPR/AED
- Skills Testing OPA/NPA/Respiratory Arrest
- Mega Code Testing

MEA ACLS Recertification Agenda (please bring pretest) and 1st time providers (must have certificate of completion from the pre-course work submitted before class)

- Science of Resuscitation
- High-Performing Teams
- High Quality CPR/AED
- Learning Stations and Algorithms Review
 - Bradycardia
 - Tachycardia
 - ETC02
 - Pulseless VT and VF
 - PEA & Asystole
 - Post-Arrest care
- Learning & Skills Testing OPA/NPA/Respiratory Arrest
- Mega Code Testing
- Written Exam 84% or greater to pass (50 Questions, 1-1.5 hours for exam)

On occasion, agendas are altered to include segments that are pertinent to the group.

Breaks are taken as needed, just ask!

Questions encouraged. ☺

Feel free to bring a drink or snack. No one tests well when they are hungry.

Dress in comfortable clothes.

Please text or call us if you have any questions.

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**Exceptions to this agenda could arise if your facility wishes to do a FULL onsite program where videos are watched as a group instead of individually, over 1 or more class sessions. If this is the case, please request a specific updated agenda to reflect the specific needs of your group. ☺

Course agendas are adapted from ACLS 2025 Instructor Manual pages 64-69; all content is followed, order or delivery might be changed.

H's and T's

The potentially reversible causes of cardiac arrest/near cardiac arrest.

<p>HYPOVOLEMIA 1. Look for obvious signs of fluid/blood loss 2. secure IV/IO access 3. give fluid bolus and reassess</p>	<p>TOXINS (drug OD, accidents) 1. Support circulation while you administer appropriate reversals. Narcan reverses opiates/narcotics. Romazicon reverses benzodiazepines. Check out pg. 62-70 ECC 2025 handbook</p>
<p>HYPOXIA 1. Confirm chest rise bilaterally and lung sounds 2. check O2 source 3. SpO2 90-98%, ABG's, suction Rapid sequence intubation pg.</p>	<p>TAMPONADE (causes: chest trauma, CABG, etc.) 1. Look for: JVD, narrow pulse pressure 2. Pericardiocentesis, return to OR</p>
<p>HYDROGEN ION LOSS 1. respiratory – ensure adequate ventilation 2. metabolic – give NaHCO3 (sodium bicarbonate) 3. Draw/evaluate CO2 in serum or pH on ABG</p>	<p>TENSION PNEUMOTHORAX (s/s: chest asymmetry, tympani, decreased BS, high peak pressures, JVD, tracheal deviation, severe respiratory distress) 1. Vent tension in the chest with angio at 2ICS below the clavicle 2. CXR 3. Support ventilation and oxygenation with BVM, intubate if necessary</p>
<p>HYPOTHERMIA 1. Consider warm NS infusion 2. warming measures</p>	<p>THROMBOSIS coronary pg 31-61 ECC 2025 Handbook pulmonary - consider fibrinolysis stroke -</p>
<p>HYPERGLYCEMIA 1. accu-check and administer reg insulin PRN HYPOGLYCEMIA 1. Accu-Check, administer dextrose PRN</p>	<p>TRAUMA 1. inspect body completely; remove clothing 2. secure airway 3. Control external bleeding by applying pressure while concurrently giving crystalloids and blood products 4. Look for s/s of internal bleeding: send lab work, do diagnostic tests if patient stable enough for exam, tap belly if suspicious for internal bleeding, call OR to be on call</p>
<p>HYPOKALEMIA 1. Look for flat T waves and U waves 2. Administer potassium and consider checking and infusing Magnesium HYPERKALEMIS 1. Look for peaked T waves, tall ST, or widening QRS 2. To move K intracellular: <ul style="list-style-type: none"> • CaCl 10%, 5-10ml/<i>onset 1-3 min</i> • Sod. Bicarb give 1 amp up to 1mEq/kg, can repeat in 15 min./<i>onset 5-10 min</i> • Insulin & Dextrose: 10u regular insulin/1 amp D50 (25gms) /<i>onset 30 min</i> • Nebulized Albuterol 10-20mg/15 minutes, may repeat / <i>onset 15 min</i> • Lasix 40-80mg IV/<i>onset with diuresis</i> • Kayexalate 15-50gm PO or rectal /<i>onset 1-2 hours</i> Pg. 67 ECC 2025 Handbook</p>	