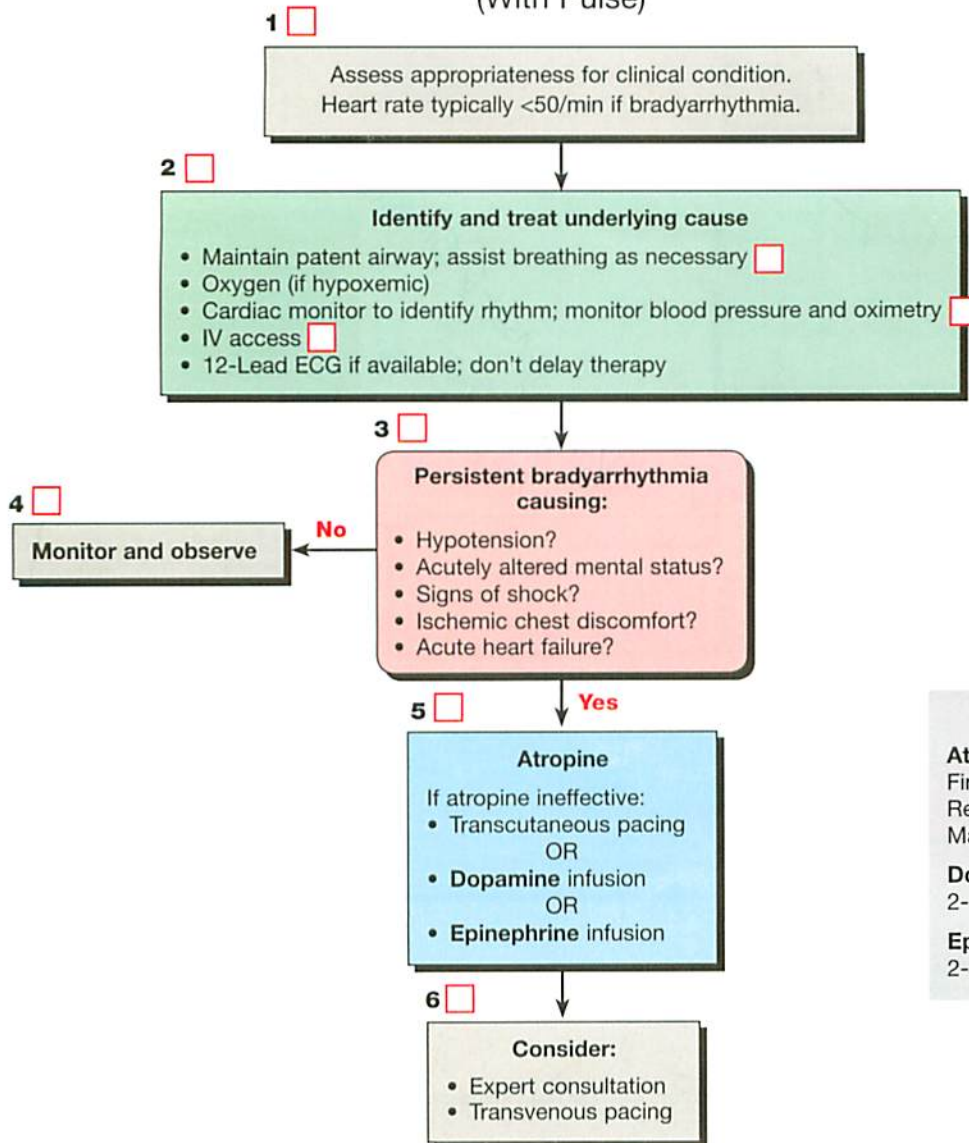


Bradycardia Learning Station Checklist

Adult Bradycardia (With Pulse)



Doses/Details

Atropine IV Dose:

First dose: 0.5 mg bolus
Repeat every 3-5 minutes
Maximum: 3 mg

Dopamine IV Infusion:

