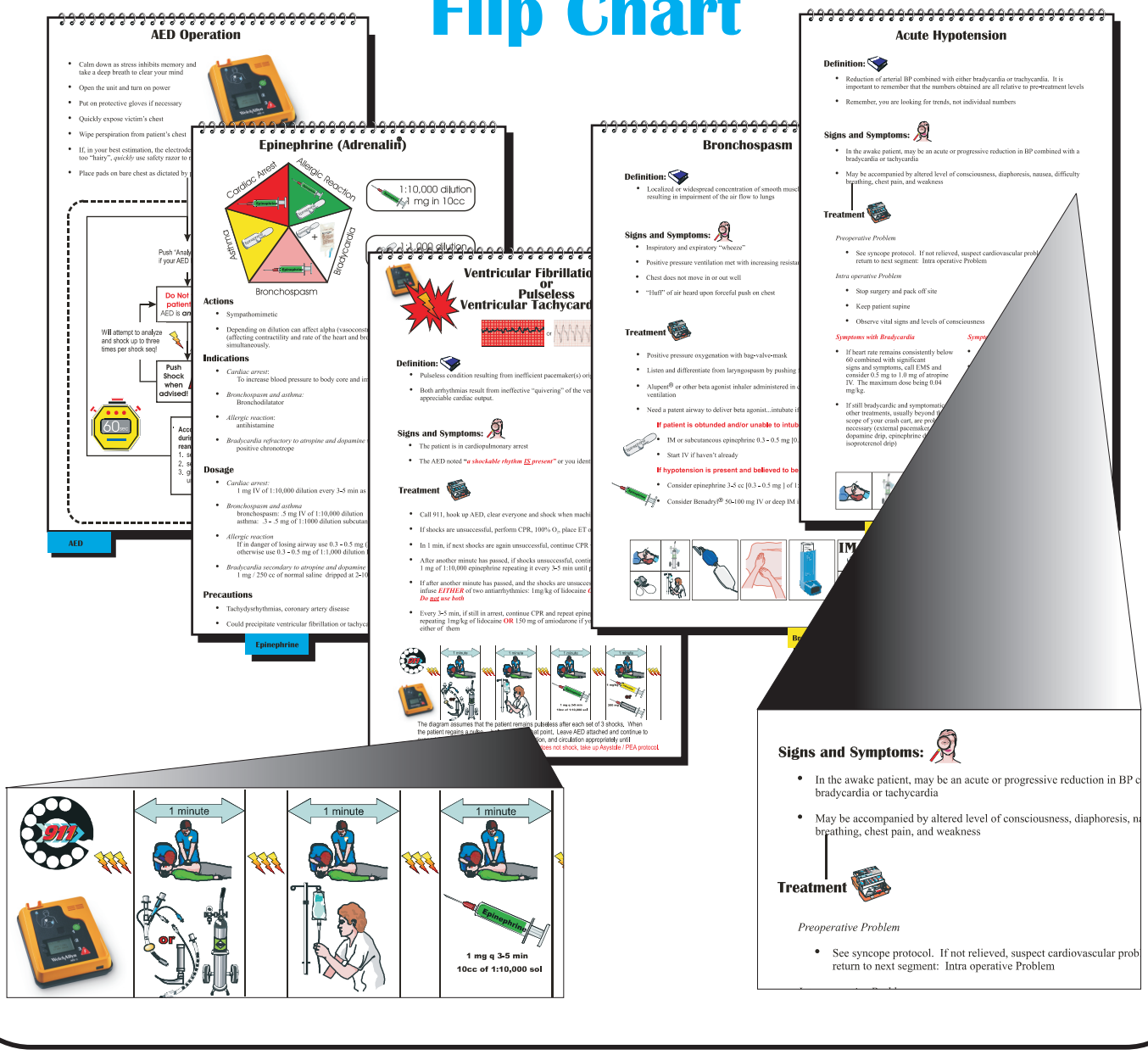
Flip Chart


AED Operation
Calm down as stress inhibits memory and take a deep breath to clear your mind
Open the unit and turn on power
Put on protective gloves if necessary
Quickly expose victim's chest
Wipe perspiration from patient's chest
Place pads on bare chest as dictated by
Push "Analy
if your AED
Do Not
patient
AED is an
Will attempt to analyze and shock up to three times per shock seq!
Push Shock when advised!
60
AED
Epinephrine (Adrenalin)
Cardiac Arrest
Allergic Reaction
Asthma
Bradycardia
Bronchospasm
1:10,000 dilution
1 mg in 10cc
Actions
Sympathomimetic
Depending on dilution can affect alpha (vasoconst
(affecting contractility and rate of the heart and bo
simultaneously.
