

ACLS Megacode Case 1: Sinus Bradycardia (Bradycardia → VF/Pulseless VT → Asystole → ROSC)

Out-of-Hospital Scenario

You are a paramedic and arrive on the scene to find a 57-year-old woman complaining of indigestion. She is cold, clammy, and diaphoretic. She tells you she is about to faint. EMS responders have obtained vital signs: HR 38/min, BP 70 mm Hg/palpatable, RR 16/min, and O₂ saturation 93%. No other assessment or management has been performed. Now you assume the role of team leader.

Case Development

Initial Assessment	This patient may have an ACS. The case focus, however, is bradycardia. The team leader should begin to take a history and direct team members to get oxygen or not intubated and an IV and place monitor leads. ECG/monitor at this point would be inappropriate in the absence of typical technique-type discomfort and given the woman's vital signs (bradycardia and hypotension = contraindicated).
Bradycardia Algorithm	The student is presented with bradycardia and needs to follow the Bradycardia Algorithm. A critical action is noting that symptoms are due to bradycardia that requires management. Actions at this point should include at least an initial dose of atropine and preparation for IV use of appropriate drugs (epinephrine or dopamine infusions).
Cardiac Arrest Algorithm (VF/Pulseless VT)	The patient suddenly develops VF. The team leader will follow the Cardiac Arrest Algorithm. A critical action is noting that additional team functions and monitor for high-quality CPR. The case should continue through safe defibrillation, administration of a vasopressor, and consideration of an antiarrhythmic drug.
Cardiac Arrest Algorithm (Asystole)	After a shock, the patient becomes asystolic. The student continues to monitor high-quality CPR and follows the asystole pathway of the Cardiac Arrest Algorithm.
Immediate Post-Cardiac Arrest Care Algorithm	The team continues high-quality chest compressions, the patient has ROSC, and the Immediate Post-Cardiac Arrest Care Algorithm is initiated.

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ACLS Megacode Case 2: Mobitz Type II AV Block (Bradycardia → VF/Pulseless VT → Asystole → ROSC)

In-Hospital Scenario

You are evaluating a 57-year-old woman complaining of indigestion. She is brought immediately from triage (carried by personnel car) and placed in ED room 2. She is cold, clammy, and diaphoretic. She states that she feels as if she is about to faint. The triage nurse is working with you and has obtained vital signs: HR 38/min, BP 70 mm Hg/palpatable, RR 16/min, and O₂ saturation 93%.

Case Development

Initial Assessment	This woman may have an ACS. The case focus, however, is bradycardia. The team leader should begin to take a history and direct team members to start oxygen or not intubated and get IV access (not able to get an IV in) and place monitor leads. ECG/monitor at this point would be inappropriate in the absence of typical technique-type discomfort and given the patient's vital signs (bradycardia and hypotension = contraindicated).
Bradycardia Algorithm	The student is presented with bradycardia and needs to follow the Bradycardia Algorithm. A critical action is noting that symptoms are due to bradycardia that requires management. Actions at this point should include at least an initial dose of atropine and preparation for IV use of appropriate drugs (epinephrine or dopamine infusions).
Cardiac Arrest Algorithm (VF/Pulseless VT)	The patient suddenly develops VF. The team leader will follow the Cardiac Arrest Algorithm. A critical action is noting that additional team functions and monitor for high-quality CPR. The case should continue through safe defibrillation, administration of a vasopressor, and consideration of an antiarrhythmic drug.

Megacode Testing Checklist 1/2 Bradycardia → VF/Pulseless VT → Asystole → ROSC

Student Name: _____

Test Date: _____

Critical Performance Steps	✓ if done correctly
Team Leader	
Ensures high-quality CPR at all times.	
Assigns team member roles.	
Ensures that team members perform well.	
Bradycardia Management	
Starts oxygen if needed, places monitor, starts IV.	
Places monitor leads in proper position.	
Recognizes symptomatic bradycardia.	
Administers correct dose of atropine.	
Prepares for second-line treatment.	
VF/Pulseless VT Management	
Recognizes VF.	
Clears before ANALYZE and SHOCK.	
Immediately resumes CPR after shocks.	
Appropriate airway management.	
Appropriate cycles of drug-rhythm check/shock-CPR.	
Administers appropriate drugs and doses.	
Asystole Management	
Recognizes asystole.	
Verbalizes potential reversible causes of asystole/PEA (H's and T's).	
Administers appropriate drugs and doses.	
Immediately resumes CPR after rhythm checks.	
Post-Cardiac Arrest Care	
Identifies ROSC.	
Ensures BP and 12-lead ECG are performed, O ₂ saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests.	
Considers therapeutic hypothermia.	