2-10 mcg/kg per minute

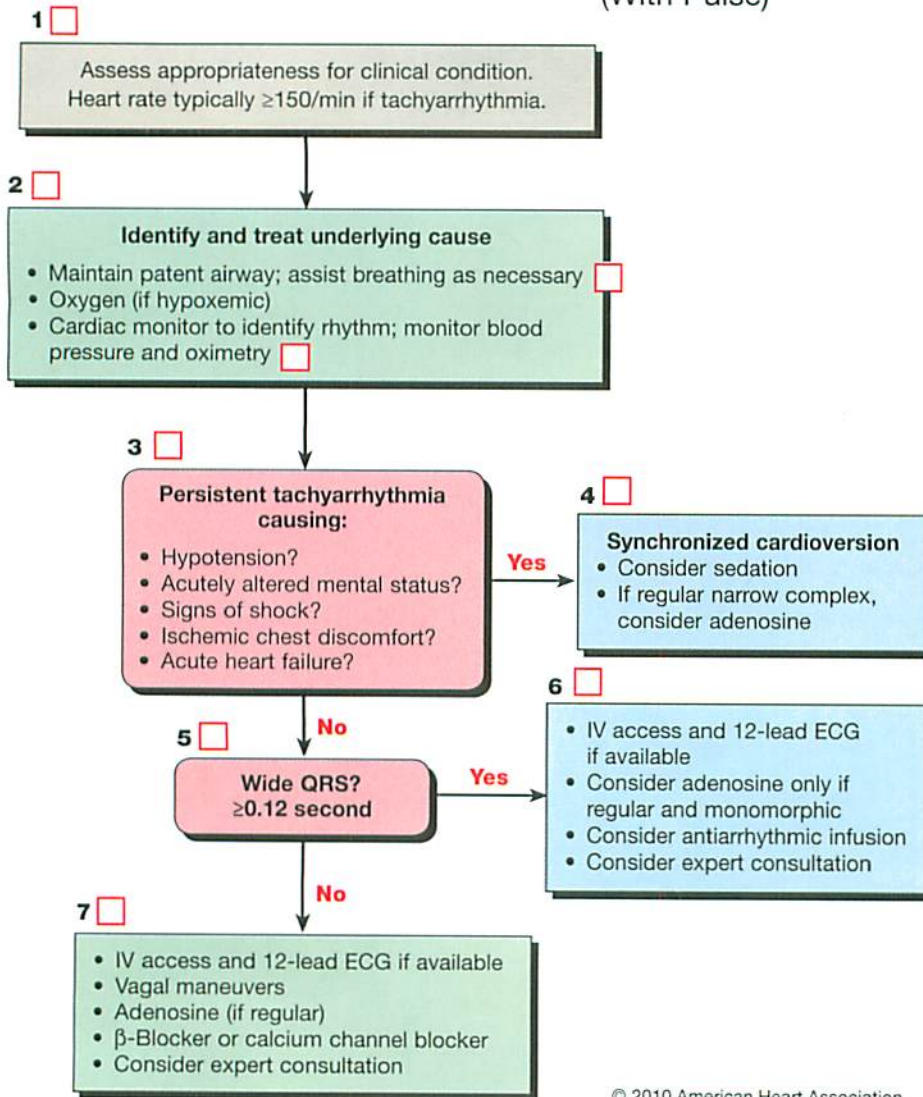
Epinephrine IV Infusion:

2-10 mcg per minute

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Tachycardia Learning Station Checklist

Adult Tachycardia (With Pulse)



Doses/Details

Synchronized Cardioversion

Initial recommended doses:

- Narrow regular: 50-100 J
- Narrow irregular: 120-200 J biphasic or 200 J monophasic
- Wide regular: 100 J
- Wide irregular: defibrillation dose (NOT synchronized)

Adenosine IV Dose:

First dose: 6 mg rapid IV push; follow with NS flush.
Second dose: 12 mg if required.

Antiarrhythmic Infusions for Stable Wide-QRS Tachycardia

Procainamide IV Dose:

20-50 mg/min until arrhythmia suppressed, hypotension ensues, QRS duration increases $>50\%$, or maximum dose 17 mg/kg given. Maintenance infusion: 1-4 mg/min. Avoid if prolonged QT or CHF.

