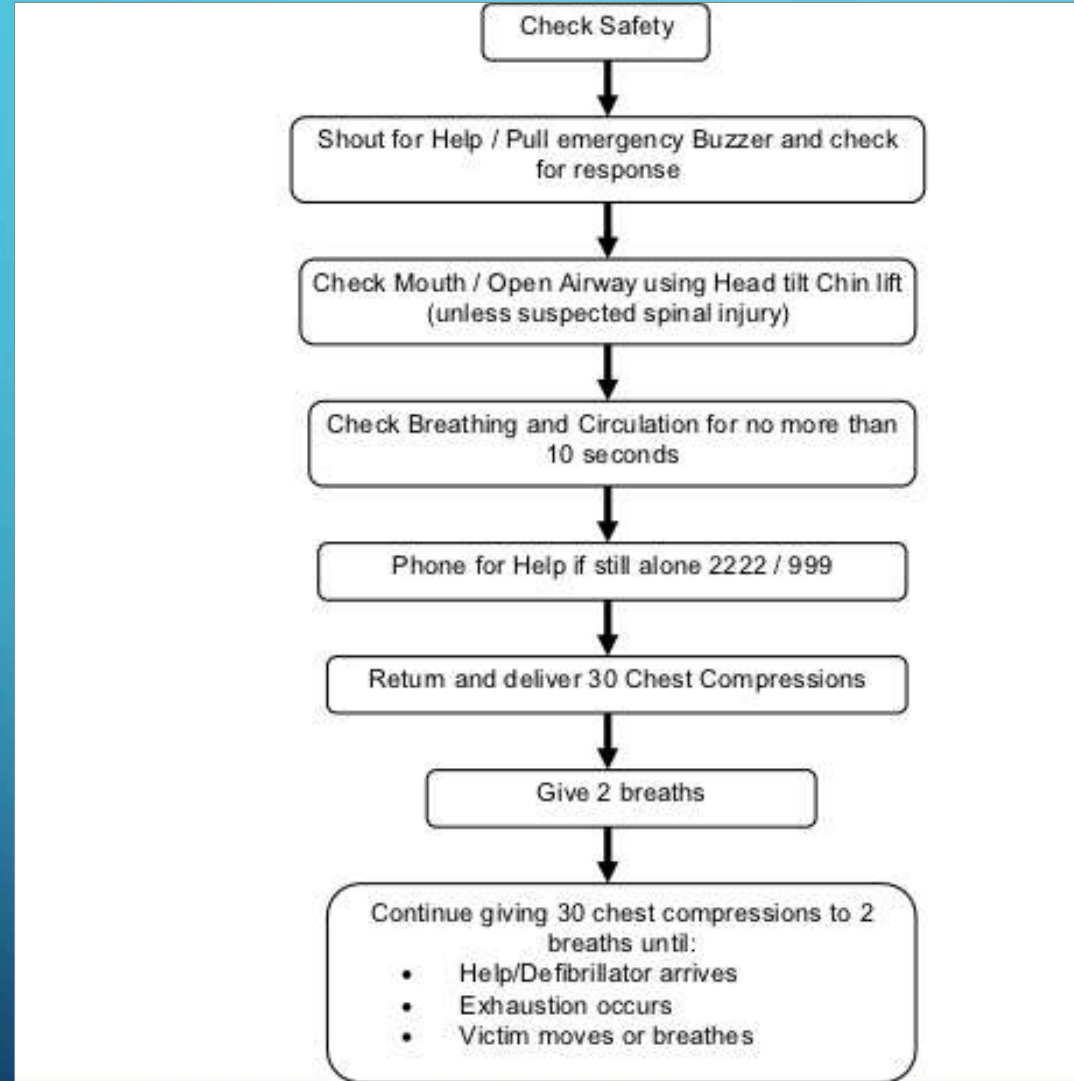




CLINICAL SKILLS COURSE II ADVANCED CARDIAC LIFE SUPPORT

RIMA ALATARI

BASIC LIFE SUPPORT (BLS)



BASIC LIFE SUPPORT (BLS):

