
AHA PALS STUDY GUIDE

1. What should you be looking for when starting with child's general appearance?: Is the level of consciousness: A= awake V= responds to verbal P= responds to pain U= unresponsive Is the overall color: good or bad? Is the muscle tone: good or floppy?
2. What should you do after you assess the child's general appearance?: - Assess CABs (stop and give immediate support when needed, then continue with assessment)
3. What is CAB?: Circulation: Is central pulse present or absent? Is the rate normal or too slow or too fast? Is the rhythm regular or irregular? Is the QRS narrow or wide?

Airway: Open and hold with head tilt-chin lift

Breathing: Is it present or absent? Is the rate normal or too slow or too fast? Is the pattern regular or irregular or gasping? Is the depth normal or shallow or deep? Is there nasal flaring or sternal retractions or accessory muscle use? Is there stridor or grunting or wheezing?

4. What should you do after you assess CABs?: Look at perfusion
5. What should you look at during perfusion?: Is the central pulse versus peripheral pulse strength equal or unequal? Is skin color, pattern and temperature normal or abnormal? Is capillary refill normal or abnormal (greater than 2 seconds)? Is the liver edge palpated at the costal margin (normal or dry) or below the costal margin (fluid overload)?
6. What is the last thing to check in the assessment?: Is systolic BP acceptable for age (normal or compensated) or hypotensive? Is urine output adequate for: infants and children (1-2cc/kg/hr) or adolescents (30cc/hr)?
7. What does it mean when someone is stable?: Needs little support; reassess frequently
8. What does it mean when someone is unstable?: Needs immediate support and intervention
9. What does it mean when someone has respiratory distress?: Increased rate, effort and noise of breathing; requires much energy
10. What does it mean when someone has respiratory failure?: Slow or absent rate, weak or no effort and is very quiet
11. What are the 4 types of shock? (from the video): Hypovolemic (MC), Cardio-genic, Distributive & Obstructive
12. What does it mean when someone has compensated shock?: SBP is acceptable but perfusion is poor: central vs. peripheral pulse strength is unequal peripheral color is poor and skin is cool capillary refill is prolonged
13. What does it mean when someone has decompensated shock?: Systolic hypotension with poor or absent pulses, poor color, weak compensatory effort.
14. What is the appropriate treatment algorithm?: Bradycardia with a Pulse Tachycardia with Adequate Perfusion

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