Amiodarone IV Dose:

First dose: 150 mg over 10 minutes. Repeat as needed if VT recurs. Follow by maintenance infusion of 1 mg/min for first 6 hours.

Sotalol IV Dose:

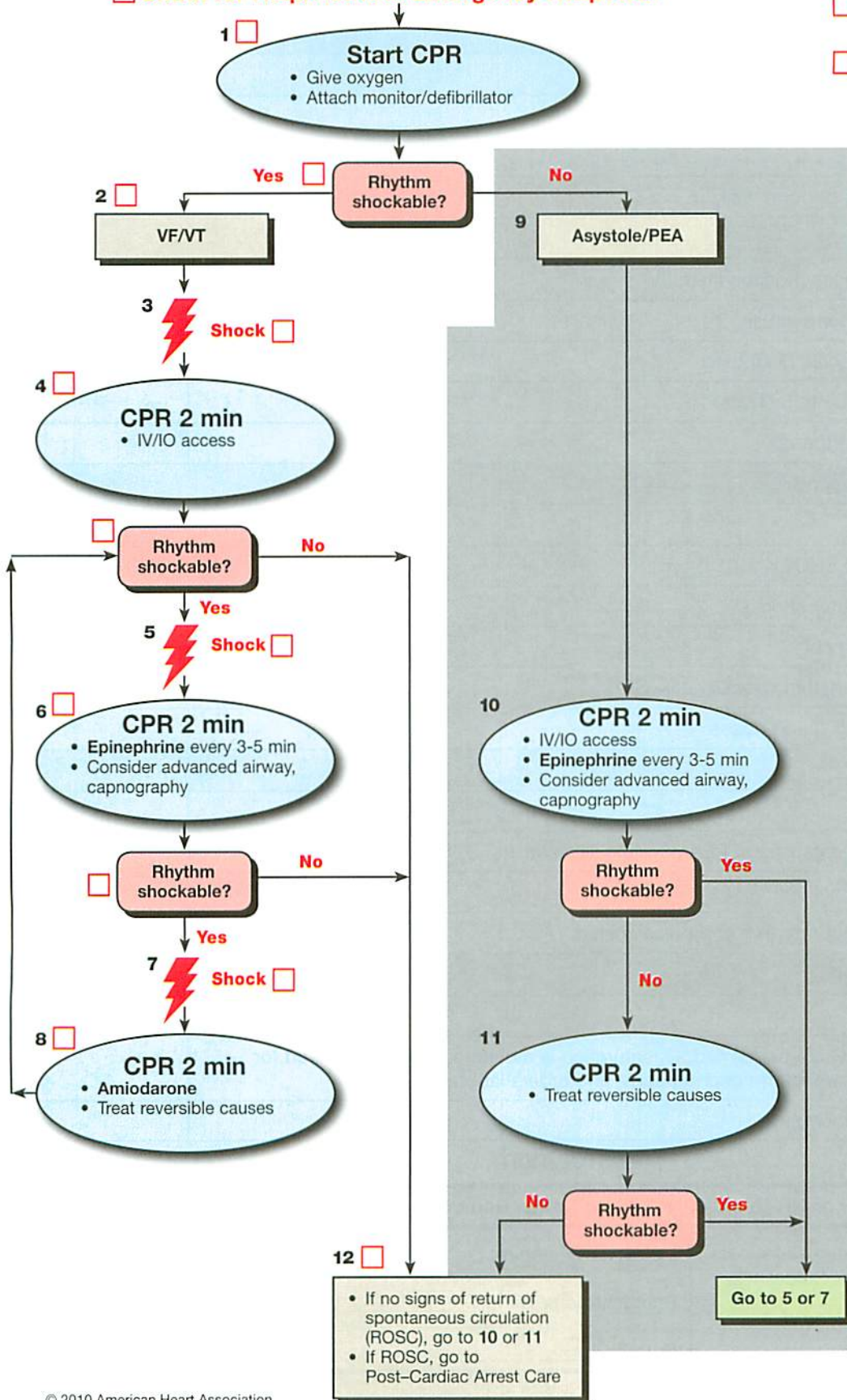
100 mg (1.5 mg/kg) over 5 minutes. Avoid if prolonged QT.