1. CHECK RESPONSIVENESS; IF NONE, FOLLOW STEPS BELOW

ACTIVATE EMERGENCY RESPONSE SYSTEM

GET AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

2. CHECK PULSE FOR < 10 SECONDS; IF NO PULSE, FOLLOW STEPS BELOW

START HIGH-QUALITY CARDIOPULMONARY RESUSCITATION (CPR) AT A COMPRESSIONS-TO-BREATHS RATIO OF 30:2

EVERY 2 MINUTES, CHECK PULSE, CHECK RHYTHM, AND SWITCH COMPRESSORS

HIGH-QUALITY CPR AND CHANGING RESCUERS EVERY 2 MINUTES IMPROVES A VICTIM'S CHANCE OF SURVIVAL

3. ATTACH AED AS SOON AS AVAILABLE; IF SHOCKABLE RHYTHM, DEFIBRILLATE AND THEN IMMEDIATELY START CPR

BASIC LIFE SUPPORT (BLS)

COMPRESSIONS:

CHECK PULSE AT CAROTID ARTERY

COMPRESSION LANDMARKS: LOWER HALF OF STERNUM BETWEEN THE NIPPLES

COMPRESSION METHOD: HEEL OF ONE HAND, OTHER HAND ON TOP

DEPTH: AT LEAST 2 IN (5 CM)

ALLOW COMPLETE CHEST RECOIL AFTER EACH COMPRESSION

COMPRESSION RATE: AT LEAST 100/MIN

COMPRESSION-TO-VENTILATIONS RATIO, 30:2



BASIC LIFE SUPPORT (BLS):

AIRWAY

HEAD TILTED, CHIN LIFTED

JAW THRUST IF TRAUMA SUSPECTED

BREATHING

RESCUE BREATHING EVER 5-6 SECONDS

DELIVER AT ABOUT 1 SECOND/BREATH

WATCH FOR VISIBLE CHEST RISE

BASIC LIFE SUPPORT (BLS):

