



FROM: Lisa Gillespie BSN, RN, CPN
CTC Coordinator (BLS/ACLS) and TS Coordinator (PALS)

RE: PALS Initial Provider Course

Time: 8:00am-4:00pm 1st day, 8:00am- 3pm (approx) 2nd day

PREREQUISITE: Please bring a copy of your card indicating BLS course completion to class if you did not take your last BLS course at Methodist.

If you have an expired BLS card, you cannot take this course.

The Initial Provider course is designed to provide a flexible and patient-focused approach for treating selected emergency situations. Teaching in this course focuses on group interaction with some straight lecture. Each station provides case scenarios focusing on critical points related to a specific algorithm.

THIS IS A MUST READ AT LEAST 2 WEEKS PRIOR TO THE COURSE:

- ♥ You need to use the PALS Provider manual that is available from CICA Secretary located on 4W/GO in the MMCI Community Training Center (**this is important to get this manual since the book has login information to take the online pretest that must be completed PRIOR to coming to this course. Print test results and bring to class with you**) The loaner textbook must be returned the day of the class.
- ♥ *Please bring ALL your course materials to class with you.*

Your Pre-course Requirement Preparations:

- ♥ **Pre-course checklist:** Complete the pre-course checklist that came with your *PALS Course Guide*. Bring the checklist with you to the course.
- ♥ **CPR competency:** Be prepared to pass the child 1-rescuer CPR/AED and infant 1- and 2-rescuer CPR skills test. You will not be taught how to do CPR or how to use an AED during the course. You must know this in advance. The resuscitation scenarios require that your BLS skills and knowledge are current. Review and understand all BLS 2010 guidelines, especially as they relate to the pediatric patient. This information is included in this packet.
- ♥ **PALS algorithms and flowcharts:** Be familiar with the PALS algorithms and flowcharts so that you can apply them to clinical scenarios. Note that the PALS course does not present the details of each **algorithm**.

What This Course Does Not Cover

The PALS Provider Course does not teach CPR, ECG rhythm identification, PALS pharmacology, or algorithms. ***If you do not review CPR and if you do not learn and understand the ECG and pharmacology information in the self-assessment on-line test, it is unlikely that you can successfully complete the PALS Provider Course.*** You will not be taught how to read or interpret ECG rhythm strips in the course, nor will you be taught details about PALS pharmacology. You must know this in advance.

Successful completion of this PALS Course is contingent upon the following:

- ♥ A minimum score of 84% on the newest Final Written Exam, which will include multiple choice and identification of various rhythms.
- ♥ Competence in the performance skills for learning stations, clinical vascular access skills and airway management.
- ♥ Competence in the performance as a team member in resuscitation simulation.

CPR is as easy as
C-A-B

Compressions
 Push hard and fast on the center of the victim's chest

Airway
 Tilt the victim's head back and lift the chin to open the airway

Breathing
 Give mouth-to-mouth rescue breaths

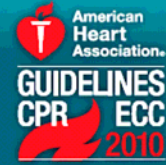
American Heart Association
 Learn and Live

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Figure 4. Pediatric Chain of Survival.

Highlights of the 2010 American Heart Association
Guidelines for CPR & ECC



Summary of Key BLS Components for Adults, Children, and Infants*

| Component | Recommendations | | |
|--|--|--|---|
| | Adults | Children | Infants |
| Recognition | Unresponsive (for all ages) | | |
| | No breathing or no normal breathing (ie, only gasping) | No breathing or only gasping | |
| | No pulse palpated within 10 seconds for all ages (HCP only) | | |
| CPR sequence | C-A-B | | |
| Compression rate | At least 100/min | | |
| Compression depth | At least 2 inches (5 cm) | At least 1/4 AP diameter About 2 inches (5 cm) | At least 1/4 AP diameter About 1 1/2 inches (4 cm) |
| Chest wall recoil | Allow complete recoil between compressions HCPs rotate compressors every 2 minutes | | |
| Compression interruptions | Minimize interruptions in chest compressions Attempt to limit interruptions to <10 seconds | | |
| Airway | Head tilt–chin lift (HCP suspected trauma: jaw thrust) | | |
| Compression-to-ventilation ratio (until advanced airway placed) | 30:2 1 or 2 rescuers | 30:2 Single rescuer 15:2 2 HCP rescuers | |
| Ventilations: when rescuer untrained or trained and not proficient | Compressions only | | |
| Ventilations with advanced airway (HCP) | 1 breath every 6–8 seconds (8–10 breaths/min) Asynchronous with chest compressions About 1 second per breath Visible chest rise | | |
| 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. | | |

Abbreviations: AED, automated external defibrillator; AP, anterior-posterior; CPR, cardiopulmonary resuscitation; HCP, healthcare provider.
 *Excluding the newly born, in whom the etiology of an arrest is nearly always asphyxial.

Reprinted from *Highlights of the 2010 AHA Guidelines for CPR & ECC*; <http://static.heart.org/eccguidelines/guidelines-highlights.html>; copyright 2010.

TEAMWORK CONCEPTS:

It is important that team members provide valuable feedback to team members during the rescue event even in a CPR Situation. Teamwork is valuable when attempting to secure scene safety first and foremost.

1. Upon arrival verbalizing your role, skill or ability then asks "how you may be of assistance" to the team during that rescue is also important.
2. Members must remember to always verbalize out loud what phase of the sequence they are doing so upon arrival to the scene it is very evident to all members where to properly assist the rescuer.
3. During a two rescuer event it is expected that team members deliver feedback to each other to be able to ensure proper CPR compressions and ventilations are being delivered.
 - ♥ The rescuer delivering the breaths will monitor the "Pulse" to determine how strong the signal is from the generated pulse. If it is too weak then gently communicate that to the rescuer performing the compression. They may need to adjust their hand placement or depth of compressions they are delivering.
 - ♥ The rescuer performing the compressions then gives verbal feedback if the chest is not inflating during the ventilation attempts (with or without an established airway).
4. Debriefing after the event is very important. Please take part in a group debriefing episode as soon as possible if you are part of the team providing care for a victim. This will ensure that accurate information has been obtained from the scene and documented correctly but also supportive of your thoughts and feelings surrounding the event. It also will be a way for the team to discover process improvement opportunities. Should you need further help in discussing your feelings, we have a variety of resources available to staff members here at MMCI. The Community Training Center Coordinator also extends an open door for discussion surrounding any event where you may want to talk in a private setting. We strongly suggest that you have a valid conversation with someone: Ie. Manager, Educator or Chaplain about your feelings/concerns surrounding the event. The Employee Assistance Program is always available to every MMCI employee through the Methodist Human Resource Office. If you are not a MMCI employee, you can also check with your own facility's Human Resource team or meet with a spiritual advisor/mentor for debriefing purposes.