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Cardiac Arrest VF/Pulseless VT Learning Station Checklist

Adult Cardiac Arrest

Shout for Help/Activate Emergency Response



- CPR Quality**
 - Push hard (≥2 inches [5 cm]) and fast (≥100/min) and allow complete chest recoil
 - Minimize interruptions in compressions
 - Avoid excessive ventilation
 - Rotate compressor every 2 minutes
 - If no advanced airway, 30:2 compression-ventilation ratio
 - Quantitative waveform capnography
 - If PETCO₂ <10 mm Hg, attempt to improve CPR quality
 - Intra-arterial pressure
 - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality

- Return of Spontaneous Circulation (ROSC)**
 - Pulse and blood pressure
 - Abrupt sustained increase in PETCO₂ (typically ≥40 mm Hg)
 - Spontaneous arterial pressure waves with intra-arterial monitoring

- Shock Energy**
 - **Biphasic:** Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered.
 - **Monophasic:** 360 J

- Drug Therapy**
 - **Epinephrine IV/IO Dose:** 1 mg every 3-5 minutes
 - **Vasopressin IV/IO Dose:** 40 units can replace first or second dose of epinephrine
 - **Amiodarone IV/IO Dose:** First dose: 300 mg bolus. Second dose: 150 mg.

- Advanced Airway**
 - Supraglottic advanced airway or endotracheal intubation
 - Waveform capnography to confirm and monitor ET tube placement
 - 8-10 breaths per minute with continuous chest compressions

- Reversible Causes**
 - Hypovolemia
 - Hypoxia
 - Hydrogen ion (acidosis)
 - Hypo-/hyperkalemia
 - Hypothermia
 - Tension pneumothorax
 - Tamponade, cardiac
 - Toxins
 - Thrombosis, pulmonary
 - Thrombosis, coronary

Megacode Testing Checklist 6

Tachycardia → VF/Pulseless VT → PEA → 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	
Tachycardia Management	
Starts oxygen if needed, places monitor, starts IV	
Places monitor leads in proper position	
Recognizes tachycardia (specific diagnosis)	
Recognizes no symptoms due to tachycardia	
Gives appropriate initial drug therapy	
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 drug(s) and doses	
PEA Management	
Recognizes PEA	
Verbalizes potential reversible causes of PEA/asystole (H's and T's)	
Administers appropriate drug(s) and doses	
Immediately resumes CPR after rhythm and pulse 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 P or NR to Indicate Pass or Needs Remediation:	P	NR
Instructor signature affirms that skills tests were done according to AHA Guidelines. <i>Save this sheet with course record.</i>	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 drug(s) and doses	
Asystole Management	
Recognizes asystole	
Verbalizes potential reversible causes of asystole/PEA (H's and T's)	
Administers appropriate drug(s) 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 P or NR to Indicate Pass or Needs Remediation:	P	NR
Instructor signature affirms that skills tests were done according to AHA Guidelines. <i>Save this sheet with course record.</i>	Instructor Signature: _____ Print Instructor Name: _____ Date: _____		

Megacode Testing Checklist 3

Tachycardia → VF/Pulseless VT → PEA → 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	
Tachycardia Management	
Starts oxygen if needed, places monitor, starts IV	
Places monitor leads in proper position	
Recognizes unstable tachycardia	
Recognizes symptoms due to tachycardia	
Performs immediate synchronized cardioversion	
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 drug(s) and doses	
PEA Management	
Recognizes PEA	
Verbalizes potential reversible causes of PEA/asystole (H's and T's)	
Administers appropriate drug(s) and doses	
Immediately resumes CPR after rhythm and pulse 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 P or NR to Indicate Pass or Needs Remediation:	P	NR
Instructor signature affirms that skills tests were done according to AHA Guidelines. <i>Save this sheet with course record.</i>	Instructor Signature: _____ Print Instructor Name: _____ Date: _____		