

Notes for ACLS

Stable v.s. Unstable Patients

Consider the patient *unstable* if he/she presents with one or more of the following:

- Shortness of breath
- Chest pain
- Hypotension
- Decreased level of consciousness

Use the mnemonic **Some Cats Hate Dogs**.

Steps for Correcting Hypotension

Correct the following problems in the following order *as appropriate* to the particular patient (rate, volume, pump).

- Correct the heart rate
 - follow the Bradycardia Algorithm as appropriate
 - atropine (0.5-1.0 mg IVP q 3-5 min, max 0.04 mg/kg)
 - transcutaneous pacing
 - dopamine (5-20 mcg/kg/min)
 - epinephrine (2-10 mcg/min)
 - isoproterenol (2-10 mcg/min)
- Correct hypovolemia
 - consider fluid challenge if lungs clear
- Correct low pump (heart) output
 - consider pressors

5 H's and 5 T's

Causes That Start With "H"	Causes That Start With "T"
Hypovolemia	Tablets
Hypoxia	Tamponade
Hydrogen Ion (acidosis)	Tension pneumothorax
Hyperkalemia/hypokalemia	Thrombosis (coronary)
Hypothermia	Thrombosis (pulmonary)

Secondary ABCD Survey

A - Airway: advanced airway device

B - Breathing: confirm, secure

C - Circulation: IV access, meds as appropriate to rhythm

D - Differential Diagnosis