Indications
Cardiac arrest:
To increase blood pressure to body core and in
Bronchospasm and asthma:
Bronchodilatator
Allergic reaction:
antihistamine
Bradycardia refractory to atropine and dopamine
positive chronotrope
Dosage
Cardiac arrest:
1 mg IV of 1:10,000 dilution every 3-5 min as
Bronchospasm and asthma
bronchospasm: .5 mg IV of 1:10,000 dilution
asthma: .3 - .5 mg of 1:1000 dilution subcutan
Allergic reaction
If in danger of losing airway use 0.3 - 0.5 mg (
otherwise use 0.3 - 0.5 mg of 1:1,000 dilution
Bradycardia secondary to atropine and dopamine
1 mg / 250 cc of normal saline dripped at 2-10
Precautions
Tachydysrhythmias, coronary artery disease
Could precipitate ventricular fibrillation or tachyca
Epinephrine
Ventricular Fibrillatio
or
Pulseless
Ventricular Tachycard
Definition:
Pulseless condition resulting from inefficient pacemaker(s) ort
Both arrhythmias result from ineffective "quivering" of the ve
appreciable cardiac output.
Signs and Symptoms:
The patient is in cardiopulmonary arrest
The AED noted "a shockable rhythm IS present" or you ident
Treatment
Call 911, hook up AED, clear everyone and shock when machi
If shocks are unsuccessful, perform CPR, 100% O2, place ET d
In 1 min, if next shocks are again unsuccessful, continue CPR
After another minute has passed, if shocks unsuccessful, contin
1 mg of 1:10,000 epinephrine repeating it every 3-5 min until
If after another minute has passed, and the shocks are unsucces
infuse EITHER of two antiarrhythmics: 1mg/kg of lidocaine
Do not use both
Every 3-5 min, if still in arrest, continue CPR and repeat epine
repeating 1mg/kg of lidocaine OR 150 mg of amiodarone if y
either of them
The diagram assumes that the patient remains pulseless after each set of 3 shocks. When
the patient regains a pulse
point. Leave AED attached and continue to
on, and circulation appropriately until
does not shock, take up Asystole / PEA protocol.
Bronchospasm
Definition:
Localized or widespread concentration of smooth musc
resulting in impairment of the air flow to lungs
Signs and Symptoms:
Inspiratory and expiratory "wheeze"
Positive pressure ventilation met with increasing resista
Chest does not move in or out well
"Huff" of air heard upon forceful push on chest
Treatment
Positive pressure oxygenation with bag-valve-mask
Listen and differentiate from laryngospasm by pushing
Alupent® or other beta agonist inhaler administered in
ventilation
Need a patent airway to deliver beta agonist...intubate i
If patient is obtunded and/or unable to intub
IM or subcutaneous epinephrine 0.3 - 0.5 mg [0.
Start IV if haven't already
If hypotension is present and believed to be
Consider epinephrine 3-5 cc [0.3 - 0.5 mg] of 1
Consider Benadryl® 50-100 mg IV or deep IM
Acute Hypotension
Definition:
Reduction of arterial BP combined with either bradycardia or tachycardia. It is important to remember that the numbers obtained are all relative to pre-treatment levels
Remember, you are looking for trends, not individual numbers
Signs and Symptoms:
In the awake patient, may be an acute or progressive reduction in BP combined with a bradycardia or tachycardia
May be accompanied by altered level of consciousness, diaphoresis, nausea, difficulty breathing, chest pain, and weakness
Treatment
Preoperative Problem
See syncope protocol. If not relieved, suspect cardiovascular prob
return to next segment: Intra operative Problem
Intra operative Problem
Stop surgery and pack off site
Keep patient supine
Observe vital signs and levels of consciousness
Symptoms with Bradycardia
If heart rate remains consistently below 60 combined with significant signs and symptoms, call EMS and consider 0.5 mg to 1.0 mg of atropine IV. The maximum dose being 0.04 mg/kg.
If still bradycardic and symptomatic
other treatments, usually beyond the
scope of your crash cart, are prob
necessary (external pacemaker
dopamine drip, epinephrine
isoproterenol drip)
911
1 minute
1 minute
1 minute
or
Epinephrine
1 mg q 3-5 min
10cc of 1:10,000 sol
Signs and Symptoms:
In the awake patient, may be an acute or progressive reduction in BP c
bradycardia or tachycardia
May be accompanied by altered level of consciousness, diaphoresis, n
breathing, chest pain, and weakness
Treatment
Preoperative Problem
See syncope protocol. If not relieved, suspect cardiovascular prob
return to next segment: Intra operative Problem