

TO: PALS - Renewal Course Participant Information
FROM: Lisa Gillespie BSN, RN, CPN
CTC Coordinator TS Coordinator (PALS)
RE: PALS Renewal Courses at Methodist
(*Please confirm with your educator, Nurse Manager or CICA Offices
Which DATE AND TIME you are scheduled to attend. Thanks)

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

- ♥ You need to use the PALS Provider and Course Study Manuals (books x 2) that are available from Tina Fischer, CICA Secretary located on 4W/GO in the MMCI Community Training Center (this is important to get these materials since the book has log-in instructions for the **PRECOURSE Assessment that must be completed PRIOR to coming to this course. Please 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:

- ♥ **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.
- ♥ **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 CD-based 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 Renewal Course is contingent upon the following:

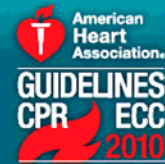
- ♥ A minimum score of 84% on the newest final written exam, which will include multiple choice and identification of various rhythms.
- ♥ Competence in the performance skills for learning stations, clinical vascular access skills and airway management.
- ♥ Competence in the performance as a team member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

For the maximum benefit and the greatest success in this course, participants should be well prepared for class. You should be prepared to act out sequences and be able to verbalize the algorithms, as well as medications and their dosages.



Figure 1. 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.