STOP TEST

Test Results	Circle F or NR to Indicate Pass or Needs Remediation:	F	NR
Instructor signature affirms that skills tests were done according to AHA Guidelines. Save this sheet with course record.	Instructor Signature: _____ Print Instructor Name: _____ Date: _____		

Megacode Testing Checklist 1/2 Bradycardia → VF/Pulseless VT → Asystole → ROSC

Student Name: _____

Test Date: _____

Critical Performance Steps	✓ if done correctly
Team Leader	
Ensures high-quality CPR at all times.	
Assigns team member roles.	
Ensures that team members perform well.	
Bradycardia Management	
Starts oxygen if needed, places monitor, starts IV.	
Places monitor leads in proper position.	
Recognizes symptomatic bradycardia.	
Administers correct dose of atropine.	
Prepares for second-line treatment.	
VF/Pulseless VT Management	
Recognizes VF.	
Clears before ANALYZE and SHOCK.	
Immediately resumes CPR after shocks.	
Appropriate airway management.	
Appropriate cycles of drug-rhythm check/shock-CPR.	
Administers appropriate drugs and doses.	
Asystole Management	
Recognizes asystole.	
Verbalizes potential reversible causes of asystole/PEA (H's and T's).	
Administers appropriate drugs and doses.	
Immediately resumes CPR after rhythm checks.	
Post-Cardiac Arrest Care	
Identifies ROSC.	
Ensures BP and 12-lead ECG are performed, O ₂ saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests.	

Mega Code Acls Study Guide

Ken Grauer, Daniel Cavallaro

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the authors' names.

Mega Code Acls Study Guide:

ACLS Study Guide - E-Book Barbara J Aehlert, 2021-08-05 NEW Updated content includes the latest guidelines from the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care and the International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations NEW 20 new illustrations are added to the book s hundreds of illustrations **ACLS Study Guide** Barbara Aehlert, 2007 Written in a conversational style the 3rd edition of the ACLS Study Guide features unique user friendly and easy to remember treatment algorithms totally revised to reflect the 2005 emergency cardiac care guidelines Full color throughout it offers a complete concise overview of advanced cardiovascular life support ACLS acute coronary syndromes and acute stroke It also features easy to access information with Stop and Review quizzes in each chapter and a comprehensive pretest and posttest New to this edition are a handy ACLS quick reference fold out card a heart rate ruler and more In addition to being an outstanding study tool the ACLS Study Guide 3rd Edition is the official text for the American Safety and Health Institute ACLS certification course For more information on ASHI courses call 800 246 5101 or visit www.ashinstitute.com A pretest and posttest each containing 50 questions with answers and rationales provide readers with opportunities to check comprehension prior to and after study Chapter Objectives allow readers to preview the main points in each chapter Quick Review boxes throughout the chapters and Stop and Review sections at the end of the chapters test reader comprehension of the material Chapters 1 8 comprise a Preparatory section to provide the foundation for the case presentations in the second section Ten case studies present real life clinical situations enabling the reader to make decisions based on information in the Preparatory section Consistent organization of case studies include Objective Skills to Master Rhythms to Master Medications to Master Related Text Chapters Questions Answers Essential Actions and Unacceptable Actions to aide in the study and mastery of material Unique treatment algorithms totally revised to reflect the 2005 emergency cardiac care guidelines simplify the new treatment guidelines making them easier to use and remember Chapter on Stroke has now been expanded to include Special Resuscitation Situations ACLS Pearl boxes contain key points and useful tips for clinical practice Keeping it Simple boxes contain essential information in a clear and concise manner A heart rate ruler is included to help determine heart rate while practicing ECG recognition A 4 x 6 pocket size quick reference card with key ACLS algorithms is included for field use Vascular Access and Medications combined into one chapter to present venous circulation information with all relevant common medications used during a cardiac related emergency [National Library of Medicine Audiovisuals Catalog](#) National Library of Medicine (U.S.), 1992 *Study Guide for Advanced Life Support* Ken Grauer, 1984 *ACLS Quick Review Study Cards* Barbara Aehlert, Barbara J Aehlert, Msed Bspa RN, 1994 Perforated cards in a book format feature a review question and ECG tracing on the front of the card with the answer and rationale on the back Color coded cards are designed to correspond with discussions in the author s text ACLS Quick Review Study Guide 500

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