DEFIBRILLATION

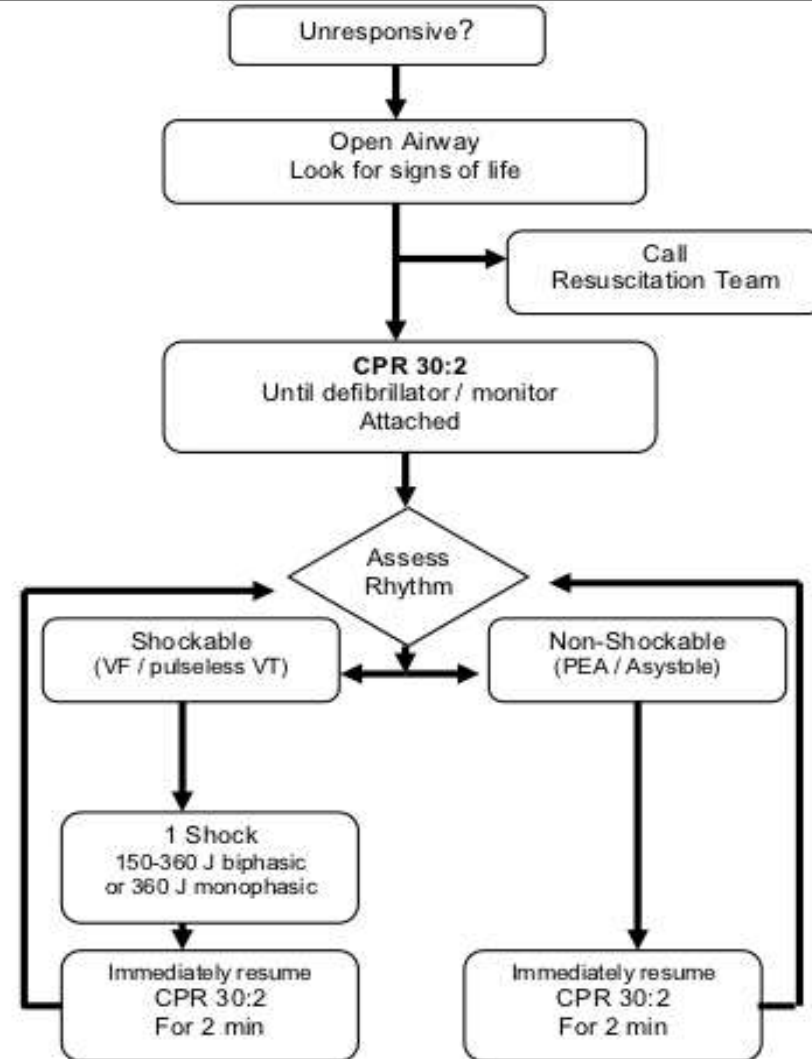
ATTACH AND USE AED AS SOON AS AVAILABLE

MINIMIZE INTERRUPTIONS IN CHEST COMPRESSIONS BEFORE AND AFTER SHOCK

RESUME CPR BEGINNING WITH COMPRESSIONS IMMEDIATELY AFTER EACH SHOCK



ADVANCED CARDIAC LIFE SUPPORT



ADVANCED CARDIAC LIFE SUPPORT

CARDIAC RHYTHMS

SHOCKABLE:

VENTRICULAR FIBRILLATION



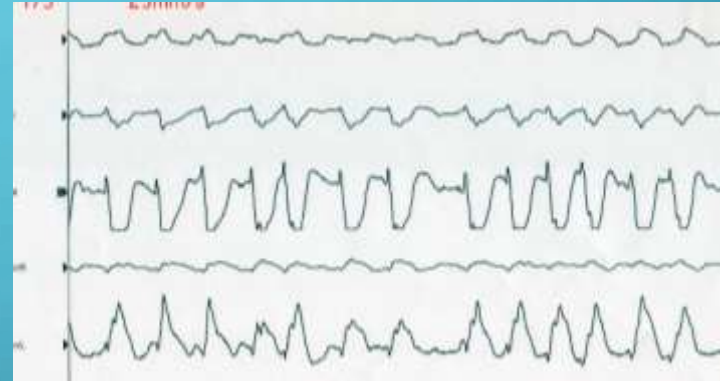
PULSELESS VENTRICULAR TACHYCARDIA



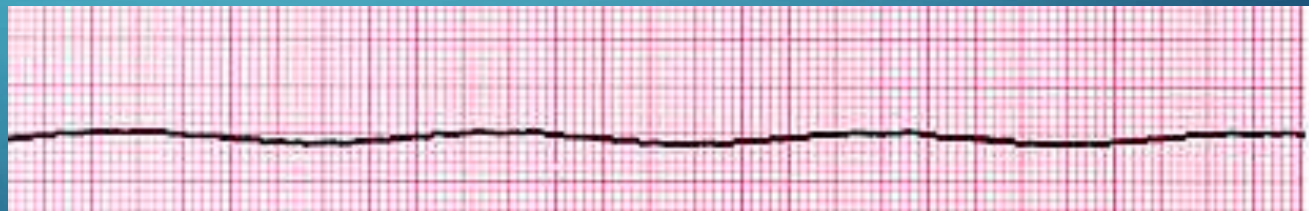
ADVANCED CARDIAC LIFE SUPPORT

NOT SHOCKABLE:

PULSELESS ELECTRICAL ACTIVITY (PEA)



ASYSTOLE



ADVANCED CARDIAC LIFE SUPPORT

REVERSIBLE CAUSES:

TENSION PNEUMOTHORAX

TAMPONADE (CARDIAC)

TOXINS

THROMBOSIS (CORONARY OR PULMONARY)

HYPOXIA

HYPOVOLAEMIA

HYPO/HYPERKALAEMIA/METABOLIC

HYPOTHERMIA

ADVANCED CARDIAC LIFE SUPPORT

DURING ACLS:

CORRECT REVERSIBLE CAUSES

CHECK ELECTRODE POSITION AND CONTACT

ATTEMPT / VERIFY:

IV access

Airway and oxygen

GIVE UNINTERRUPTED COMPRESSIONS WHEN AIRWAY SECURE

1 MG DOSE OF IV/IO EPINEPHRINE EVERY 3 TO 5

GIVE DF SHOCK USED PADES AND SAY CLEAR

The image features a blue gradient background with white circuit-like lines in the corners. These lines consist of straight paths that branch out and terminate in small circles, resembling a stylized PCB or network diagram. The lines are positioned in the top-left, top-right, bottom-left, and bottom-right corners, framing the central text.

THANK YOU