

**ACLS Bradycardia Megacode**

Critical Skill	Yes	No
<b>SYMPTOMATIC BRADYCARDIA</b>		
TEAM LEADER (or provider) correctly identifies symptomatic bradycardia?		
Patient placed on supplemental oxygen?		
Is a cardiac monitor placed?		
Provider checks that IV is present and functional? (Or places IV)		
TEAM LEADER (or provider) announces correct dose of atropine?		
<b>VENTRICULAR FIBRILLATION</b>		
TEAM LEADER (or provider) correctly identifies ventricular fibrillation?		
Is the defibrillator obtained and properly placed?		
TEAM LEADER announces all clear before shock?		
CPR is resumed immediately after shock?		
Does the TEAM LEADER ensure that CPR is High Quality?		
Does CPR continue for two minutes?		
<b>ASYSTOLE</b>		
TEAM LEADER (or provider) correctly identifies asystole?		
Are shocks stopped in favor of drug administration?		
Is the correct dose of epinephrine (1 mg) or Vasopressin (40 units) given?		
CPR is resumed immediately epinephrine or vasopressin given?		
TEAM LEADER (or provider) asks if waveform capnography is available		
Ask TEAM LEADER to verbalize three reversible causes of PEA/asystole	1 2 3	
<ul style="list-style-type: none"> <li>• Hypovolemia</li> <li>• Hypoxia</li> <li>• Hydrogen Ion Excess (Acidosis)</li> <li>• Hypoglycemia</li> <li>• Hypokalemia</li> <li>• Hyperkalemia</li> <li>• Hypothermia</li> </ul>	<ul style="list-style-type: none"> <li>• Tension Pneumothorax</li> <li>• Tamponade - Cardiac</li> <li>• Toxins</li> <li>• Thrombosis (pulmonary embolus)</li> <li>• Thrombosis (myocardial infarction)</li> </ul>	
<b>RETURN OF SPONTANEOUS CIRCULATION</b>		
TEAM LEADER (or provider) correctly identifies ROSC?		
Assesses blood pressure?		
Obtains 12-Lead ECG?		
TEAM LEADER (or provider) considers therapeutic hypothermia?		